

Through Thick and Thin: Americans' Trust in Dietary Experts (1945-2005)

by

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Abstract

This dissertation explores the adaptation of popular American diet programs to the treatment of chronic disease after the Second World War. Situated at the intersection of food studies and medical history, this project traces the rise and fall of four distinct dietary movements through the biography of their respective diet guru(s)—Alvenia Fulton (1907-1999), Michio Kushi (1926-2014), Nathan Pritikin (1915-1985), and Robert C. Atkins (1930-2003). Unlike the conventional portrayal of diets as weight loss fads, the diets featured in this dissertation were predominantly oriented toward longevity and disease reversal. I argue that, accompanying the rising tide of skepticism toward expert credibility of all kinds in the 1960s, diets became a potent alternative to the health practices and conventional treatments espoused by hegemonic nutritional and medical authorities. To the chagrin of federal regulators and the spokespeople of scientific nutrition and medicine, diet programs openly flouted scientific consensus and official nutrition standards and instead forged strong connections with and mirrored the claims and practices of alternative and complementary medicine. The four dietary movements featured here developed lasting legacies in our contemporary wellness culture.

The allure of using food choices to take control over one's health cuts across race, class, age, and gender strata. Yet, while all four diets appealed to the disenchantment and disenfranchisement of Americans by orthodox medicine, the specific character of the deployment of dieting toward the ends of alternative medicine was different in each case. In part, then, this dissertation also traces how specific dietary programs succeeded relative to their competitors by tailoring their messaging to the specific boundaries and sensibilities of a given social movement and/or patient population with whom the diet's values resonated most deeply. By outlining the historical construction of several unique alternative healing and eating communities, this dissertation offers a variety of different perspectives on how social values and personalized care were mobilized toward patient self-empowerment.

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Introduction: The Mise en Place

Diets aren't just for weight loss anymore. Alongside the rising wellness industry, popular diets are trying to make us feel healthier, get fitter, and live longer. In the name of health, they pepper our food supply with alluring buzzwords (probiotic, organic) and ominous acronyms (GMO, BPA). Diets guilt us into choking down foods we may dislike because they have been deemed 'good for us.' They even compel us to consume strange new non-food substances (e.g. activated charcoal, protein powder, chlorella). As more Americans abide by an ever-widening array of dietary restrictions, such humdrum events as potlucks and shared meals at holidays have devolved into a gordian knot of social accommodation.

Yet, while diets have been restructuring our lives, they have also become engines of the global economy. As kingmakers for the latest and greatest superfoods from quinoa to acai berries, diets help create billion dollar markets for obscure products, reshaping and even upending local economies and threatening indigenous communities in the process.¹ Popular dietary advice appears in nearly every tabloid, magazine, and newspaper; it accompanies nearly every alternative medical practice and wellness technique; and it is intimately entwined with every sport (professional or amateur) and all the ultra-popular fitness cults, from yoga to CrossFit.² Political radicals from the right propagate dietary myths just as eagerly as the left.³

¹ Emma McDonnell, "Nutrition Politics in the Quinoa Boom: Connecting Consumer and Producer Nutrition in the Commercialization of Traditional Foods," *International Journal of Food and Nutritional Science* 4, no. 1 (2016): 1-7, <https://doi.org/10.15436/2377-0619.16.1212>.

² I cannot cover the overlap between diet and exercise here. For more of that history, see Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (Lawrence, KS: University Press of Kansas, 2013); Michael S. Goldstein, *The Health Movement: Promoting Fitness in America* (New York: Twayne Publishers, 1992); Harvey Green, *Fit for America: Health, Fitness, Sport, and American Society* (New York: Random House, 1986).

³ It can be difficult to disentangle the politics behind nutrition myths, as they tend to bleed across the ideological spectrum at both ends. For recent examples, see Bruce Y. Lee, "Alex Jones' Top 10 Health Claims And Why They Are Wrong," *Forbes*, August 16, 2018, <https://www.forbes.com/sites/brucelee/2018/08/16/alex-jones-top-10-health-claims-and-why-they-are-wrong/#44760ce23e7f>; Kelly Weill, "Why Right Wingers Are Going Crazy About

Controlling one's diet has become an especially powerful interface between the self and the body as visions of good health have gained social currency. Unsurprisingly then, shared dietary cultures have emerged as strong markers of identity. As diets have suffused throughout American culture, they have also become essential tools in preserving personal health, even, for some people, in cases of extreme illness.

This dissertation explores a critical slice of the transformation of diets from weight loss routines to lifestyles, identities, and complementary healing systems by scrutinizing the lives and careers of the experts behind four important dietary movements, whose work predicted and defined our contemporary diet and wellness culture: Alvenia Fulton (1907-1999), Michio Kushi (1926-2014), Nathan Pritikin (1915-1985), and Robert C. Atkins (1930-2003). These experts, who I term 'diet gurus,' became renowned for their respective diet programs between the 1960s and the early 2000s. Beyond representing diets that were the most successful programs of their kind at the time, each of these gurus seeded a movement that continues to dominate the dietary landscape today. Alvenia Fulton was a key predecessor of the contemporary black vegan movement; macrobiotics, under Michio Kushi and others, supplied critical infrastructure to the natural health food movement as a whole; Nathan Pritikin was a primary inspiration for the Whole Foods, Plant-Based trend; and Robert Atkins' diet revolution pioneered much of the science and cultural appeal of the ongoing low-carb craze, evident in programs like protein-heavy Paleo and fat-laden Keto.

Meat," *Daily Beast*, August 24, 2018, <https://www.thedailybeast.com/why-right-wingers-are-going-crazy-about-meat>; Oliver Lee Bateman, "The Alt-Right's Favorite Diet," *Vice*, February 15, 2017, https://www.vice.com/en_us/article/78wepx/the-alt-rights-favorite-diet; Maria Godoy, "Is The Food Babe A Fearmonger? Scientists Are Speaking Out," *NPR*, December 4, 2014, <https://www.npr.org/sections/thesalt/2014/12/04/364745790/food-babe-or-fear-babe-as-activist-s-profile-grows-so-do-her-critics>; Kelly Weill, "The New Infowars Is a Vitamin Site Predicting the Apocalypse," *Daily Beast*, January 20, 2020, <https://www.thedailybeast.com/how-natural-news-became-a-conspiracy-hub-rivaling-infowars?ref=scroll>.

The four cases I analyze in this dissertation collectively showcase different aspects of the critical entanglement of dieting and alternative medicine: an entanglement forged in mutual distaste for the failures of the medical and nutritional establishments and the food industry to preserve public health.⁴ In part, I have focused my effort on those dietary programs that have claimed to heal the body through the selective application of lifestyle changes, led by gurus who earned substantial followings by embodying a hope for radical cultural reform and bodily restoration through targeted individual behavior modifications. To this end, this dissertation focuses primarily on diets that fit the criteria of intentional, value-driven movements that have been shaped by gurus' own lives, including their personal experiences with eating and with chronic disease. In each chapter, I trace the various paths gurus' careers took, paths which were deeply enmeshed with individual and collective cultural, social, and political identities.

Beyond exploring the role of the guru, the following chapters address the question of how diets came to stand in as medicine for people with overtreated or untreatable chronic conditions. While all four gurus made nutritional claims to intervene in the medical treatment of a wide range of chronic diseases (many of which, especially heart disease, were overlapping), each guru also specialized in the treatment of other, different diseases. Each chapter in this dissertation highlights a different chronic illness or bodily concern such that each guru's story illuminates a unique constellation of issues faced by a particular patient-consumer population. To that end, I emphasize the narrative of the patient-consumers whose lives were most affected by dieting movements, but whose voices were so often silenced by the orthodox medical community and industry leaders who claimed to be supporting them and their interests.

⁴ By alternative medicine, I do not necessarily mean to imply organized alternative medical sects like naturopathy or homeopathy. Instead, I mean to label those practices beyond the purview of orthodox medicine that could also be labeled popular or vernacular medicine.

Unlike most fad diets that are designed strictly for quick weight loss, intended only as temporary excursions into restricted eating (like so-called ‘mono’ diets where one is restricted to eating a single type of food), the programs I examine functioned as extended, even lifelong regimens that required their followers to permanently modify their food intake and, as a result, their entire lifestyles. However, within any given dietary program, there are a plurality of followers using the same diet in different ways. Countless followers of the diets featured here were transient, drifting from one diet program to another; others followed a dietary regimen sporadically, perhaps to meet a small health goal or as a New Years’ resolution; and finally, there were those whose commitment to a particular diet was a central piece of their identity. This dissertation focuses attention on this last subcategory of diet followers—the enthusiastic champions of peculiar eating styles whose zealotry for their chosen dietary program stood out above their peers. These devotees, who I refer to as *dieteers* are distinguishable by their full lifestyle conversion, hardcore commitment, and true belief in the dietary programs to which they adhered.⁵ Perhaps because there are millions more casual, temporary, and partial followers than dieteers, scholarship on dieting has overwhelmingly valued the perspectives and experiences of the majority. Consequently, because this dominant experience tends overwhelmingly to be concerned with weight loss or other kinds of quick-fixes, scholars have given much more attention to the history of obesity, bodily discipline, and weight loss than to the use of diet as a core identity marker or as treatment for chronic disease.

⁵ I intend the term ‘dieteer’ to connote the enthusiasm and self-righteousness of people who follow diets faithfully for an extended period of time. In my view, dieteers cannot be easily re-defined as students, patients, consumers, clients, followers, or disciples, though the performance of the dieteer role necessarily includes elements of each of these. Though there is a certain porosity and fluidity between the various roles occupied by the hardcore followers of a dietary program, they should not be confused as equivalent or exchangeable. Not all diet students considered themselves patients just as not all disciples identified as clients. When I switch between the terms ‘patient,’ ‘client,’ ‘disciple,’ or ‘dieteer,’ in the dissertation, it should not be understood as slippage. Rather, I intend to emphasize those essential characteristics of the role being performed that are most germane to the immediate discussion.

This overemphasis in scholarship on obesity and weight loss as the defining feature of the diet landscape has flattened a great cultural diversity within the dieting world, and it has also meant that a significant aspect of 20th century American healthcare has been hitherto ignored. Each of the gurus featured in this dissertation persuaded a significant number and variety of Americans into adopting not just a dietary path but a totalizing philosophy of health. The success of such figures has been commonly understood, following sociologist Max Weber, as a function of the guru's charisma or cult of personality wherein a guru's success is not tied to their expertise, but rather is contingent upon an perception of authority that denies the status quo and "transforms all values and breaks all traditional and rational norms."⁶ While showmanship undoubtedly played a role in creating media buzz for a particular program, which attracted curiosity and experimentation from onlookers, the longevity with which certain dieters maintained allegiance to their chosen programs cannot be explained this way. Instead, I argue that to attract and maintain populations of *devoted* followers, these gurus appropriated an eclectic mantle of expertise drawn from such disparate sources as Eastern religious philosophy, African herbalism, indigenous eating habits, the aftermath of the Second World War, and, of course, medical and nutrition science. They then mobilized their experiences in these various domains to deliver a kind of personalized medicine tailored to a particular audience.⁷

⁶ For a good summary of Weber's thoughts on charisma, see Thomas E. Dow, Jr. "An Analysis of Weber's Work on Charisma," *British Journal of Sociology* 29, no. 1 (1978): 83-93. For applications of charisma to non-traditional leaders and healers, see David Edwin Harrell, Jr., *All Things Are Possible: The Healing & Charismatic Revivals in Modern America* (Bloomington: Indiana University Press, 1979); Joseph Williams, *Spirit Cure: A History of Pentecostal Healing* (Oxford: Oxford University Press, 2013); Eric C. Hendricks, *Life Advice from Below: The Public Role of Self-Help Coaches in Germany and China* (Leiden: Brill, 2017).

⁷ There has been much attention to personalization in medicine in the past few decades. Within the context of this project, when I use the term personalization I do not mean to invoke the contemporary push for data-driven precision medicine. Instead, I am referring to the ways in which diet gurus harkened back to the kind of tailored approach to healing that was long employed by the Hippocratics and, more recently, other sorts of alternative healers.

To understand diet gurus not only as cultural figureheads but as healers, I situate my understanding of dieting within two major contexts: one combines the history of medical approaches to nutrition and chronic disease with the parallel history of the industrial foodscape, the other interlaces the history of alternative medicine with the environmentally-oriented natural food movement. There has been a paucity of scholarship at either intersection. Further, it should be noted that despite the cultural importance of these diet gurus, there has likewise been minimal attention paid to excavating their histories. No scholars have conducted sustained research on either Alvenia Fulton or Nathan Pritikin. And while macrobiotics has been explored by scholars from several different angles, there has been no careful examination of its provision of medical therapies. Surprisingly, considering his broad influence, even Robert Atkins has yet to be given a major historical treatment. This dissertation remedies these gaps in scholarship.

Importantly, because the lion's share of the popular media coverage of diet programs has emphasized their capacity to induce weight loss, the voices of those dieters who claim to have been healed by diet alone have been largely, but not entirely, drowned out in the public record. I have featured as many of these fragmented dieter narratives as possible from throughout the media ecosystem and dedicated diet literature, as well as those that have been preserved in dedicated archives for particular gurus. However, while personal narratives add significant texture and nuance to the experience of dieting, these sources are not robust enough to construct the entire history. To reconstruct the overarching narrative of each diet program, therefore, I rely heavily on mainstream media coverage, much of which was written or informed by credentialed experts in academic or government roles who were hostile and antagonistic to diet cultures. To tell the history of modern diets as healing practices, then, we must first grapple with the battle between orthodox medicine and mainstream food culture and the heterodox, natural, and/or

alternative-minded countercultures of food and health.

The next section provides an overview of this ideological fight, focusing on the anti-quackery movement in the 20th century and the campaigns, organized by leaders in orthodox medicine, to fight against alternative approaches to diet and food. I then provide additional background on how the dietary landscape of America shifted in the years following World War II before turning to an exploration of the two intersectional contexts outlined above, beginning first with the history of medicine and the food industry and then the history of alternative medicine and the natural food movement. After reviewing the extant literature on the history of dieting, I turn to the question of how diet gurus maintained their public credibility despite the best efforts of their antagonists. I conclude with a plea to take seriously the non-scientific health claims, beliefs, and practices of both dieters and the gurus they followed, not to overthrow orthodox medical knowledge, but so as to better understand the health landscape from their perspective.

The National Congress on Medical Quackery

On October 6, 1961, between seven and eight hundred conference attendees shuffled anxiously into a large ballroom at the Sheraton-Park Hotel in Washington, D.C. to express their concerns about the resurgence in medical quackery, the perennial bugbear of American physicians and health regulators. In the crowd were authorities representing a diverse coalition of organizations including “the Post Office Department, the Federal Trade Commission, the FDA, the AMA, the Department of Justice, the American Cancer Society, the Arthritis and Rheumatism Foundation, the National Better Business Bureau, state medical societies and licensing boards, research institutes, women's clubs, medical and pharmacy schools, and health

insurance companies,” all of whom decided to join forces to vanquish quackery once and for all.⁸

The quackery these expert groups so feared had modernized since the 19th century. Gone were the days of patent medicines and snake oil salesmen; they had been replaced by the beguiling buzz of phony medical electronics and untraceable mail-order pharmaceuticals. Yet, despite or perhaps because of their appearance of technological sophistication and scientific authority, public health officials vehemently insisted these newer products were just as dubious and harmful as quackery had been before.

The threat, they insisted, was bigger than ever. During one of the opening speeches at this event—the first National Congress on Medical Quackery (NCMQ)—a presenter representing the American Medical Association publicly estimated that health fraud had ballooned into a staggering billion dollar a year industry.⁹ In the AMA’s estimate of the size of the American market in health fraud, overt quackery like fake devices, bogus drugs, and other treatments aping genuine medical care made up just half of the total market share. Incredibly, the other \$500 million was credited to a range of practices collectively and interchangeably labeled ‘nutritional quackery’ or ‘food faddism.’¹⁰

While the FDA had long battled food fraud—including cutting flour with fillers like borax and chalk, selling diseased or contaminated meat and dairy products, or making phony claims about the ‘pep’ of products with (or without) vitamins—food faddism, as defined by its

⁸ Eric W. Boyle, *Quack Medicine: A History of Combating Health Fraud in Twentieth-Century America* (Santa Barbara, CA: Praeger, 2013): 136.

⁹ When a member of the NHF, Clinton Miller, asked the AMA to justify their estimate, they could not. In a private memo, AMA member, Robert Throckmorton, essentially admitted Miller had caught them with their pants down. Clinton R. Miller to American Medical Association, 24 February 1964, box 529, folder 6, Historical Health Fraud and Alternative Medicine Collection, American Medical Association Archive (hereafter cited as HHF Collection); Robert B. Throckmorton to Oliver Field, memorandum, March 2, 1964, box 529, folder 6, HHF Collection.

¹⁰ Laura J. Miller has been one of the few scholars to recognize the magnitude of this estimate and its consequences for the natural health food movement. Laura J. Miller, *Building Nature’s Market: The Business and Politics of Natural Foods* (Chicago: University of Chicago Press, 2017): 145.

detractors, was another animal entirely. As an umbrella term, food faddism included nearly anything edible that made or amplified heterodox health claims including dietary supplements, herbal remedies, vitamin pills and powders, weight reduction formulas and elixirs, foods advertised as ‘organic’ or ‘natural,’ and even food staples from international cuisines. According to their critics, food fads were an economic parasite, undermining confidence in the market and draining consumers’ and patients’ wallets when some of these people could be financially precarious. A more troubling concern, as Jean Mayer, a professor of nutrition at the Harvard School of Public Health, articulated in 1963, was that “[N]utritional quackery does not just cost money: it also systematically undermines the confidence of American people in their food supply, in their physicians, and in their universities.”¹¹ At its worst, anti-quackery activists argued these products could be used to replace or delay vital medical care, seriously endangering people’s health. In his remarks at the NCMQ, Fred Stare, chair of the nutrition department at Harvard, said “There are times when persons with real health problems rely on the products of nutritional quackery rather than on sound medical treatment...When nutritional quackery becomes a substitute for the type of diet and care which will cure certain deficiencies, illnesses or diseases...[a]t that point nutritional quackery becomes a health problem of considerable magnitude.”¹²

Yet, food faddism proved a difficult foe to combat because the products that faddists sold were not—for the most part—overtly harmful. Moreover, the people selling such products had learned not to make unprovable health claims on packaging, which would have qualified them for censorship by the Federal Trade Commission or the Post Office. Instead, the claims for their

¹¹ Jean Mayer, “Nutritional Quackery,” *Consultant*, February 1963.

¹² Proceedings, National Congress on Medical Quackery, October 6-7, 1961, p. 67, box 100, folder 1, Morris Fishbein papers, Special Collections Research Center, University of Chicago (hereafter cited as Fishbein Papers).

healthfulness were increasingly being made elsewhere in the media ecosystem, in magazine cover stories, in radio interviews, and in best-selling lifestyle books where the authors' right to articulate opinions—even those promoting fraudulent medical claims—were protected by the First Amendment. The close partnerships with media outlets made the purveyors of dietary and lifestyle advice (especially the kind that challenged or undermined nutritional and medical science) into a powerful and bafflingly persuasive class of public figures.

It was clear early on to anti-quackery activists that combatting the fraudulent health claims that propelled these various health products required confronting them at their source. Yet because food faddists were breaking no laws, efforts to silence non-scientific claims about food were largely fruitless. As a workaround, in 1961, Fred Stare called for a full-scale governmental investigation of over 60 radio stations over which, he claimed colorfully, food faddists “purr their melodious incantations of nutritional nonsense,” and radically suggested that any station broadcasting health misinformation should be prosecuted for practicing medicine without a license.¹³ These investigations were too broad to be conducted, however, so instead of using the tools of bureaucracy, health authorities tried instead to best these so-called nutritional quacks in the court of public opinion.

The Changing Face of Dieting in America

This project centers around the rising public authority of the people who sold deeply-maligned diet and lifestyle advice. To circumvent the explicitly negative connotations of the terms ‘quacks’ or ‘faddists,’ as employed by Stare and other nutrition officials, I have chosen to label the most broadly influential members of this class ‘diet gurus.’ It is worth noting that,

¹³ “Washington Week,” *Sponsor*, October 16, 1961, 55.

though the term ‘guru’ also has a controversial, if slightly pejorative, history in the United States, the pejorative quality is not universal.¹⁴ Further, ‘diet guru’ is the category most commonly deployed by the consumers of this health information, intended to describe not just a teacher, but an experienced long-term role-model who helps motivate and shape lifestyle values as much as impart specific nutritional knowledge. A cursory search will show the word ‘guru’ is still endearingly applied to wellness and fitness experts by their followers, the media, and the gurus themselves today.

Though the American dieting tradition long predates the mid-twentieth century, I argue that the generation of diet gurus who emerged after the Second World War marked a fundamental shift in how dieting was understood and enacted. Moreover, the dieting cultures that emerged in the late 1950s and 60s, and which matured in the 1970s and 80s, dominated through the end of the century. To understand the growing role of diet gurus in mid-twentieth century America, it is necessary to first unpack the shifting landscape of dieting cultures at the time. The differences between pre-war and post-war dieting mostly reflect adaptations to meet the needs of a rapidly changing way of life. Diets helped to shape and were themselves shaped by a complex network of modernizing scientific, political, and cultural forces. Yet, the most important forces that buoyed dieting cultures can be adequately summarized as those which inverted conventional modes of expertise and authority.

Although postwar America experienced rapid modernizations in science as a result of

¹⁴ See Mariana Caplan, *The Guru Question: The Perils and Rewards of Choosing a Spiritual Teacher* (Boulder, CO: Sounds True, 2011): 31-47. I find this usage to be the most illuminating historically, as the term ‘guru’ rose to prominence first in the 1960s, with the importation of Indian philosophy and lifestyle guides to the West. Not only does this parallel the rise of the strain of dieting I am hoping to track, but insofar as some diets (especially Macrobiotics) rose to cultural prominence alongside the same orientalism that imported gurus, I find this to be a particularly appropriate term. Of course, I am sensitive to those instances where the word ‘guru’ has been used dismissively by scientists and the intelligentsia, but I find the terms ‘quack’ or ‘faddist’ to be far more commonly employed for this function.

massive public investment, yielding an explosion of new products, technologies, and improvements to daily life, it ushered in new social problems as well. To name but a few examples of developments that tempered public trust in science and scientists (that bled into other areas of public life as well): postwar agricultural abundance was mitigated by the ecological devastation wrought by DDT and other agrichemicals; the Cold War stoked the public fear of nuclear weapons (and the frightening new powers vested in political leaders); and, in medicine, the thalidomide tragedy (among others) blunted some of the optimism spurred by the unprecedented success of penicillin and the polio vaccine.¹⁵ These and other developments contributed, in their own way, to a popular erosion of faith in elite political and academic authority, and many of these public concerns were distilled and amplified by the counterculture and the many other new social movements that followed. Disillusionment in the leadership of medicine, science, industry, and politics bred social isolation and anger, which fueled a search for new types of leadership and expertise.

Diet gurus were exquisitely well-positioned to address such widespread consumer, patient, and citizen dissatisfaction with the powers-that-be. They were keenly sensitive to the politics of eating, healing, and living, and thereby erected thriving micro-cultures catering to these overlapping sentiments. It is important to recognize that diet gurus were not wholly dismissive of scientific reasoning or methods. Additionally, public mistrust was not distributed among all kinds of science equally. However, there was a general sense that, when it came to mainstream science and medicine, many people did not feel as though their humanity, their

¹⁵ Leslie Reagan, *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America* (Berkeley: University of California Press, 2010); James Whorton, *Before Silent Spring: Pesticides and Public Health in Pre-DDT America* (Princeton: Princeton University Press, 1974); Dorothy Nelkin, *Selling Science: How the Press Covers Science and Technology* (New York: W. H. Freeman, 1987); David J. Rothman, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic Books, 1991).

personhood was being recognized or respected. For those patient-consumers struggling to change their eating patterns, scientific nutrition ignored the cultural elements of eating that were so central to everyday life, offering only quantitative tools like calorie-counting. Many of those with severe chronic conditions felt that mainstream medicine was needlessly calloused toward the lived experience of being sick or condemned to die, and felt they were denied humane treatment without solace.

Disappointed, disillusioned, and scared, patients ventured into the open market for care they deemed more appropriate to the gravity of their conditions. A great number of these patient-consumers crossed paths with diet gurus who recognized the plight of the 20th century patient and who promised something better. These gurus appealed to patient-consumers, not because they opposed scientific reasoning—rather, many diet gurus gained success because they straddled the line between science and humanity, recognizing both the experience of eating and the lived reality of being sick. While diets claim essentially to be heuristics for people who do not necessarily have the literacy, privilege, or time to dissect medical literature on their own, many diet gurus nevertheless sought to make select scientific information legible and useful to their audience. Their success in translating scientific information to the public is reflected in that certain subset of Americans with no formal nutritional education who have nevertheless become intimately familiar, if not fluent, with nutritional and other health concepts. Learning from their gurus equipped many dieteers to take more agency over their health than they had previously felt capable.

The Gastro-Medical Industrial Complex

At the turn of the 20th century, technological developments from electrification, the radio, telephony, and automobiles were rapidly changing modern life, while scientific advances

in medicine were busily changing the modern relationship with death. Governments flexed their new public health muscles, developing sophisticated interventions from quarantine to eradication campaigns, to stem the tide of infectious disease. And after the widespread adoption of anesthesia, asepsis, antisepsis, vaccines, and antibiotics, such institutions as hospitals, laboratories, and the pharmaceutical industry became permanently ensconced in healthcare. Patients' experiences of healthcare were changing as well. As treatment was increasingly centered around the hospital, patients and physicians became estranged from one another and their interactions (ever-diminishing in length) were mediated more by diagnostic technologies than by the laying on of hands. Even doctors' fees became further socially removed as they became enmeshed with patients' employers and/or insurance companies.¹⁶

Yet, as the scientific healthcare system grew in efficiency, fewer people succumbed to infectious diseases and lifespans increased. The recession of infections greatly increased the number and severity of chronic degenerative conditions—heart disease, cancer, adult-onset diabetes, rheumatoid arthritis—which filled the vacuum in causes of death. Though these diseases were not new when they became the leading killers in the 1950s, in the 1930s and 40s, they were still primarily understood as natural sequelae of aging rather than conditions unto themselves. This attitude gradually changed, but unevenly. For instance, there were early suggestions by pioneering researchers like physiologist Ancel Keys, that nutrition was a potential risk factor in the network of causes underpinning degenerative diseases, but his studies were roundly criticized and made controversial.¹⁷ Despite the rising rates of chronic disease, therefore,

¹⁶ Paul Starr, *Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, 2nd ed. (New York: Basic Books, 2017); Charles Rosenberg, *Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); Harry M. Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900–1990* (Cambridge: Cambridge University Press, 2000).

¹⁷ One of Keys' earliest critics was Fred Stare. Marks, *The Progress of Experiment*, 183.

many prominent health experts ignored or suppressed the possibility that industrial food production belied the new public health crisis.

There was robust historical precedent for nutritionists to support industrial agriculture and food processing, however. After the American frontier closed in the late 19th century, and there was no new arable land with which to feed the growing nation, scientists worked with farmers to pioneer new agricultural methods and technologies to boost the productivity of existing land. The early 20th century saw a rise in synthetic fertilizers, mechanized farming implements, improved irrigation, and industrial pesticides.¹⁸ Developments in genetics were improving breeding techniques, producing new crop varieties with higher yields and with more resistance to ecological complications and the widespread intensification of animal agriculture followed suit. Food processing and preservation also underwent major developments with the proliferation of sanitary production facilities, industrial canning operations, and the advent of household refrigeration.¹⁹

The unprecedented success of science in solving social problems in the first half of the twentieth century contributed to high public faith in its methodologies and products. After the decades-long parade of scientific miracles, the postwar federal government created new national programs, foundations, and research institutes to forward the scientific mission, which, when exported to industry, resulted in an explosion of new consumer products and ways of being. In no sector was this product deluge more visible than in food. Supermarkets and family restaurants

¹⁸ Deborah Fitzgerald, *Every Farm a Factory: The Industrial Ideal in American Agriculture* (New Haven, CT: Yale University Press, 2003); Steven Stoll, *Larding the Lean Earth: Soil and Society in Nineteenth-Century America* (New York: Hill & Wang, 2002).

¹⁹ See Aaron Bobrow-Strain, *White Bread: A History of the Store-Bought Loaf* (New York: Random House, 2012); Anna Zeide, *Canned: The Rise and Fall of Consumer Confidence in the American Food Industry* (Oakland, CA: University of California Press, 2019); Jonathan Rees, *Refrigeration Nation: A History of Ice, Appliances, and Enterprise in America* (Baltimore: Johns Hopkins University Press, 2016).

overflowed with the bounty of scientific agriculture and industrial food processing, giving the impression that the US was the best fed nation on earth.²⁰ Thus, when the alternative health or natural foods movements critiqued the products of science and industry as potentially harmful to human health, it amounted to sacrilege. In 1963, Jean Mayer implored his readers to have faith in the food system: “Don’t be taken in. No one food is essential to health. Some sixty nutrients are. By eating a varied diet, from foods available in any grocery store, you will get them. Have confidence in America’s food industry. It deserves it.”²¹

Yet, experts acknowledged that there were still problems. The agricultural technologies pioneered in the early decades of the century had been expensive and slow to penetrate into areas with small farms or poor farmers. Further, the US had experienced severe labor shortages on farms because young men had been called to war. And what surpluses there were in food production (or from voluntary rationing) were largely used to stock supply lines overseas or exported as food aid. Finally, maintaining an adequate food supply at a national level did not guarantee the equitable distribution of those resources to those most in need. As a result, by mid-century, huge swaths of America were still plagued by hunger and malnutrition.

Hunger and malnutrition proved a recalcitrant social dilemma, which shaped the nation’s nutritional agenda for decades.²² Even as the US roared into agricultural abundance after the

²⁰ Harvey Levenstein, *Paradox of Plenty: A Social History of Eating in Modern America* (Oxford: Oxford University Press, 1994); Warren J Belasco, *Appetite for Change: How the Counterculture Took On the Food Industry* (Ithaca, NY: Cornell University Press, 2007); Shane Hamilton, *Supermarket USA: Food and Power in the Cold War Farms Race* (New Haven, CT: Yale University Press, 2018); John A. Jakle and Keith A. Sculle, *Fast Food: Roadside Restaurants in the Automobile Age* (Baltimore: Johns Hopkins University Press, 1999).

²¹ Jean Mayer, “Nutritional Quackery,” *Consultant* 3, no. 2 (February 1963): 21.

²² Perhaps the best evidence of academic nutritionists’ maintaining focus on issues of hunger and malnutrition rather than the chronic disease and obesity more characteristic of late-20th century America, is the trajectory of the Senate Select Committee on Nutrition and Human Needs. The committee, chaired by George McGovern (D-SD) was assembled in 1968 to investigate the problem of malnutrition and hunger in the United States, having been spurred into action by the shocking 1968 PBS exposé, “Hunger in America.” After several years of investigation into American hunger, McGovern’s subcommittee performed an about-face to investigate the problems with false nutritional advice, overnutrition, obesity, and chronic disease instead. After five more years of testimony from 1973-

Second World War, nutrition scientists were still conceptualizing the major nutritional problem facing the country as one of securing an adequate number of vitamins and nutrients for the public.²³ Most of the vitamins and minerals had been discovered and isolated in the 1910s and 20s, and their absence was discovered to be the cause of such scourges as scurvy, pellagra, beriberi, goiter, xerophthalmia, rickets, iron-deficiency anemia, celiac disease, and pernicious anemia. But rather than trying to enforce nationwide dietary change to eradicate these diseases, academic nutritionists and the federal government sought a magic bullet. In the 1930s and 40s, after labs began artificially synthesizing vitamins, enabling the fortification and enrichment of a wide variety of commercial food products, clinical nutritional deficiencies were essentially eradicated.²⁴ The cooperation between state and industry in bringing an end to nutrition deficiency syndromes made a lasting impression on nutrition experts. It is unsurprising, then, given the role that the food industry played in helping to bolster the health of the nation, that nutrition experts saw potential in continuing the state-industry partnership.

As fluent in medical discourse as they were with the foodscape, this group of experts, who I refer to as ‘academic nutritionists,’ assumed the responsibility of broadcasting the scientific consensus about issues at the nexus of public health and food production in the period following the Second World War. While the term academic nutritionists by no means does justice to the varied interests involved, I believe that it accurately highlights those members who acted as the loudest public authorities on nutrition science at the time, while also working as a

77, the Senate Select Subcommittee published what came to be known as the McGovern Report, the first federal document to proclaim a relationship between diet and disease. The McGovern Report will be covered in more detail in Chapters 3 and 4.

²³ For example, Jean Mayer founded the National Council on Hunger and Malnutrition and he helped create the Food Stamps and School Lunch Programs. Much of Bill Darby’s early work focused on iron-deficiency anemia.

²⁴ For a more extended history on this subject, see Rima Apple, *Vitmania: Vitamins in American Culture* (New Brunswick, NJ: Rutgers University Press, 1996).

helpful catchall for referencing the complicated network of anti-dieting, anti-quackery initiatives emerging around mid-century. In this category of nutrition experts, there are a few key actors whose interests and arguments were especially potent in shaping the nutritional landscape of the second half of the twentieth century. Several of these actors will recur repeatedly in this dissertation because they were also leading opponents of nutritional quackery and the diet industry. Major figures included the aforementioned Fred Stare and Jean Mayer from Harvard, their colleague Mark Hegsted, Vanderbilt's William J. Darby, and Philip L. White who chaired the AMA's Council on Food and Nutrition (on which Stare, Darby, and Hegsted also served at various times).

Because the food industry had played an integral role in solving the country's epidemic malnutrition, many of these academic nutritionists felt called to defend processed food production and maintained strong ties to the industries they were supporting.²⁵ This commitment to industry eventually came at the expense of public health, as these same nutritionists campaigned to keep known carcinogens, junk foods, and misleading advertisements on the market. Academic nutritionists quickly dispatched with arguments against sugary sodas, fast food, and white bread insisting that calories were calories, and as long as a diet was well-balanced, people could and should eat anything they desired. For example, both Bill Darby and

²⁵ Jean Mayer was on the board of Monsanto and Miles Laboratories (later Bayer). William H. White to Jean Mayer, 6 March 1972, box 9, folder 4, Jean Mayer Papers, Center for the History of Medicine (Francis A. Countway Library of Medicine) Repository, Harvard University (hereafter cited as Mayer Papers); Jean Mayer to Walter Compton, 11 August 1972, box 9, folder 21, Mayer Papers. Bill Darby's research was funded by the National Dairy Council, to whom he offered insider info regarding the activities of the AMA's Council of Food and Nutrition and to tip them off early about future FDA regulations. Elwood W. Speckmann to William J. Darby, 19 August 1968, series 1, box 20, folder 14, William Jefferson Darby Papers, Eskin Biomedical Library Manuscripts Collection, Vanderbilt University (hereafter cited as Darby Papers). He had kept his relationship and substantial fundraising efforts with the Campbell Soup Company secret from his dean because of matters of a "personal nature." See William J. Darby to Don Knight, 26 July 1971, series I, box 5, folder 4, Darby Papers; Don Knight to William J. Darby, 20 July 1971, series I, box 5, folder 4, Darby Papers. Darby helped the Pillsbury Company weather an FTC investigation regarding false claims on product packaging. William J. Darby to Joel Burke, 7 September 1971, series I, box 5, folder 11, Darby Papers. He also did outside consulting work for General Foods, Carnation, and Heinz.

Fred Stare adamantly defended soda as being a healthy part of a balanced diet. Stare defended soda's role in weight loss diets, and Darby even floated the idea of enriching soda to serve as a vehicle for providing vitamins to the general public.²⁶ In another example, Stare was sued for promoting white bread as healthful. When a confused consumer wrote to *McCall's* asking him to clarify his position, he responded by saying: "These scare tactics are typical of the food-faddist organizations...From a practical viewpoint in most American diets, dark flour and enriched white flour are the same in food value and they both make important contributions to our diet. To imply or suggest that enriched white flour can cause or contribute to the diseases listed in the clipping is a cruel and reckless fraud."²⁷ In short, any opponent who deigned to question the nutritional value of refined carbohydrates (since vilified), academic nutritionists condemned as meddling quacks.

For their part, natural foods and alternative health advocates repeatedly criticized the entanglement between national nutrition recommendations and orthodox medical treatments and the financial interests of their respective industry stakeholders. If the nation's leading nutrition experts were firmly in the pocket of America's industrial overlords, these advocates reasoned, there was no more reason to trust nutrition experts than the industries themselves. And since natural foods and alternative health advocates increasingly understood industry leaders as profiteering off of ill health and environmental destruction, academic nutritionists became guilty by association for enabling the industries' behavior. In the following section, I explore how natural foods and alternative health advocates came together to collectively fight against what

²⁶ Frederick J. Stare to Carlton Fredericks, 10 March 1960, series IIB, box 15, folder 28, Darby Papers. This idea has since been re-proposed and attempted on several occasions.

²⁷ Ralph Lee Smith, "The Vitamin Healers," *The Reporter*, December 16, 1965, Earl R. Thayer Research Files, Division of Library, Archives, and Museum Collections, Wisconsin Historical Society (hereafter cited as Thayer Files).

they saw as an unethical partnership between industry and state.

Alternative Medicine and the Natural Health Food Movement

Although food has served as medicine to some degree since time immemorial, over the course of the 19th century, orthodox medicine distanced itself from this tradition as its methods became more heavily reliant on science. As a result, the traditional healing applications of foods and herbs became more closely associated with drugless or heterodox healing sects like naturopathy, though, notably, food choice was also being scrutinized by leading figures in the Temperance movement for its role in inciting moral corruption.²⁸ The nutrition practices that circulated among 19th century health reformers deployed foods for their intertwined physiological and moral effects—to calm the nerves, subdue the passions, or bolster frail constitutions. These foods came to be known as “health foods.” The most notable American proponents of health foods from the 19th century were Sylvester Graham and John Harvey Kellogg, whose bland processed grain products—Graham bread, the Graham cracker, and the corn flake—promised not only good health but sound morals as well.²⁹

After the turn of the century, the health food movement propagated mainly through the health lecture circuit, which traveled through major cities across the country through the early

²⁸ For more detailed histories of alternative medicine or natural healing in America, see Roberta Bivins, *Alternative Medicine?: A History* (Oxford: Oxford University Press, 2013); James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2004); Susan Cayleff, *Nature's Path: A History of Naturopathic Healing in America* (Baltimore: Johns Hopkins University Press, 2016); Michael Goldstein, *Alternative Health Care: Medicine, Mirage, or Miracle?* (Philadelphia: Temple University Press, 1999); Norman Gevitz ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988).

²⁹ There has been an extensive history on this subject. For examples, see Stephen Nissenbaum, *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform* (Chicago: Dorsey Press, 1988); Jayme A. Sokolow, *Eros and Modernization: Sylvester Graham, Health Reform and the Origins of Victorian Sexuality in America* (Rutherford, NJ: Fairleigh Dickinson University Press, 1983); John Money, *The Destroying Angel: Sex, Fitness, and Food in the Legacy of Degeneracy Theory, Graham Crackers, Kellogg's Corn Flakes, and American Health History* (New York: Prometheus Books, 1985); Brian C. Wilson, *Dr. John Harvey Kellogg and the Religion of Biologic Living* (Bloomington, IN: Indiana University Press, 2014).

1960s. Among the more prominent featured speakers in this new generation of health food advocates were such icons as Horace Fletcher, Bernarr MacFadden, Gayelord Hauser, Paul Bragg, Adelle Davis, and Carlton Fredericks.³⁰ Health food ideologies were closely linked with those of vegetarianism and therapeutic fasting, and the newer generation of health food advocates frequently sang the praises of vitamin pills and other nutritional supplements. Jean Mayer frequently lamented such products as “too well publicized, overrated non-wonder foods.”³¹ Though I do not have the space to provide a detailed examination of this earlier generation of diet and health food advocates, their defining influence on the subject matter of this dissertation should not be underestimated.³² It was their success, after all, that inspired the first National Congress on Medical Quackery.

A closely allied tradition, the natural food movement, resisted modernizations in food production and sought to consume food as close to ‘nature’ as possible. In doing so, not only would consumers preserve the delicate soils necessary to support civilization, its advocates believed that food that bettered the earth would better support the body as well. The leading figure of this movement, Jerome Rodale, articulated the core tenets of this philosophy, which he dubbed ‘organic’ farming—a term that confused many a chemist—and its connection to healthy living.³³ He proclaimed that foods grown in hearty soil without synthetic chemicals and fertilized

³⁰ R. Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004); Catherine Carstairs, “‘Our Sickness Record is a National Disgrace’: Adelle Davis, Nutritional Determinism, and the Anxious 1970s,” *Journal of the History of Medicine and Allied Sciences* 69, no. 3 (2012): 461-491.

³¹ Jean Mayer, “Column 1,” draft, *Family Health*, box 9, folder 4, Mayer Papers,

³² Though Adelle Davis, Carlton Fredericks, and Paul Bragg share many of the core features of my gurus, their careers began before the Second World War and before the transition to chronic disease. Like mid-century academic nutritionists, their work was bound by an earlier medical paradigm. Further, their legacies in the contemporary dieting landscape are not as robust as the four gurus featured in this project.

³³ Andrew N. Case, “Looking for Organic America: J.I. Rodale, The Rodale Press, and the Popular Culture of Environmentalism in the Postwar United States,” (PhD diss., University of Wisconsin-Madison, 2012), ProQuest (3509898).

with actual manure contained more nutrients than those grown by conventional methods.

Importantly, Rodale propagated his vision for alternative agriculture through his company, Rodale Press, one of the most influential publishers in the genre of natural and healthy living.

As previously discussed, the health food and natural food movements had sympathies in common: they both resented that hegemonic science was being presented as objective when it was clearly tied to industrial profits.³⁴ As they saw it, the entanglement between the chemical industry and the pharmaceutical and food industries—from enrichment, fortification, pesticides, and fertilizers, to synthetic hormones and antibiotics—were ruining the environment and jeopardizing human health. Their mutual suspicion of conventional expertise and their mutual interests in alternative publishing, food processing, and distribution served as the basis for a strong alliance.³⁵ In many respects, the movements became impossible to disentangle; accordingly, I refer to these parallel traditions by the combined moniker ‘natural health foods.’

One major engine facilitating the cooperation and growth of the natural health food movement was the press. The mid-century media landscape underwent radical changes with the advent of television and color photography, technologies that permanently altered the country’s relationship with its leaders, its public figures, and other members of the public. There was also substantial development in radio and in the underground and alternative presses. Natural health food advocates used any means at their disposal to promote their ideas. Their stories and diets were featured in fashion magazines, late-night talk shows, and newspapers of every size. They

³⁴ This tradition dates back to Sylvester Graham himself who warned against the dangers of industrial food production on the devitalization of essential foods.

³⁵ For histories of this movement, see Jonathan Kauffman, *Hippie Food: How Back-to-the-landers, Longhairs, And Revolutionaries Changed the Way We Eat* (New York: William Morrow, 2019); Warren Belasco, *Appetite for Change: How the Counterculture Took on the Food Industry* (Ithaca, NY: Cornell University Press, 2006); Harvey Levenstein, *Revolution at the Table: The Transformation of the American Diet* (Berkeley: University of California Press, 2005).

hosted their own radio shows, wrote their own books, and were featured in industry-specific circulars like *Prevention*, *Runner's World*, the *Vegetarian Times*, or even the *Whole Earth Catalog*.

The result of this ideological union was the introduction of natural health foods and products into the marketplace. Initially, natural health foods were advertised over the radio and in magazines, enticing consumers to order them through the mail, but eventually, they were distributed through dedicated natural health food stores, co-ops, and other specialized grocers.³⁶ The movement's anti-corporate sentiments attracted other alternative cultures until the stores became *mélanges* of different, mostly-liberal identities. A careful skim through any modern natural health food store reveals the kinds of competing philosophies at play. In any given natural or health food store, one can usually expect among the wares organic and conventional produce, local and imported produce, loose leaf teas, bulk spices, vitamins, herbal remedies, and other nutritional supplements. Yet many also sell salt crystals, smudge sticks, natural body lotions and hand-crafted soaps, incense and aromatherapy, beeswax candles, locally woven scarves, locally fired pottery, canning supplies, self-help books, eco-friendly detergents, nature guidebooks, reusable canvas bags, fitness magazines, and spirituality magazines. Many natural health stores are deeply local, as evidenced by the familiar stack of small community newspapers and a well-worn community notice board. Their products—whether from mass market health food purveyors or small local producers—proudly display labels attesting to their non-GMO, gluten-free, paleo, vegan, whole-grain, recycled, upcycled, hormone-free, raw, unpasteurized, or

³⁶ For histories of alternative grocers, see Miller, *Building Nature's Market*; Craig Cox, *Storefront Revolution: Food Co-ops and the Counterculture* (New Brunswick, NJ: Rutgers University Press, 1994); John Case and Rosemary C. R. Taylor, eds., *Co-ops, Communes and Collectives: Experiments in Social Change in the 1960s and 1970s* (New York: Pantheon, 1979); William Ronco, *Food Co-ops: An Alternative to Shopping in Supermarkets* (Boston: Beacon Press, 1974).

fair-trade status (and often more than one!). And though many of the ideologies represented in these products and product labels are far from equivalent and often contradict each other, the philosophies undergirding each of these products coexist easily under the same roof—a testament to how deeply connected the health food and natural food movements have become.³⁷

Organized Alternative Medicine

As the natural health food movement sought ways to represent the diverse interests of their coalition at a national level, they joined forces with members of formal ‘drugless’ specialties like homeopathy, naturopathy, and chiropractic, swelling the ranks of an unusual organization, The National Health Federation (NHF). The NHF was founded in 1955 in Monrovia, California by Fred J. Hart, a developer of heterodox electronic medical devices. Hart was inspired to found the group after the AMA denied him the ability to use one of his devices to treat his wife for the cancer that would take her life.³⁸ The NHF was and is a grassroots movement that unified its disparate membership under its primary directive, which was securing what they called “health freedom”: the right of all patients to reject drugs and other invasive medical interventions and the right to employ heterodox therapies in whatever capacity and to whatever extent they thought best.

One of the earliest victories with which the NHF credits itself was the passage of the Food Additives Amendment of 1958, otherwise known as the Delaney Clause, which prohibited

³⁷ For a more in-depth history of the natural health food market and its relationship with the anti-quackery movement, see Miller, *Building Nature’s Market*; Randy F. Kandel and Gretel H. Peltó, “The Health Food Movement: Social Revitalization or Alternative Health Maintenance System?” in *Nutritional Anthropology: Contemporary Approaches to Diet and Culture*, ed. Norge W. Jerome, Randy F. Kandel, and Gretel H. Peltó (Pleasantville, NY: Redgrave, 1980): 328-363.

³⁸ “The Truth About This Man, Fred J. Hart,” n.d., carton 2, folder 7, Margaret Hart Surbeck Papers, UCSF Library and Center for Knowledge Management, Archives and Special Collections, University of California, San Francisco.

even trace amounts of known carcinogens from entering the food supply. Though Rep. John Delaney (D-NY) was the key mobilizer of this legislation, after its passage, he partially attributed his success to the vice president of the NHF, W. L. Gleason, who testified on Delaney's behalf to a House Interstate subcommittee. Of their efforts to combat medical monopoly, Delaney said "Many rivers flow to the sea, and many roads can lead to health. All of them should be thoroughly explored. Many an uncompromising approach has led to important scientific discovery and serious and well-considered experimentation, even if it seems unorthodox, should not be discouraged."³⁹ The NHF subsequently repaid the compliment by giving Delaney its highest award later that year. Unsurprisingly, the Delaney clause encountered huge resistance from the food industry and important academic nutritionists like Vanderbilt's William J. Darby, who was a major advisor on food safety to the FDA, and who fundamentally opposed the precautionary principle for its unfair limitations on corporate innovations.⁴⁰

When the 1961 NCMQ was announced, the NHF alerted the various sectors of its alternative health network, including members of the natural health food movement, organized alternative medicine, diet gurus, health lecturers, and non-traditional healers of all kinds. For NHF leaders, the NCMQ represented little more than a naked power grab. It was apparent to all the major leaders of this allied coalition that mainstream medicine and nutrition science had been

³⁹ "F-D-C Reports," 10 August 1959, box 529, folder 4, pp. 7-8, HHF Collection.

⁴⁰ Floyd DeEds, "The Delay Clause - A Statement of Views," n.d., series 1, box 12, folder 15, Darby Papers; D. B. Hand to Paul E. Johnson, 19 March 1960, series 1, box 12, folder 15, Darby Papers. Opponents of the Delaney clause, many of whom opposed the precautionary principle in principle, portrayed their complaints as practical rather than political. They argued that even if no toxic chemicals were added intentionally, the Delaney clause could ban products for even minute contamination, the prevention of which was nearly impossible. For example, radioactive fallout was ubiquitous in milk, as was arsenic from the soil in vegetables. Products from one farmer could be banned for having trace residues of sprays from their neighbors. Further, the zero-tolerance threshold made regulations confusing for certain chemicals like selenium (which is carcinogenic at certain levels but a vital mineral at others) and chemicals that do not cause cancer themselves but can interact with other substances in the environment to form carcinogenic compounds. However, according to proponents, the Delaney clause was written only to exclude chemicals added intentionally. See Harrison Wellford and Samuel Epstein, "The Conflict Over the Delaney Clause," *New York Times*, January 13, 1973, 31.

fundamentally corrupted by corporate influence. In *The National Health Federation Bulletin's* report on the 1961 NCMQ, which they called the “big Medical-Government-Press Conclave,” one NHF member wrote “never has the dressed up, modern propaganda for the medical apparatus more blatantly portrayed big business characteristics.”⁴¹ Insofar as hegemonic medicine operated like a business, it was apparent to the NHF that the AMA’s goal in creating the NCMQ was to claim complete dominion over the provision of healthcare to maximize its own profits. To combat what they perceived to be a threat to their existence, therefore, the NHF and its allies decided to troll their opponents with their own conference, the deliberately similarly named National Congress on Medical Monopoly.⁴² Conference organizers for the NHF would even schedule their conferences to be hosted in the same city and during the same dates as the NCMQ.

One of the featured speakers at the first National Congress on Medical Monopoly was Lowell Mason, who served as the commissioner of the FTC under Presidents Truman and Eisenhower. Mason publicly accused the leaders of the various bureaus represented at the NCMQ (including his former employer, the FTC) of “devil quacking”—essentially manufacturing scapegoats to push forward unnecessarily stringent regulations to eliminate competition.⁴³ NHF board member Dr. Miles Robinson echoed Mason’s sentiments, arguing further that before alternative practitioners were prosecuted, the medical establishment should own up to its own sins: “Before we put any more vitamin [manufacturers] in jail, let us consider what the proper punishment should be for the perpetrators of thalidomide, Marsilid, MER/29,

⁴¹ Harold Edwards, “Washington Office Report on Congress of Quackery,” *National Health Federation Bulletin*, Volume VII, Number 11-12, Nov-Dec. 1961, p. 3, box 529, folder 4, HHF Collection.

⁴² The Medical Monopoly Congresses attracted major figures. For instance, America’s first diet guru with medical credentials, Adelle Davis, spoke at one of the conferences in 1966.

⁴³ “F-D-C Reports,” October 28, 1963, p. 10, box 529 folder 5, HHF Collection.

and many others.”⁴⁴ Insofar as its members were being targeted by the AMA’s apparent double standards for the safety of treatments, the NHF had legitimate grievances against the medical establishment. The AMA had proclaimed alternative practitioners and natural food advocates to be dangerous to public health while maintaining silence on the well-publicized failures and shortcomings of scientific medicine. Despite their frustration at the AMA, NHF members reserved special ire for Fred Stare’s role in organizing the NCMQ, calling him “the cockiest star of this Extravaganza of Slander.”⁴⁵

In fairness, however, the NHF sometimes took their mission to the extreme. While they insisted they were not opponents of scientific medicine per se, they became avid opponents of major medical interventions. They opposed mandatory public vaccination, for instance, advising their membership to avoid the polio vaccine and to prevent their children from eating sugar instead. They also joined forces with Christian Scientists to fight the fluoridation of public water and promoted Hoxsey Therapy, Laetrile, Krebiozen, and several other heterodox cancer therapies.⁴⁶ While they were largely unsuccessful in achieving major progress toward these goals, they managed to secure several significant victories. They helped develop the legal licensing framework for chiropractic, they bolstered the recognition of acupuncture therapy, and in 1994 they helped secure the passage of the Dietary Supplement Health and Education Act, effectively preventing the FDA from regulating vitamins and supplements as drugs. After 1975, under the leadership of Kurt W. Donsbach, the “Vitamin King,” the organization ballooned, eventually boasting more than 10,000 dues-paying members in 300 chapters around the world.⁴⁷

⁴⁴ “F-D-C Reports,” 12.

⁴⁵ “AMA Seeks to Kill Competition: Sponsors Shocking ‘Quackery’ Congress,” box 529, folder 4, HHF Collection.

⁴⁶ “Data Sheet on NHF,” Thayer Files.

⁴⁷ Roxane Arnold, “Vitamin King: To Critics, He’s A Quack, But Kurt Donsbach Has Built A Multimillion-dollar Empire Pushing Value of Nutrition,” *Los Angeles Times*, July 12, 1982, B3.

Though it has gone relatively unnoticed in scholarship, the NHF will recur in several chapters throughout this dissertation.

Dieting in Historical Context

The events and actors in the above historical contexts cut through each of the four chapters of this dissertation in different ways. Generally speaking, orthodox medicine and alternative medicine were opposed, as were the food industry and the natural health food movement. The shared antipathies of the establishment toward heterodoxy and vice versa led to new partnerships that bled across institutional and ideological boundaries, evidenced by the dueling National Congresses.

At the heart of the dilemma was a conflict in who gets to speak for the public interest. As academic nutritionists were gaining a public voice, diet gurus were doing the same. Both competed over the right to speak to the American public about issues concerning diet and health, and the murky territory situated precariously between the medical and food industries. Unlike the largely standardized educational and professional paths taken by medical experts, diet gurus' trajectories through this landscape were not always straightforward. While some gurus were trained alternative healers, others were physicians, and others had no training at all. Though several gurus were active members of the NHF, regardless of their training or political sympathies, they may still have funded medical trials and partnered with major food corporations to produce branded product lines.

As I forecasted above, the role of diet gurus in shaping dieting to serve as an alternative to medicine and other forms of hegemonic authority has received little scholarly attention. For the most part, the only body of literature that has investigated diets for their serious healing claims was written by prominent anti-quackery crusaders like Stephen Barrett, William Jarvis,

Ronald Deutsch, and historian James Harvey Young.⁴⁸ While these figures had substantially less influence than academic nutritionists on public discourse with respect to nutrition and alternative health practices, they have provided an important (if deeply skewed) record of the inner workings of mid-century alternative health cultures.⁴⁹ Because they were at risk of being prosecuted, alternative healing movements and cultures, including mass market diets, have been rightfully protective over their privacy and suspicious of interlopers. In most cases, therefore, alternative healing groups' records have not been preserved rigorously, except by those who were antagonistic toward them.⁵⁰ Other scholars have investigated dieting cultures, but for the most part have not paid attention to healing claims.

Scholarship on Dieting

Scholars from a wide range of disciplines including history, food studies, American studies, and sociology have grappled with the history of dieting in America. The prominent explanation of American diet culture resonates with the contemporary fat acceptance movement and body-positive feminism, emphasizing the damaging moral imperative society imposes on the obese to lose weight. In this view, diet culture has promoted values that have been harmful to

⁴⁸ Prominent titles in this genre include Stephen Barrett and William T. Jarvis, *The Health Robbers: A Close Look at Quackery in America* (Buffalo, NY: Prometheus Books, 1993); Ronald Deutsch, *The Nuts Among the Berries: An Exposé of America's Food Fads* (New York: Ballantine Books, 1961); Ronald Deutsch, *The New Nuts Among the Berries: How Nutrition Nonsense Captured America* (Palo Alto, CA: Bull Publishing Co., 1977); James Harvey Young, *The Medical Messiahs* (Princeton, NJ: Princeton University Press, 1967); James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation* (Princeton, NJ: Princeton University Press, 1972).

⁴⁹ A notable exception to this lesser influence was AMA chief Morris Fishbein, who was the loudest voice against medical quackery during the 1920s and 30s. He wrote several important works on the subject including: *The Medical Follies* (1925), *The New Medical Follies* (1927), *Fads and Quackery in Healing* (1932), and *Shattering Health Superstitions* (1934).

⁵⁰ Even where records have been faithfully preserved, hostility toward alternative healing groups even maintains a presence in the archive itself. When I was conducting research for this project, an archivist at the National Museum of American History which houses the Michio and Aveline Kushi Collection on macrobiotics, bent over and whispered in my ear, "It's a cult!"

society; the narrow expectations for socially-acceptable bodies and the failure to achieve an ideal form has been read as a moral failure, leading to stigma, mental anguish, disordered eating, depression, and shame. The history of this progression began when Americans first became concerned about their weight en masse. When population-wide measurements of the weight of human bodies came to be published in indices, normalized standards were drawn around the data to indicate which bodies were acceptable or healthy. These medical concepts were then exported to the masses with commodities like the bathroom scale or standardized clothing sizes, which encouraged people (especially women) to understand and position themselves relative to these new fixed, discrete, numerical standards.⁵¹

Women, the primary recipients of messaging to conform or risk being permanently sidelined, purchased all manner of products and media, and adopted a wide range of habits to mold themselves into the appropriate shape.⁵² In some ways, the new pressure for weight loss was reminiscent of Victorian-era corseting, modified to accommodate scientific instruments and rationale. But the pressure of the cults of youth and thinness was massively amplified by the new manufacturers of bodily idealizations: the rising tide of women's magazines in the 1880s and 90s, the advent of department stores, and in the 1910s, Hollywood. Together, these forces sculpted a new conspicuous consumption model for middle- and upper-class urban white

⁵¹ Peter Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 2002); Georges Vigarello, *The Metamorphoses of Fat: A History of Obesity*, trans. C. Jon Delogu (New York: Columbia University Press, 2013); Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York: Free Press, 1986).

⁵² For histories of male dieting, see Sander Gilman, *Fat Boys: A Slim Book* (Lincoln, NE: University of Nebraska Press, 2004); Fabio Parasecoli, "Feeding Hard Bodies: Food and Masculinities in Men's Fitness Magazines," *Food and Foodways* 13, no. 1-2 (2005): 17-37; Tanfer Emin Tunc, "The 'Mad Men' of Nutrition: *The Drinking Man's Diet* and Mid-Twentieth-Century American Masculinity," *Global Food History* 4, no. 2 (2018): 189-206, <https://doi.org/10.1080/20549547.2018.1434353>; Emily Contois, "'Lose Like a Man': Gender and the Constraints of Self-Making in Weight Watchers Online," *Gastronomica* 17, no. 1 (2017): 33-43, <https://doi.org/10.1525/gfc.2017.17.1.33>; Jesse Berrett, "Feeding the Organization Man: Diet and Masculinity in Postwar America," *Journal of Social History* 30, no. 4 (1997): 805, <https://doi.org/10.1353/jsh/30.4.805>.

women. For many women, however, the race for weight loss could not be won; no matter the efforts made and prices paid, their bodies stubbornly resisted reform. Yet, as a concept, obesity and its many more minor iterations swelled with negative social connotations and implications. So the overweight and obese (or those who worried privately that they belonged to one category or another) were compelled to remain in the race to shed pounds lest they be blamed for succumbing to sloth and gluttony or condemned as unmarriageable, feeble-minded, or ugly.⁵³

To fight back against rising levels of obesity, the US government offered a stern reproach to reduce and manage personal consumption.⁵⁴ At the same time, federal authorities aggressively deregulated and subsidized the food industry (the continued profits of which depended on increasing the volume of consumer consumption). While scientists like Fred Stare insisted that obesity was a simple matter of energy balance (reducing input and increasing output), the scientific reality was not as straightforward as the authorities seemed to suggest. Problems kept cropping up. People were failing to lose weight and the weight was putting their health at risk. To complicate matters, even basic nutritional studies were notoriously difficult to design and run. To isolate the effects of any but the most major nutrients or determine appropriate levels of consumption thereof, a study should theoretically have to control for hundreds of chemical and behavioral variables. But the available data to conduct such studies was weak and unreliable as it

⁵³ For some of the many treatments on this subject, see Deborah Lupton, *Food, the Body and the Self* (London: Sage, 1996); Sally Cline, *Just Desserts: Women and Food* (London: Deutsch, 1990); Nancy Gagliardi, "Dieting in the Age of Feminism: A Cultural History of Women's Lives and the Creation of the Modern American Dieter during the Long Sixties (1963-1978)" (PhD diss., New York University, 2017) ProQuest (10281044); Kim Chernin, *The Hungry Self: Daughters and Mothers, Eating and Identity* (New York: Times Books, 1985); Susie Orbach, *Fat Is a Feminist Issue* (New York: Berkley Books, 1982); Avner Offer, "Body Weight and Self-Control in the USA and Britain since the 1950s," *Social History of Medicine* 14, no. 1 (2001): 79-106; Sander Gilman, *Fat: A Cultural History* (Oxford: Wiley, 2013).

⁵⁴ Such a pressure to conform was eventually challenged by people who refused to be stigmatized. See Kathleen M. Robinson, "The Fat Acceptance Movement Contesting Fatness as Illness, 1969-1998," (PhD diss., University of Wisconsin-Madison, 2014), ProQuest (10185327).

was frequently self-reported. The major scientific instrument of early 20th century nutrition, the calorimeter, was too huge and impractical for the volumes of data required for population-level analyses.⁵⁵

Chronic diseases added an extra wrinkle. Studies into dietary risk factors were even more difficult to conduct and interpret, but the public demanded rapid solutions nevertheless. Yet, the necessity of conducting these studies for the dozens of implicated metabolic diseases conflicted with the desires of corporations to promote their food products and insulate them from negative scientific scrutiny. In the absence of clear nutritional authority—as academic nutritionists were largely denialist about the diet-disease link—the nutrition information ecosystem filled in with cacophony. Perennial public agitation for medical interventions for weight loss was met only with shallow technocratic solutions promising to protect customers from their own bad behaviors. Patient-consumer anxieties were met with controversial food additives like Olestra and aspartame, weight loss drugs like Ephedra and Fen-Phen, appetite suppressants like Ayds candies, liposuction and bariatric surgery.⁵⁶

Scholars have emphasized different components of this basic blueprint in their histories of dieting and obesity. Some scholars, such as Joan Brumberg and R. Marie Griffiths, have favored interpreting dieting within the framework of the long history of religious or moralistic

⁵⁵ Nick Cullather, “The Foreign Policy of the Calorie,” *American Historical Review* 112, no. 2 (2007): 337-364.

⁵⁶ I will not have the space to explore these topics in depth, so I will only touch on them briefly where necessary. It should be noted that some of these phenomena, like bariatric surgery, came onto the scene after most of my actors had died or retired. I will also not have the space to discuss other commercial diet programs like Weight Watchers or Jenny Craig. For resources about these topics, see Jessica Parr, “Obesity and the Emergence of Mutual Aid Groups for Weight Loss in the Post-War United States,” *Social History of Medicine* 27, no. 4 (2014): 768-788; Kandi Stinson, *Women and Dieting Culture: Inside a Commercial Weight Loss Group* (New Brunswick, NJ: Rutgers University Press, 2001); Nicholas Rasmussen, “Group Weight Loss and Multiple Screening: A Tale of Two Heart Disease Programs in Postwar American Public Health,” *Bulletin of the History of Medicine* 92, no. 3 (2018): 474-505; Nancy Gagliardi, “Dieting in the Long Sixties: Constructing the Identity of the Modern American Dieter,” *Gastronomica* 18, no. 3 (2018): 66-81; Caroline de la Peña, *Empty Pleasures: The Story of Artificial Sweeteners from Saccharin to Splenda* (Chapel Hill: University of North Carolina Press, 2010); Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1997).

concerns about the shaping and meaning of gender, sexuality, strength, and the body through fasting, anorexia, or asceticism.⁵⁷ Others, such as Charlotte Biltekoff, Melanie Dupuis, and Helen Zoe Veit have taken a more abstract view portraying dieting as the outcome of neoliberalism and the colonialist bodily disciplines imposed by the state to make productive and orderly citizens.⁵⁸ Through all of these scholars' work, medical claims about food choice lurk beneath the surface. Yet claims for better health through dieting have typically been understood as a false promise, either foisted on the obese to add extra pain to their moral failing or else created from thin air by diet authors looking to boost sales. On the other hand, many scholars who have investigated the history of nutrition have hewn closely to the trajectory of the credentialed nutrition sciences (biochemistry, dietetics, molecular biology, cellular physiology, developmental biology, etc.).⁵⁹ Few scholars, in other words, have given serious consideration to the medical claims of popular diets beyond their success in helping patients lose weight.

This dissertation seeks to fundamentally reorient our historical perspective regarding the public role of diets by articulating their role in shaping the health landscape of 20th century America. In doing so, I argue for renewed attention to the dietary subcultures of the US and post-

⁵⁷ Carole Counihan and Steven Kaplan, *Food and Gender: Identity and Power* (London: Routledge, 2004); Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Random House, 2001); R. Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004).

⁵⁸ Charlotte Biltekoff, *Eating Right in America: The Cultural Politics of Food and Health* (Durham, NC: Duke University Press, 2013); Melanie DuPuis, *Dangerous Digestion: The Politics of American Dietary Advice* (Oakland, CA: University of California Press, 2015); Helen Zoe Veit, *Modern Food, Moral Food: Self-Control, Science, and the Rise of Modern American Eating in the Early Twentieth Century* (Chapel Hill: University of North Carolina Press, 2013).

⁵⁹ For example, see Kenneth Carpenter, *Protein and Energy: A Study of Changing Ideas in Nutrition* (Cambridge: Cambridge University Press, 1994); Harmke Kamminga and Andrew Cunningham eds., *The Science and Culture of Nutrition, 1840-1940* (Amsterdam: Rodopi, 1995); Jessica Mudry, *Measured Meals: Nutrition in America* (Albany, NY: SUNY Press, 2009); Robert E. Kohler, *From Medical Chemistry to Biochemistry: The Making of a Biochemical Discipline* (Cambridge: Cambridge University Press, 2008); Lee R. McDowell, *Vitamin History: The Early Years* (Gainesville, FL: University of Florida Press, 2013); Rima Apple, *Vitamina: Vitamins in American Culture* (New Brunswick, NJ: Rutgers University Press, 1996); Gyorgyi Scrinis, *Nutritionism: The Science and Politics of Dietary Advice* (New York: Columbia University Press, 2015).

war alternative medicine. Diet gurus treated huge numbers of people who would have been otherwise mistreated, overmedicated, or denied access to medical care by orthodox practitioners. Gurus also largely filled in the vacuum of public information while nutrition science was paralyzed by the intrinsic difficulty of its own research methods, infighting, politics, the failure to come to a robust scientific consensus, or make adequate, actionable public recommendations. Through four different case studies, I demonstrate how diet gurus not only became exemplars of food faddism, but became crucial public authorities on health and nutrition in the mid- to late-20th century.

The Trouble with Facts

This dissertation is framed so as to critically appreciate the perspective and politics of the members of alternative healing and eating cultures, but should not be understood as explicitly advocating such practices. Nor is my analysis meant as an attack against nutrition science or its champions. There is clearly much to criticize about the modern American diet industry and much to legitimately fear about health fraud and certain heterodox healing practices. Some of the practices espoused by the protagonists of this dissertation lacked conventional medical merit and may have actually been harmful. But the food industry and medical orthodoxy against whom they fought most vigorously made major mistakes, oversights, and deliberate choices of their own that endangered the health and wellbeing of millions of Americans. This dissertation shows that while members of each camp lambasted each other as imminent threats to public health, the reality was much more complicated. That being said, while this is not a black and white issue with clear heroes and villains, I do not merely equivocate between these two positions.

The four diet gurus I have chosen to highlight fulfilled real needs in the delivery of care, and in many cases did good by filling the vacuum of personalized patient care that the medical

establishment was perfectly content to leave empty. To appreciate their stories and perspectives requires a careful reconsideration of what it means to be healthy and to pursue a healthy life. It also requires reckoning with the fact that the patients and gurus were earnest in believing in and pursuing alternative health measures. The reality of their belief provided a common bond that strengthened these communities. The former president of the AMA, Morris Fishbein, understood this dynamic well when he said, “The dishonest quack is easy to handle. As a matter of fact, he soon discredits himself, but the honest advocate of foolish medical theories is more difficult. The more he is opposed, the more strongly he is convinced that he is right and the more disciples he is able to gather around him.”⁶⁰

Less cynically, patients loved their gurus, and in many ways chose their care—in full knowledge of its consequences and ‘legitimacy’—over that offered by conventional doctors. This preference among certain classes of patients for heterodox care has mostly been dismissed as the result of delusion, helplessness, or misinformation.⁶¹ As a result, most of the educational efforts to dissuade patient-consumers from adopting alternative health epistemologies assume they are simply too ignorant or illiterate about science to discern between legitimate and illegitimate claims.

Perhaps one of the most perplexing dynamics in the earnest guru’s rise is the degree to which they cloaked themselves in the language and prestige of science. They masqueraded as doctors, they cited medical studies, and some even conducted their own. Their claims were fully entrenched in the tools and notations of science; they spoke of calories, macronutrients, vitamins,

⁶⁰ William Mayo to Morris Fishbein, 3 November 1932, box 99, folder 9, Fishbein Papers.

⁶¹ For a recent example of this attitude from medical professionals, see Rebecca M. Marton et al., “Science, Advocacy, And Quackery in Nutritional Books: An Analysis of Conflicting Advice and Purported Claims of Nutritional Best-sellers,” *Palgrave Communications* 6, no. 43 (2020), <https://doi.org/10.1057/s41599-020-0415-6>.

physiological processes, and the minutiae of such complex diseases as cancer as confidently and fluently as ‘true’ credentialed experts. Yet their claims chafed against the scientific consensus. Not only that, in the same breath where they explained scientific concepts, many diet gurus waxed poetic on such decidedly non-scientific concepts as cleansing and detoxing, yin and yang, or vital energies.

How can we explain this apparent contradiction? The first step is to simply accept the epistemological inconsistencies across patient-consumer attitudes. Patient-consumers (and some gurus for that matter) have repeatedly proven willing to accept paradoxes, perfectly capable of believing pieces of information that directly contradict each other. The patients outlined in this dissertation eagerly accepted science and pseudoscience as complementary, despite the former’s attempt to discredit the latter. This tolerance for ambiguity should not, however, signal a total disbelief in or disregard for science. If that were the case, gurus making scientific ovations to attract patients would be nonsensical. I posit instead that the search for extra-scientific forces to complement science reflects a critical failure of hegemonic science to examine its own weaknesses in packaging and delivering information and therapies that certain classes of patients desperately needed to feel secure.

Further, because patients were epistemically fluid, the battle between science and pseudoscience was seldom won in the arena of hard evidence. Instead, what drove patient-consumers toward pseudoscientific practices was an alignment of healing practices with other kinds of closely-held social values. Gurus’ careful and savvy messaging concerning difficult issues of race, gender, age, sexuality, class, taste, as well as their positioning relative to national and international politics were far more persuasive than narrow physiological claims about the functions of proteins or carbohydrates in the body. This value-based appeal extended to medicine

too. Unlike conventional medicine, gurus provided personal attention and care and exhibited an attunement to the specific needs and experiences of a given population of patient-consumers. An alignment on these ‘soft facts’ made it more likely that patient-consumers would understand and propagate heterodox concepts as hard scientific facts when they merely upheld their worldview. By taking their attitudes seriously, however, I show that what these bold dieteers sought as they ventured into the dark quasi-medical forest is worthy of our attention.

“A Farewell to Chitterlings”: Dr. Alvenia Moody Fulton, Soul Food, and the Advent of Black Veganism

It is a paradox to be sure—the astounding aspect of an American black flinging away his barbecue bone for a celery stalk. On the other hand, many blacks in this land of meat and honey had never been accustomed to meat on their daily menus—at least not until they had attained that ultra-refined hotshot status that made them card-carrying members of the middle class. Therefore it has followed in the peculiar pattern of the classical absurdity, that some American blacks who can now afford filet have elected instead to dine on raw carrots and cabbage juice.¹

-Ebony Magazine, 1974

Soon after a young Dick Gregory (1932-2017) caught the attention of Hugh Hefner in 1961, he became the first black comic to break the color barrier when he performed at the Chicago Playboy Club. His incisive wit onstage forced white audiences to encounter—many for the first time—the structural advantages afforded by their race. In one of his best-known jokes, Gregory recounted sitting down at a restaurant in the Jim Crow South and being told by the server, “We don't serve colored people here,” to which Gregory replied, “That's all right, I don't eat colored people. Just bring me a whole fried chicken.”² In 1965, Gregory was listed in *Time* magazine as one of the four major black male comedians in America.³ Yet just as his stand-up career finally began to bloom, by 1966, Gregory turned away from comedy to assist the black freedom struggle. After first hosting a controversial march in Chicago and running two failed write-in campaigns for political office, he abandoned conventional activist tactics for his own

¹ Althea Smith, “A Farewell to Chitterlings: Vegetarianism is on the rise among diet-conscious blacks,” *Ebony*, September 1974, 110.

² Clyde Haberman, “Dick Gregory, 84, Dies; Found Humor in the Civil Rights Struggle” *New York Times*, August 19, 2017, <https://www.nytimes.com/2017/08/19/arts/dick-gregory-dies-at-84.html?mcubz=3>.

³ “They Have Overcome,” *Time*, 5 February 1965, 100.

idiosyncratic methods, leveraging his body and his fame to address problems of a personal, national, and global scope. In addition to becoming an outspoken vegan and health activist, Gregory staged dozens of fasting protests (sometimes coupled with long-distance runs) to bring attention to a panoply of political issues.

While Gregory has been widely (and rightly) credited as an influential figure in shaping the black American diet, he did not develop his dietary program or his philosophy of strategic food refusal in isolation. He learned everything he espoused from a self-proclaimed expert in fasting for both health and weight loss, a Chicago-based naturopath named Alvenia Moody Fulton. Fulton empowered Gregory to deploy his body as his chief political tool, and under her careful instruction, he became a civil rights icon for whom nutrition, fasting, and prayer were a panacea for the world's problems. Although Fulton was the pioneering advocate of therapeutic fasting and corrective nutrition in black America, her radical and eclectic health philosophy has escaped historical attention because her ideas have typically been read through the lens of Dick Gregory's career in health activism and other black food reform efforts that ran through the 1960s and 70s. This chapter seeks to correct this oversight by bringing Fulton to the fore.

This chapter begins by following the contours of Fulton's life from the early roots of her nutritional philosophy to the foundation of her health food store and her civil rights engagement with Dick Gregory. I situate Fulton's career alongside several major transformations for black Americans: 1) unprecedented northern migration, integration, and urbanization; 2) the meteoric rise in chronic disease burden complicated by medical inequality; 3) burgeoning pride in black cultural heritage and identity exemplified by the "soul" trend in music, dance, and food; and 4) the heated inter- and intra-racial politics of the black freedom struggle. During this time of public upheaval, Fulton unironically sold healthy vegetarian staples, weight loss plans, supplements,

and nature cures—practices that had been historically associated with white health promoters and heterodox healers—as a novel solution for many of the crises facing black America.

I argue that, as a diet guru, Fulton performed critical cultural labor by translating ideas from the overwhelmingly white alternative medical community—and subsequently the natural health food movement—for an urban black audience. She reformulated ideas from each tradition in line with her own understanding of black history and black health and the needs of her community—a community entrenched in a battle for the recognition of its civil rights. To demonstrate this, I examine how Fulton drew on her own experience with illness and dietary cure to create a replacement for soul food, which was increasingly being blamed for the high rates of heart disease among black men. Although by the 1970s Fulton was only one voice in a crowd of soul food critics, she offered a unique perspective that carefully threaded the needle between demands for a black identity based in authentic cultural heritage and civil rights era health goals.

This chapter contributes to the extensive and thriving cultural history of black foodways, especially that of soul food and other so-called “heritage cuisines.” Though my intervention focuses on the soul food period and its decline, debates over the historical authenticity of soul food permeated popular discussions about the cuisine during the 1960s and 70s. Such debates often drew on popular myths of slave cooking, a subject that has now been properly historicized by such scholars as Psyche Williams-Forsen, Michael Twitty, and Toni Tipton-Martin.⁴ These and other histories by Frederick Douglass Opie, Tracy Poe, John T. Edge, Adrian Miller, and Jessica Harris further elucidate the transfer and transformation of slave cuisines through

⁴ Psyche Williams-Forsen, *Building Houses Out of Chicken Legs: Black Women, Food, and Power* (Chapel Hill: University of North Carolina Press, 2006); Michael Twitty, *The Cooking Gene: A Journey Through African American Culinary History in the Old South* (New York: HarperCollins, 2018); Toni Tipton-Martin, *The Jemima Code: Two Centuries of African American Cookbooks* (Austin: University of Texas Press, 2015).

Reconstruction and the Progressive Era—a period Miller calls the “Down Home Cooking Era”—to the assertion of a singular vision of soul food as a marker for black revolutionary identity during the 1960s and the eventual disintegration of that vision.⁵ Though several of these scholars have noted that health claims were central to the critique and eventual rupture of soul food in the 1970s, this body of work is firmly situated in food studies, leaving the relationship between soul food and health outcomes largely unexplored. This chapter begins to remedy this omission by elaborating a connection between food as a central pillar of both black culture and identity, and the mobilization against racialized health disparities.

This chapter also draws on literature pertaining to what I classify as “white healthism,” a category that broadly includes the history of white Americans’ efforts in health promotion and popular health; dieting and vegetarianism; the natural and health food movements; and heterodox healing or alternative medicine.⁶ As detailed in the introduction, the landscape of revolutionary food cultures has been explored by such scholars as Harvey Levenstein, Charlotte Biltekoff, Melanie DuPuis, and Helen Zoe Veit; 20th century heterodox healing cultures feature prominently in the works of R. Marie Griffith, Laura J. Miller, and Susan Cayleff. Yet, much of this literature has focused overwhelmingly on white individuals, groups, and trends, while comparatively little has been written about African Americans’ role or presence in these radical health communities. To add black culture(s)—here instantiated in Alvenia Fulton—to the

⁵ Frederick Douglass Opie, *Hog and Hominy: Soul Food from Africa to America* (New York: Columbia University Press, 2008); Tracy N. Poe, “The Origins of Soul Food in Black Urban Identity: Chicago, 1915-1947,” *American Studies International* 37, no. 1 (1999): 4-33; John T. Edge, *The Potlikker Papers: A Food History of the Modern South* (New York: Penguin Books, 2017); Adrian Miller, *Soul Food: The Surprising Story of an American Cuisine, One Plate at a Time* (Chapel Hill: University of North Carolina Press, 2013); Jessica B. Harris, *High on the Hog: A Culinary Journey from Africa to America* (New York: Bloomsbury, 2011).

⁶ Robert Crawford, “Healthism and the Medicalization of Everyday Life,” *International Journal of Health Services*, 10, no. 3 (1980): 365-388. Healthism is the neoliberalization of health maintenance: a libertarian ideal whereby each patient is responsible for educating themselves, maintaining their own health, and purchasing more to achieve a state of “super health.”

discussion of white alternative medicine, dieting, and the food movement that have so far represented the core of the history of American vernacular health in the twentieth century, therefore, this chapter also draws on scholarship about the history of alternative or vernacular medicines in black communities. Scholars such as Sharla Fett and Wonda Fontenot not only showcase the broad intercultural exchange of healing knowledge and practices between racial communities throughout history, they also demonstrate how healing knowledge transforms, and through cultural recontextualization, empowers.⁷

Dr. Alvenia Moody Fulton

The self-styled “Queen of Nutrition” was born Alvenia Moody on 17 May 1906 in Pulaski, Tennessee. Her family owned a 156-acre farm—a rarity in Gilded Age America—and was almost entirely self-sufficient.⁸ The Moody family produced all their own fruits in a private orchard from which they preserved their own jam; they grew vegetables in a large garden; they milled their own grain; they slaughtered and cured meat from their own livestock; they milked their own cows, churned their own butter, and even fermented and stored barrels of sauerkraut.⁹ Fulton’s family also relied heavily on non-traditional medicine, emphasizing treatments derived from plants that could be foraged from nearby woods or streams, or cultivated locally. Fulton’s mother was a trained healer and midwife in the vernacular healing traditions handed down from slaves, having been apprenticed by her own mother, Fulton’s grandmother. Fulton described her mother’s herbalism in her book *Radiant Health through Nutrition*: “I vividly remember the roots,

⁷ Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Wonda Fontenot, *Secret Doctors: Ethnomedicine of African Americans* (Westport, CT: Bergin & Garvey, 1994).

⁸ Miller, *Soul Food*, 32.

⁹ Alvenia Fulton, *Radiant Health Through Nutrition* (Chicago: Life Line Publishing, 1980): 11.

barks, herbs, leaves, sulphur, molasses, onions, kerosene, olive oil and black draught. We had vinegar baths and sulphur rubs, those were the medicines used and the medical practices followed.”¹⁰

Both the heritage cuisines and vernacular healing traditions that African Americans developed relied extensively on the complex ethnobotanical legacy of slavery. Those who were enslaved—having been captured from throughout the African continent—employed and shared a wide variety of African tribal healing practices, even cultivating traditional African herbs. Historian Sharla Fett describes how enslaved people imported seeds and grasses to the Americas, planting the licorice seeds that hung from traditional necklaces they wore or the dried wild grasses that slavers strew across the deck of ships through the Middle Passage.¹¹ Enslaved people adopted, borrowed, or traded knowledge of local plants and healing secrets with indigenous cultures throughout the American continents and the Caribbean, and imbibed elements of European healing traditions, including orthodox medicine. The Atlantic exchange in healing knowledge yielded a staggering and eclectic *materia medica* made even more impressive by the breadth of functions that any given herb or root could serve. These vernacular herbal practices are still widely (if secretly) used today, owing to the painful legacy of medical discrimination, experimentation, and abuse at the hands of mainly white orthodox physicians.¹²

Though Fulton wrote that herbalism was a powerful formative force in her development as a nutritionist and healer, it did not take root until relatively late in life. As a young adult, Fulton instead attempted careers as a practical nurse, rural school teacher, and midwife before

¹⁰ Fulton, *Radiant Health Through Nutrition*, 11.

¹¹ Fett, *Working Cures*, 63.

¹² Fontenot, *Secret Doctors*, 131.

enrolling at Tennessee State Normal College and settling on a career as a preacher.¹³ Her mother—along with every man on both sides of her family—had been a leader in the Baptist or African Methodist Episcopal (AME) churches. Not only was Fulton the first woman to enroll and graduate from Greater Payne Theological Seminary in Birmingham, Alabama, she was the first woman to preach at several major churches in Kentucky, Alabama, Tennessee, Ohio, and Kansas. Along the way, she met and took the name of her husband, Reverend O.M. Fulton.¹⁴

By the early 1950s, Fulton had moved from the South to start a new life in Chicago. While it is not clear what motivated this shift, her move aligned with the broader pattern in regional black migration through most of the twentieth century. As such, she may have inadvertently followed the path of millions of other black migrants during the Second Great Migration. Beginning in the 1910s and lasting through the 1970s, northern cities like Chicago became major destinations for African Americans migrating from the South. During the first Great Migration (1910s-1930s), rural southern African Americans—who primarily found employment as servants for white kitchens or in unskilled manufacturing jobs in Chicago’s meatpacking houses—began splitting single flats into as many as six separate kitchenettes to combat the dearth of affordable living spaces in Chicago.¹⁵ When Fulton founded her natural health food business there in 1957, Chicago was still undergoing massive demographic shifts as a result of the Second Great Migration (1940-1970), when hundreds of thousands of black Americans resettled from the urban South into the already crowded urban North. Although the Second World War and the New Deal promised thousands of skilled manufacturing jobs in the

¹³ Fulton, *Radiant Health through Nutrition*, 16.

¹⁴ Calloway, “Actors Inquire About Healthful Diets,” 16; “County WCTU Meeting Set,” *Marian Star* (OH), September 23, 1948, 14.

¹⁵ Harold M. Mayer and Richard C. Wade, *Chicago: Growth of a Metropolis* (Chicago and London: University of Chicago Press, 1969): 402.

North, cities failed to provide new housing to accommodate the newest wave of migrants, and existing black neighborhoods “virtually burst at the seams.”¹⁶ Historian Jessica Harris argues that quickly thereafter, when affluent whites abandoned the city for the suburbs, new black migrants were “relegated to living in inner-city neighborhoods that were slumping into deterioration.”¹⁷

Unsurprisingly, the health of these overfull urban black communities lagged behind their white neighbors, and before her natural health awakening, Fulton was no exception. For thirty years, Fulton was in and out of doctors’ offices, suffering from a wide array of ailments for which she tried all manner of orthodox therapies and patent medicines. In 1954, Fulton’s health took a sudden turn for the worse. She writes about undergoing two major hospitalizations: one for bleeding duodenal ulcers and another shortly thereafter for complications from uterine fibroid tumors. Her nurses even instructed her to stop working as her condition worsened and she was put on a strict diet without fresh or whole fruits and vegetables—only cooked or strained foods and dairy. In both cases, she felt orthodox medical treatments were failing her and prayed for recovery.

It was during this personal brush with serious illness that Fulton was first alerted to the relationship between diet and disease. Rather than continue what she perceived to be useless orthodox medical procedures, she decided to pursue radical, non-chemical treatment options and began attending public lectures on natural healing and health foods in Chicago. Sociologist Laura J. Miller explains that health lecturers were common and widely popular from the late nineteenth century through the early 1960s and often toured through such major cities as Chicago. The circuit regularly featured speakers on subjects from self-improvement to natural foods and herbal

¹⁶ Mayer and Wade, *Chicago*, 406.

¹⁷ Harris, *High on the Hog*, 202.

medicine.¹⁸ Fulton attended lectures from a wide range of speakers, including the most influential health proselytizers of the era: Paul Bragg, Gayelord Hauser and Martin Pretorius.¹⁹

From the lectures she attended Fulton found relief from illness, and in recovery she found inspiration. She developed her health program, with its signature emphasis on vegetarianism and restorative health through juicing and fasting, from the same procedures that healed her. From one lecture she attended during her bout with ulcers, Fulton learned of an unpublished study that had been running for the previous four years being conducted by a Stanford University doctor, Garnett Cheney. Cheney was testing “vitamin U therapy” on inmates with peptic ulcers at San Quentin Prison near San Francisco. The regular doses of raw cabbage juice—apparently rich in “vitamin U”—reportedly had positive results and many of the inmates recovered without incident.²⁰ Fulton’s ulcer, though intestinal rather than gastric, vanished following a cabbage juice regime as well.²¹ Likewise, while she was hospitalized for fibroid complications she sought the advice of another health lecturer, Max O. Garten, who advertised therapeutic fasting as a revolutionary new cure for tumors. As with her ulcer, Fulton sought Garten’s advice, experimented with his therapy, and promptly found relief. In praise of her experience with Garten, Fulton wrote, “Fasting had brought me closer to God and to a better life.”²² After her complete recovery, she turned away from her life in ministry to teach her community about the

¹⁸ Laura Miller, *Building Nature’s Market: The Business and Politics of Natural Foods* (Chicago: University of Chicago Press, 2017): 91-2.

¹⁹ Fulton, *Radiant Health Through Nutrition*, 15. Fulton also cited as influential the lectures of Thomas Gains, Howard Inches, Florence McCullum, V. Earl Irons, Lelord Kordel, Victor Lindlahr, Christopher Gurais-Cursio, Henry Shelton, and Joseph Liss.

²⁰ Garnett Cheney, “Rapid healing of peptic ulcers in patients receiving fresh cabbage juice,” *California Medicine* 70, no. 1 (1949): 10-15; Garnett Cheney, Samuel H. Waxler, and Ivan J. Miller, “Vitamin U Therapy of Peptic Ulcer: Experience at San Quentin Prison,” *California Medicine* 84, no. 1 (1956): 39-42. Vitamin U was the name given to S-methylmethionine, which was later discovered not to fit the narrow technical definition of a vitamin.

²¹ Toni Anthony, “Illness Turns Lady to Field of Nutrition, Health Foods,” *Chicago Daily Defender*, November 3, 1969, 4.

²² Fulton, *Radiant Health through Nutrition*, 15.

powers of nutrition, plant foods, and healing herbs.

Fulton Health Food and Fasting Center

In 1955, Fulton opened Pioneer Natural Health Institute out of her home at 65th and Eberhardt in the West Englewood neighborhood of Chicago. The Institute began as a small reading group and prayer circle for Fulton's friends to whom she would provide a variety of healing services and products. Fulton was by no means the first African American to combine religious faith and healing. Black spiritual leaders have, throughout American history, had a dually powerful and intimate role in black communities and this power has often extended to organizing or offering medical services. Soon after its opening, the Institute had so many customers that her small home was overwhelmed. As she told a reporter from the *Chicago Daily Defender*, "I was pushed out of my house into a store on a shoestring, and found that there was not another business of this kind in the black community."²³ She initially imagined her store as a combined natural health food store and vegetarian restaurant with a predominantly black clientele—the first of its kind in the country.

When her first brick and mortar store opened in 1957, she christened it the Fulton Health Food and Fasting Center. It was a nondescript building located in the middle of the shopping district on the 500 block of East 63rd Street near "two taverns, a candy store, two cleaners, a bakery, a barber shop, a print shop, a restaurant, and a storm window shop."²⁴ All that was visible from the street—aside from a plain white sign with thick black letters hanging over the entrance—was a window display showcasing a menagerie of "chloro caps, herbolax,

²³ Anthony, "Illness Turns Lady to Field of Nutrition," 4.

²⁴ Dorothea Drew, "Weekly Review of the News," *Chicago Metro News* January 10, 1976; "Dr. Fulton Opens New Health Store," *Chicago Metro News*, Feb. 12, 1977; Alvenia Fulton, "Notice," advertisement, *Chicago Metro News*, February 5, 1977, 4.

extraction of garlic, passion flower, living beauty cream and vitamin E jars selling for \$4.75.”²⁵

Those enthusiastic health-seekers who opened Fultonia’s door were greeted by a unique olfactory assault: a peculiar interplay between the funk of dried African herbs, the tang of barbecued soy “chicken” and the earthy sweetness of freshly blended carrot juice. Guests encountered the “glamorous tropical decor of rippling fountains, mock palm trees and thatched roof” that Fulton carefully designed to encourage both weight loss and relaxation.²⁶

Fulton’s business remained relatively inconspicuous, attending mostly the needs of her local community, until 1966 when she sent an “unsolicited container of funny-looking salad” to Dick Gregory’s office during his write-in campaign to unseat the controversial Richard J. Daley as mayor of Chicago.²⁷ Gregory initially feared the salads a Trojan horse, assuming Daley had laced them with arsenic to poison him.²⁸ When he learned they were intended as a promotional device for Fulton’s dietary lifestyle program, Gregory and his wife Lillian visited Fulton at her store, where they had their first consultation.

As a former high school track star turned 270-pound-chain-smoking alcoholic, Gregory was a stranger to health-seeking behavior. In 1964, he felt that, as a pacifist in the mold of Martin Luther King Jr. and Mohandas Gandhi, he needed to abstain from violence against humans and animals, so he became vegetarian. Yet Gregory continued to smoke and drink heavily. When he first visited Fultonia, Gregory sought advice on safe fasting techniques, not dietary change. As a teaching experiment, Fulton joined Gregory for his first fast—in protest of

²⁵ Smith, “A Farewell to Chitterlings,” 110.

²⁶ “Open House for Health Food Unit,” *Chicago Defender*, May 7, 1966, 3; “Health Food Center Sponsors Open House,” *Chicago Defender*, June 4, 1966, 21.

²⁷ Robert B. McKersie, *A Decisive Decade: An Insider's View of the Chicago Civil Rights Movement During the 1960s* (Carbondale, IL: Southern Illinois University Press, 2013): 108; Dick Gregory, *Callus on My Soul: A Memoir* (Atlanta, GA: Longstreet Press, 2000): 121.

²⁸ Gregory, *Callus on my Soul*, 121.

the Vietnam War—which was scheduled to last the 40 days between Thanksgiving and New Years’ Day.²⁹ Fulton’s signature fast was tailored to each client; Gregory’s began with a series of fifteen enemas with Fulton’s special colon-cleansing formula, moved to a raw fruit and vegetable juice diet, and eventually transitioned to nothing but distilled water with honey and lemon, and an occasional seaweed pill.³⁰ After concluding this initial fast, Gregory swore off cigarettes and alcohol, and converted his ethical vegetarianism to a sleek, nutritionally robust diet verging on fruitarianism.³¹ Armed with a new diet and fasting regimen, Gregory swiftly lost two-thirds of his body weight, descending to a skeletal 97 pounds, but he was more energetic and enthusiastic than ever.³²

Fulton’s program became the basis of all of Gregory’s fasting protests, hunger strikes, and awareness campaigns. Over the next several decades, he fasted dozens of times to bring attention to a panoply of political issues. In 1973, he vowed to fast until all American prisoners of the Vietnam War had been released; in 1976, he fasted to bring attention to hunger in the US; in 1979, he spent four months fasting in Iran hoping to persuade Ayatollah Khomeini to release his hostages from the American embassy. He fasted for an astonishing 167 days in 1984 to bring attention to world hunger. At other times he fasted in support of women's rights, in opposition to apartheid in South Africa, and against police brutality in the US.³³ Between each fast, Gregory

²⁹ After completing the fast, Gregory fasted two more weeks. Dave Potter, “Gregory Starts Eating Again After 54 Days,” *Chicago Daily Defender*, Jan. 10, 1968, 3.

³⁰ Gregory, *Callus on My Soul*, 124.

³¹ Fruitarianism is a diet of mostly fruit. Gregory also speaks of admiring breatharianism—the ability to live on sunlight—in Dick Gregory, *Dick Gregory's Natural Diet for Folks Who Eat: Cookin' with Mother Nature* (New York: Harper & Row, 1973): 5.

³² Clovis Semmes, “Entrepreneur of Health: Dick Gregory, Black Consciousness, and the Human Potential Movement,” *Journal of African American Studies*, Vol. 16, No. 3 (September 2012): 537-549.

³³ “Dick Gregory Ill, But Refuses to Break Fast,” *Jet*, July 18, 1968, 6; “Dick Gregory Vows to Fast Until All Prisoners Freed,” *Jet*, February 22, 1973, 5; “Dick Gregory Endures 40-Day Fast in Support of Michael Jackson,” *Jet*, January 26, 2004, 36; “Dick Gregory Prays, Fasts 167 Days to Lose 68 Lbs., Dramatize World Hunger,” *Jet*, September 3, 1984, 12.

gained much of his weight back only to lose it all again dramatically during the next fasting protest, embodying what literary scholar Doris Witt describes as “the grotesque trope of the expanding and contracting black man.”³⁴ During this period, Fulton and Gregory also collaborated several times taking trips to teach black college students and other civil rights activists how to fast as an act of protest.

As Gregory’s dietary feats gained notoriety, Fulton leveraged his publicity to recruit more celebrities to her cause—earning her the title “Dietitian to the Stars.” Denizens of West Englewood must have watched in amazement as celebrities and foreign nationals disappeared into Fultonia week after week alongside the more familiar young couples and “food stamp survivors.”³⁵ Savvy onlookers may have recognized among the pilgrims: actors (Ossie Davis, Ruby Dee, Gloria Swanson, Billie Dee Williams, Ben Vereen, Michael Caine, Cicely Tyson); athletes (Jesse Owens, Jim Kelly, Gale Sayers, Bill Walton, Ernie Banks, Muhammad Ali); comedians (Redd Foxx, Dick Gregory, George Kirby, Godfrey Cambridge); public personalities (Oprah Winfrey, Sheila Goldsmith, Diane Weathers, Freda Payne); and musicians (Roberta Flack, Della Reese, Mahalia Jackson, Ramsey Lewis, Stevie Wonder, Stan Getz, John Lennon, Johnny Nash, Lola Falana, Taj Mahal, and all members of Earth, Wind, and Fire, and the James Brown band).³⁶ Her small store also reportedly received visitors from around the US and the world including such places as Peru, India, Jamaica, the Bahamas, New Guinea, Barbados, and Australia.³⁷

³⁴ Doris Witt, *Black Hunger: Soul Food and America* (Minneapolis, MN: University of Minnesota Press, 2004), 149.

³⁵ Smith, “A Farewell to Chitterlings,” 112.

³⁶ Each celebrity’s name appears in at least one article about Fulton. Earl Calloway, “Actors Inquire about Healthful Diets”; “Meet diet columnist,” *Chicago Daily Defender*, May 1, 1971, 24; “Authors on Eating and Health Featured on ‘That’s Your Opinion,’” *Chicago Metro News*, 10 May 1986, 6; Fultonia Health and Fasting Institute, advertisement, *Chicago Metro News*, June 2, 1984, 2; “Dr. Fulton conducts ‘Health-A-Rama’ Seminar,” *Chicago Metro News*, June 11, 1983, 1.

³⁷ Anthony, “Illness Turns Lady to Field of Nutrition,” 4.

Fulton had something for everyone and every budget, from local families seeking a wholesome meal to celebrities looking to splurge on mystical secrets. In 1968, Dick Gregory broke his fast in protest of the Vietnam War at Fulton dining on a meal of soy “chicken” salad, brown rice, a fresh salad, carrot juice, and wheat bread that cost just \$2.25.³⁸ For her other wealthy clients, Fulton prepared “secret formula diet juices for \$125 a shot.”³⁹ If the client could afford it, Fulton would even package her special concoctions and dietary products in dry ice and ship them anywhere in the United States through O’Hare Airport, as she was reported to have done for the James Brown band.⁴⁰

In many respects, Fulton’s business model closely resembled others under the umbrella of American healthism, and her entrepreneurship was evidently successful. By 1972, she claimed to have sold her \$120 30-day fasting program to over 10,000 people.⁴¹ To attract such a large following, Fulton maintained a relatively high media profile beyond her exposure through Dick Gregory. Her nutritional practice and philosophy was featured several times throughout the 1970s in *Ebony* magazine, which, by its publisher’s estimate in 1962, circulated to 56% of all black Americans.⁴² Fulton also ran a nutritional advice column for the *Chicago Defender* and three weekly syndicated radio shows where she offered nutritional advice to callers from across

³⁸ Dave Potter, “Gregory Starts Eating Again After 54 Days,” *Chicago Daily Defender*, January 10, 1968, 3.

³⁹ Smith, “A Farewell to Chitterlings,” 110. Adjusted for inflation, the price of such a shot would be around \$650 today.

⁴⁰ Earl Calloway, “Actors Inquire About Healthful Diets from Nutritionist,” *Chicago Defender*, December 26, 1974, 16.

⁴¹ Alvenia Fulton, “Eating for Health...and Strength,” *Chicago Daily Defender*, May 18, 1972, 29; Alvenia Fulton, *The Fasting Primer: The Book That Tells You What You Always Wanted to Know About Fasting* (Chicago: B.C.A. Publishing, 1978), 1.

⁴² “Why Pet Milk Should Cultivate the Negro Market through the Pages of Ebony Magazine,” Johnson Publishing marketing report, February 1962, Box 18, Folder 2, Ben Burns Collection, Vivian G. Harsh Research Collection, Carter Woodson Regional Library, Chicago, IL, 12.

the country.⁴³ She made several appearances on local and national TV.⁴⁴ She authored five books.⁴⁵ And she even lectured abroad, on as many as five separate occasions, in such places as “Africa, Europe, and the Far East.”⁴⁶ She won several awards for her work as a local, feminist community leader as well, and was regularly featured in the *Chicago Metro News*, the self-proclaimed “largest Black oriented weekly in the [Chicago] metropolitan area.”⁴⁷ In 1977, Fulton even opened a fasting institute in Union Pier, Michigan, the first step in making her brand into a chain, with plans to expand to Mexico.⁴⁸

Underneath the pretense of her identity as a celebrity guru, Fulton’s grounded approach to nutrition was best displayed in her community-oriented work: her radio shows, activism, local interviews, and her column for the *Chicago Defender*, “Eating for Health...and Strength.” In these media, her advice was situational and flexible, rather than rigid and ideological. Though she gave advice on how to prepare wholesome vegetarian meals and polemics on the dangers of the industrial food system, Fulton spent much of her time answering community questions regarding proper nutrition, including such difficult subjects as how to feed a family on a budget,

⁴³ Her main radio show, ‘The Joy of Living,’ broadcast on stations as far away as Los Angeles. Her views on nutrition were featured in major national publications: *Newsweek*, *Ebony*, *Cosmopolitan*, the *Chicago Tribune* and the *Sun Times*. Joy of Living Radio Talk Show, advertisement, *Chicago Metro News*, November 13, 1982, 1; Joy of Living Radio Talk Show, advertisement, *Chicago Metro News*, June 16, 1984, 10; “Appreciation Day for Dr. Fulton,” *Chicago Metro News*, April 3, 1976, 1.

⁴⁴ Fulton had interviews around the country on NBC, ABC, and CBS on *Morning Express Cleveland*, *Sunday Live Baltimore*, *Alive and Well*, *Los Angeles*, the *Lu Palmer Show* and the *Today Show*. Douglas G. Griswold, “Dr. A. Fulton Strives for Nutritional Harmony,” *Chicago Defender*, February 22, 1982.

⁴⁵ In the mid-70s, Fulton self-published four books, *The Nutrition Bible*, *Vegetarianism Fact or Myth: Eating to Live*, *Radiant Health through Nutrition* and *The Fasting Primer*, and co-authored a book with Dick Gregory, *Dick Gregory’s Natural Diet for Folks Who Eat: Cookin’ with Mother Nature*.

⁴⁶ “Local nutritionist on tour,” *Chicago Defender*, September 11, 1975, 26.

⁴⁷ “International Women’s Year Honors Two Chicago Women,” *Chicago Defender*, March 22, 1975, 12; “Howalton Luncheon to Recognize Civic Contributors,” *Chicago Defender*, May 26, 1973, 14; Toni Anthony, “Liaison Committee Show Helps Needy Families,” *Chicago Daily Defender*, November 29, 1969, 25; “Windy Citians Give A ‘Special Valentine’ to Dr. Jenkins,” *Chicago Defender*, February 27, 1960, 14. The quoted phrase has been the tagline of the *Chicago Metro News* since 1972.

⁴⁸ “Dr. Fulton Opens New Health Store,” *Chicago Metro News*, Feb. 12, 1977, 11; Alvenia Fulton, “Notice,” advertisement, *Chicago Metro News*, February 5, 1977, 4.

or handle picky eaters, and how to take care of elderly parents.

The tone of Fulton's writing alternated between that of a nutritionist, armed with scientific knowledge, and that of a prophet equipped with divine wisdom. Her written work blended those traditions central to her own development as a healer: the herbalism passed down through generations of women in her family, the traditions of preaching and ministering to the sick in the black church, and the received wisdom of white drugless healers. At times, her writing was debonair and filled with charming colloquialisms that struck a grandmotherly chord; at other times, she could be blunt or even scolding. A 1974 profile of Fulton in *Ebony* magazine captured well this ambivalence in her persona:

Trying to confront Alvenia Fulton with any objections whatsoever is a little like standing in front of an herbal wizard, part Earth-Mother, part witch-doctor, and wondering why the battle is lost. She stares down reservations with deep honey-colored eyes and thrusts out her high-energy vitamin cocktail along with a fearsome array of diagrams depicting ruined, rotten colons...Then suddenly her face brightens with promise of the famous Fultonia solution that wards off such misery.⁴⁹

Drawing from her earlier career in the black church, Fulton thoroughly blended her nutritional ideology with her religiosity. She explicitly located justification for fasting in the Bible, highlighting the theme—common in scriptural parables—of self-denial leading to personal strength and reward. Her unshakeable faith was reflected in the text of her books and dietary manuals where Fulton unflinchingly hybridized religious and scientific verbiage. Since her clientele sought spiritual cures but also trusted the foundations of Western medicine, she wrote each book like a sermon interlaced with citations of contemporary medical literature. Interwoven between the dipoles of science and religion were heterodox remedies and personal anecdotes of ill health, triumph, weight reduction and redemption.

⁴⁹ Smith, "A Farewell to Chitterlings," 110.

As a preacher, Fulton learned how to reach out to and capture the imaginations of a community, and she turned these talents to nutrition. Through her local columns and other community outreach, Fulton kept her finger on the pulse of black communities' everyday anxieties about health. Hearing community members' frustrations with their health revealed overlaps with her own experience of chronic illness and disillusionment with scientific medicine. In these community narratives, Fulton recognized the signs of nutritional dysfunction throughout the country, especially in black neighborhoods, and marshalled her resources to intervene where regular medicine would not.

Racial (Hyper)Tension and Heart Disease

While the rates of many acute and chronic diseases—including pneumonia, influenza, tuberculosis, and syphilis—remained much higher among African Americans than whites during 1960s and 70s, the major cause of death in black communities during the 1960s was the same for the nation as a whole, coronary heart disease (CHD).⁵⁰ In 1960, the *Chicago Daily Defender*, one of the nation's premier black newspapers, reported that 58% of all deaths in black and white Chicago that year were caused by heart disease.⁵¹ Data from the National Center for Health Statistics show that, in the 1960s and 70s, the rate of coronary heart disease in men of all races far outstripped that in women, with the highest rate of mortality from heart attacks in white men.⁵² Curiously, in the late 1950s, the black press began reporting that black communities

⁵⁰ Richard Gillum and Kuo Chang Liu, "Coronary Heart Disease Mortality in United States Blacks, 1940-1978: Trends and Unanswered Questions," *American Heart Journal* 108, no. 3, part 2 (Sep. 1984): 728-32.

⁵¹ "Heart Disease Leads in Cause of Death," *Chicago Daily Defender*, Oct. 24, 1960, A6.

⁵² Gillum and Liu, "Coronary Heart Disease Mortality in United States Blacks, 1940-1978." This apparent absence of women's heart disease has recently been challenged. See Cara Kiernan Fallon, "Husbands' Hearts and Women's Health: Gender, Age, and Heart Disease in Twentieth-Century America," *Bulletin of the History of Medicine* 93, no. 4 (2019): 577-609, <https://doi.org/10.1353/bhm.2019.0073>.

suffered higher rates of hypertensive disease than whites, though these reports correlated with lower overall mortality from CHD.

Because hypertension was widely considered to be a risk factor for CHD, high hypertension rates among blacks posed a difficult medical puzzle. A 1962 article in *Ebony* commented that this discrepancy was “The great enigma of the American Negro’s heart disease problem.”⁵³ In her book *Medicating Race*, science and technology studies scholar Anne Pollock notes that physicians as far back as the antebellum period had been aware of differences in blood pressure along racial lines, as the first reference to African Americans’ consistently higher rates of hypertension as a disease state was published in the 1930s. In the 1950s, the Framingham Heart Study—though there were no African Americans in its first cohort—concluded erroneously that black rates of heart disease were comparable to whites.⁵⁴ Only with the publication of data in 1960 from the first cohort studies to examine black heart disease risk, the Charleston Heart and Evans County, Georgia Heart Studies, was it established that black mortality was, in fact, lower than for whites, despite high hypertensive morbidity.⁵⁵

After US heart disease incidence peaked in the mid-1960s, data from the National Center for Health Statistics demonstrate that there was a steady decline in CHD mortality across all demographic groups.⁵⁶ But because heart disease mortality declined faster for white patients than for black patients, black men became the nation’s leading victims of heart attacks in the early 1980s.⁵⁷ These statistics may not offer the entire story, however, because much black heart

⁵³ “The Negro and Heart Disease” *Ebony*, Dec 1962, 125.

⁵⁴ Anne Pollock, *Medicating Race: Heart Disease and Durable Preoccupations with Difference* (Durham and London: Duke University Press, 2012), 86.

⁵⁵ Elianne Riska, *Masculinity and Men’s Health: Coronary Heart Disease in Medical and Public Discourse* (Lanham, MD: Rowman & Littlefield Publishers, 2004), 75.

⁵⁶ Richard Gillum, “The Epidemiology of Coronary Heart Disease in Blacks,” *Journal of the National Medical Association* 77, no. 4 (1985): 282.

⁵⁷ Elianne Riska, *Masculinity and Men’s Health*, 75.

disease went unrecorded during the 1960s and 70s, owing to hospital discrimination and unequal access to care.⁵⁸ Historian John Hoberman demonstrates that there were even myths spread among white doctors—from the 1950s to the mid-1980s—that blacks suffered very little to no heart disease at all, even while it was the leading cause of death.⁵⁹ This systematic weakness in the recognition of CHD incidence among African Americans signals a need to pay increased attention to anecdotal and cultural impressions of historical disease burden.

As it became clear that the higher morbidity rates among African Americans was tied to structural racism, medical discrimination and unequal access to care became central issues for civil rights groups.⁶⁰ In the late 1960s, the recognition of the invisible hypertensive crisis spurred multiple efforts by civil rights groups to address disparities in healthcare. Sociologist Alondra Nelson shows that the Black Panther Party devoted significant political energies to mobilizing against health disparities.⁶¹ The Panthers attempted to build an independent medical infrastructure to test for sickle cell disease, bolster childhood nutrition, and combat medical discrimination and unequal treatment.⁶² As part of their free health clinic mission, the Black Panther Party began conducting free blood pressure screenings in major cities, including Chicago, with the hopes of motivating black men in particular to seek treatment.⁶³

Fulton, too, saw high rates of hypertension as part of a larger systemic prejudice against black men. Just as black men were disproportionately inducted into the Vietnam War, institutionalized with mental illness, and incarcerated by the criminal justice system, Fulton

⁵⁸ Elianne Riska, *Masculinity and Men's Health*, 75.

⁵⁹ John Hoberman, *Black and Blue: The Origins and Consequences of Medical Racism* (Berkeley: University of California Press, 2012), 101.

⁶⁰ "The Negro and Heart Disease," 129.

⁶¹ Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis and London: University of Minnesota Press, 2011).

⁶² Nelson, *Body and Soul*, 9.

⁶³ Pollock, *Medicating Race*, 89.

argued that black men were conspicuously absent in their social roles because of unequal medical outcomes that resulted from poor nutrition.⁶⁴ One of Fulton's major goals was, therefore, to reduce the amount of disease among black men, ensuring longer, healthier, and more productive lives.⁶⁵ In a 1976 editorial published in a community circular, Fulton wrote provocatively:

Black men are too scarce and too valuable to continue dying so young from preventable diseases, resulting from diet deficiencies, such as heart attacks, high blood pressure, gout, diabetes and strokes. There is no longer any doubt that the rapid increase in cancer of the colon (the big gut) among Black men in the last ten years is exaggerated by faulty diet. Feeding your husband from quick food outlets, stuffing his [face] with food filled [with] chemical coloring and sweetening, may give you more leisure for social invitations. It may also introduce you to a lonely young widowhood.⁶⁶

Fulton had watched as housing segregation and the lack of high-paying jobs conspired against black migrants, unleashing a wave of cheap, processed foods into her neighborhood.⁶⁷ From her perspective, the path to escaping the harsh realities of black medical care in the civil rights era was through the stomach.

Fulton's recognition of dietary influences on heart health aligned with developments in the medical community. In 1953, just before Fulton began attending health lectures, physiologist Ancel Keys published the first scientific evidence connecting diet and heart disease. And while the diet-heart hypothesis remained controversial among scientists until the early 1980s, by the late 1950s, a significant portion of the white public began adopting heart-healthy diets following the publication of Keys' low-fat cookbook *Eat Well and Stay Well*.⁶⁸ Similar attention to heart

⁶⁴ Alvenia Fulton, "The Black Male Drain," *Black X-Press*, June 30, 1973, 15.

⁶⁵ Weaver, "Faulty diet blamed for high death rate among blacks," 8.

⁶⁶ Alvenia Fulton, "An Open Letter to Black Women from Dr. Alvenia M. Fulton, Nutritionist," *Word Chatham/South Shore*, November 1976.

⁶⁷ Harvey Levenstein, *Revolution at the Table: Transformation of the American Diet* (Oxford: Oxford University Press, 1988), 178.

⁶⁸ Todd M. Olszewski, "The Causal Conundrum: The Diet-Heart Debates and the Management of Uncertainty in

disease was delayed among African Americans, but by at least 1968, the *Defender* and other black press outlets had begun recommending the American Heart Association's modest dietary changes to the "coronary prone."⁶⁹ Yet early dietary recommendations like Key's Eurocentric Mediterranean diet held little cultural appeal for black audiences. Fulton recognized that to encourage black Americans to choose healthier food, she would need to confront a powerful countervailing trend: the rise of soul food.

Soul Food and the Civil Rights Movement

Though the term "soul food" only gained its modern currency in the 1960s, the cuisine itself descended from the much older tradition of southern "homestyle" or "down-home" cooking that had predominated among southern blacks since slavery.⁷⁰ In the South, this cooking style is virtually synonymous with comfort food and is well known for its golden cornbread; savory, slow-cooked pork; crispy fried chicken; and hearty, flavorful stews of okra and black-eyed peas. Alongside bold seasoning, soul food also implies a flair for improvisation and resourcefulness stemming from a history of making do with inadequate provisions.

The southern-style fare first made its way north with the movement of working-class families during the first Great Migration but enjoyed limited popularity beyond this narrow segment. Down home cooking—though expensive to maintain—was important to the first generation of southern transplants because it provided the smells and tastes of home in an otherwise harsh and unfamiliar environment.⁷¹ Historian Tracy Poe has shown, however, that

American Medicine," *Journal of the History of Medicine and Allied Sciences*, 70, no. 2 (2015): 218-249; Ann F. La Berge, "How the Ideology of Low-Fat Conquered America," *Journal of the History of Medicine and Allied Sciences*, 63, no. 2 (2008), 139-177.

⁶⁹ "The Good Life May Be Killing Us," *Chicago Daily Defender*, Jan. 20, 1968, 20.

⁷⁰ Miller, *Soul Food*, 41; Poe, "The Origins of Soul Food in Black Urban Identity," 10.

⁷¹ Miller, *Soul Food*, 36.

until the 1960s, most middle-class blacks in the urban north disdained southern cuisine as “backwards” and distanced themselves from those who consumed it because newcomers “did not conform to [native black] Chicagoans’ carefully cultivated standards of respectability.”⁷² It was only as urban southern migrants joined the middle class in northern cities during the Second Great Migration that the cultural importance of southern cooking—now rebranded as soul food—surged. The explosion of soul-inspired restaurants was encapsulated eloquently by poet Amiri Baraka:

There are hundreds of tiny restaurants, food shops, rib joints, shrimp shacks, chicken shacks, ‘rotisseries’...that serve ‘soul food’—say, a breakfast of grits, eggs, sausage, pancakes and Alaga syrup—and even tiny booths where it’s at least possible to get a good piece of barbecue, hot enough to make you whistle, or a chicken wing on a piece of greasy bread.⁷³

As a southern migrant herself, Fulton was no stranger to soul food, but neither was she an advocate. While Fulton’s neighborhood was not home to Chicago’s most iconic soul food restaurants—Gladys’, Soul Eatery, Pearl’s Place—nevertheless Fulton’s 63rd Street shopping district abounded with bars and restaurants catering to these tastes.⁷⁴ In her published reflections, Fulton attributed many of her early health problems to overeating foods that predominated in southern cooking like the home grown meat and dairy products on her father’s farm.⁷⁵ It was clear to Fulton early on, therefore, that the growing chronic disease rates in struggling black communities were underscored by the rising popularity of soul food. From her perspective, soul food left much to be desired nutritionally: it was high in fat, cholesterol, salt, and refined

⁷² Poe, “The Origins of Soul Food in Black Urban Identity,” 8.

⁷³ Komozi Woodard, *A Nation within a Nation: Amiri Baraka (LeRoi Jones) and Black Power Politics* (Chapel Hill and London: University of North Carolina Press, 1999), 32.

⁷⁴ Elaine Bowen, *Old School Adventures from Englewood—South Side of Chicago* (Chicago: Lulu Publishing Services, 2014), 21. Bowen recalled gatherings at local soul food restaurants on Fulton’s block to discuss politics and vote.

⁷⁵ Fulton, *Radiant Health through Nutrition*, 11.

carbohydrates. In her weekly column for the *Defender*, Fulton proudly quoted a black physician as having said, “Eating hog guts and fat pork is like drinking pure lard. I know of no blankety-blankety surer way to destory [sic] your arteries, damage your heart and invite diabetes than living on such a blankety-blankety diet.”⁷⁶ For its heavy reliance on greasy and processed foods, soul food was anathema to the preservation and strengthening of black bodies.

That soul food was inherently unhealthy was not lost on black diners, but it was not enough to curb their appetite. According to culinary historian Adrian Miller, “As early as the 1920s, black doctors had exhorted readers to change their down home cooking diet.”⁷⁷ For some black Americans, sociologist Janet Shim argues that, along with cigarettes and alcohol, eating soul food may have blunted the harms of racism.⁷⁸ Critical race scholar Amie Breeze-Harper extends this argument suggesting that “[B]lack people may eat unhealthier foods because they don't have what they need to properly heal from racialized trauma, as well as other legacies of racialized colonialism.”⁷⁹ Undoubtedly for some, the evocative history implied by soul food—and its irresistible taste—were compelling despite the health implications.

Yet soul food's political weight made it especially difficult to extricate from peoples' lives compared to other unhealthy food choices. Historian Frederick Douglass Opie asserts, “In northern cities, politically rejecting soul food meant rejecting part of one's African diasporic urban identity.”⁸⁰ To understand soul food's centrality to black politics and identity—and

⁷⁶ Alvenia Fulton, “Eating for Health...and Strength,” *Chicago Daily Defender*, June 24, 1971, 28.

⁷⁷ Miller, *Soul Food*, 46.

⁷⁸ Janet Shim, *Heart-Sick: The Politics of Risk, Inequality, and Heart Disease* (New York: New York University Press, 2014), 94.

⁷⁹ Amie Breeze-Harper, “Going Beyond the Normative White ‘Post-Racial’ Vegan Epistemology,” in *Taking Food Public: Redefining Foodways in a Changing World*, ed. Psyche Williams-Forsen and Carole Counihan (New York: Routledge, 2012), 166. In this quote, Breeze-Harper is explaining the philosophy of Fulton's student and wellness guru, Queen Afua.

⁸⁰ Opie, *Hog and Hominy*, 172.

thereby to appreciate the scale of the barriers Fulton faced in introducing natural health foods—it is instructive to reexamine its origins by interrogating its historicity.

From its inception in the mid-1960s, soul food intentionally harkened back to the cuisine of the enslaved at a historical moment when black Americans were attempting, largely for the first time, to celebrate black culture openly. In music, dance, and food, soul was the rejection of the perception—among whites—of blacks’ otherness, inferiority, and lack of cultural contributions. During the Black Power movement, soul food became an edible manifestation of the spiritual continuity between contemporary black Americans and the suffering of their disenfranchised ancestors. Because it spoke to a near universal experience of blackness, it quickly provided a site of cultural unity and exchange for black Americans across class and geographical boundaries. The cuisine emphasized thriftiness because of what that thriftiness implied about the resilience and creativity of black Americans, though the soul restaurant scene was quickly populated by upscale restaurants attracting a more affluent black audience.

Though the phrase “soul food” was intended to recall an authentic slave diet, historians of black foodways have shown that soul food’s purchase on historical accuracy has always been tenuous. First, scholars of southern foodways point to a great diversity of southern regional cuisines developed during slavery that were omitted from the definition of soul food: the seafood and corn chowders of the Chesapeake Bay; the *mélanges* of seafood and rice characteristic of the Carolina Lowcountry; and the spicy meat, vegetable, and rice stews of the Gulf South’s Creole cuisine.⁸¹ Second, the narrative that cultural nationalists used to delineate soul food as its own cuisine in the early 1960s hinged on the fact that slaves had inferior food provisions (and cooking equipment) compared with white plantation owners, supplemented with the meager

⁸¹ Miller, *Soul Food*, 17.

spoils of privately tended slave gardens and forest foraging. Soul food self-consciously drew upon this history of racial disparity, rejecting white southern cuisine as the heir to opulent plantation feasts, with their uncritical celebration of expensive ingredients and reliance on elite (and impractical) cooking techniques. The re-branded subsistence-cum-radical black cuisine, by contrast, favored ingredients that were cheap and plentiful—neck bones, pig’s feet, organ meats, dandelion, collard and turnip greens—and made liberal use of hog fat, spices and herbs to fry and season them to perfection. Yet, historian Adrian Miller has shown that in 1966, when Stokely Carmichael, as the leader of the Student Nonviolent Coordinating Committee, outlined the basis of soul food in an influential position paper, he “focused on the most hard-core poverty foods of...Black Belt Mississippi,” which, “cemented soul food with blackness, pork, and poverty in the public imagination.”⁸²

Soul food paralleled the broader southern cuisine more than cultural nationalists were prepared to admit. Historian Toni Tipton-Martin argues that soul food paralleled white southern cuisine in method, ingredients, and flavor, because both culinary traditions were co-produced through the intimate violence of domestic slavery.⁸³ Enslaved women, who were responsible for meal preparation on plantations, were well-educated in every element of elite technical cooking, and thus played a central role in defining white Southern cuisine. Unsurprisingly, they also transferred these skills to afterhours meal preparation in slave quarters.⁸⁴ The boundary between black and white southern cuisines was therefore more political than substantive. According to black chefs, it was not the ingredient list, but the soul—an intangible mix of “black spirituality and experiential wisdom”—behind the food that elevated homestyle cooking into another cuisine

⁸² Miller, *Soul Food*, 45.

⁸³ Tipton-Martin, *The Jemima Code*, 3.

⁸⁴ Tipton-Martin, *The Jemima Code*, 2.

entirely.⁸⁵

Where soul food had unimpeachable political importance was in the restaurants themselves, which served as critical loci for activist organizing. In a segregated restaurant culture, black-owned restaurants had historically provided a safe space where black diners were guaranteed welcome amid an otherwise hostile segregated restaurant culture. In the 1950s and 60s, when the rising political inclinations of African Americans collided with a lack of friendly public meeting space, activists flooded black-owned institutions: churches, salons, and soul food restaurants. As historian Fred Opie argues, quoting Martin Luther King Jr., southern soul food restaurants became places “where people went to eat, meet, rest, plan and strategize.”⁸⁶

The Soul Food Rebellion

While Fulton respected the political power of the soul food diet with its connections to black tradition and ancestry, she also recognized that soul food damaged black bodies. In that way, soul food undermined the social mission it was intended to fulfill. Rather than replace soul food and risk undercutting the cultural authority it held, however, she recognized that by simply reframing its cultural narrative and the way its ingredients were mobilized to create dishes, she could intervene in the worst dietary habits in her community:

While [healthy food] may be nutritionally sound, to the black person's palate it is often tasteless. There is much in the traditional Southern diet that, without the abuse of salt and animal fats, could be more nutritious and tasteful to the black appetite than the most well-planned hospital diet or the store-bought, highly processed foods that black people have been programmed to think of as symbols of middle-class successfulness.⁸⁷

⁸⁵ Opie, *Hog and Hominy*, xi.

⁸⁶ Frederick Douglass Opie, *Southern Food and Civil Rights: Feeding the Revolution* (Charleston, SC: American Palate, 2017), 89.

⁸⁷ Sheryl Fitzgerald, “Creating a New American Diet Is Essential,” *Chicago Daily News*, December 5, 1977.

By advocating changing the signature cooking styles of soul food, and thus altering the flavor and nostalgia of classic dishes, Fulton risked alienating those she intended to convert. So, to avoid appearing drab and flavorless—or culturally aloof—Fulton shifted the emphasis behind consuming a heritage diet. Instead of simply “healthifying” the existing soul food regimen, Fulton rediscovered and celebrated healthier—if forgotten—elements of the southern diet, creating a more “natural” cuisine that Gregory playfully referred to as “soil food.”⁸⁸ In one of her weekly columns, she wrote:

[Slave] diets contained certain nutrient values or more of us would have perished. Food was grown without...chemical fertilizers...Our ancient diet was rich as well in greens, which in turn are rich [in] minerals. Our flour was unbleached and our corn bread was made from whole grains unbleached. The lowly dandelion, used as a spring tonic, is rich in vitamin A. They are just as good today. Eat them when they are young and tender before the flowers form.⁸⁹

Where soul food posited a slave diet structured around fried meats, Fulton imagined one centered around whole grains and wild foraged roots, herbs, and weeds, echoing her early apprenticeship with African American vernacular healing. Along these lines, Fulton and Gregory co-wrote a 1974 cookbook, *Dick Gregory's Natural Diet for Folks Who Eat*, evicting fried meat, exchanging overcooked vegetables for fresh raw ones, and disposing of the traditional grease jar in favor of safflower oil—when frying was necessary at all. Fulton said what she served was not really “sure ‘nuff” soul food, but it “sure [was] good for the soul.”⁹⁰

Despite the cultural pressures favoring soul food, Fulton was not alone in staging a dietary revolution in black America. As the mainstream civil rights coalition began to fracture,

⁸⁸ Edge, *The Potlikker Papers*, 72; Doris Witt, “From Fiction to Foodways: Working at the Intersections of African American Literary and Culinary Studies,” in *African American Foodways: Explorations of History and Culture*, ed. Anne L. Bower (Urbana and Chicago: University of Illinois Press, 2007), 115.

⁸⁹ Alvenia Fulton, “Eating for Health...and Strength” *Chicago Daily Defender*, June 24, 1971, 28.

⁹⁰ L.F. Palmer Jr., “Soul Food with a Mission,” *Chicago Daily News*, 1969.

cultural pride in soul food started chafing against some of the more radical visions for the future of black America. Some critics worried that soul food was an inadequate wellspring for African American identity, let alone cultural pride, because it recalled (fondly) centuries of white oppression. But the critique that animated most of the resistance to soul food was its inherent unhealthiness—especially the unhealthiness of the narrow scope of “authentic” southern foods that made it into Carmichael’s influential definition of the cuisine. Historian Fred Opie categorizes both factions as “food rebels,” emphasizing their collective efforts to reform African American diets in the late-1960s and 70s.⁹¹

Perhaps the most vocal critic of soul food was Elijah Muhammad, the charismatic leader of the black separatist group, the Nation of Islam (NOI), who argued that soul food celebrated the fact that slaveholders denied slaves access to quality foods.⁹² For over a decade, Muhammad ran a self-authored column in the paper entitled “How to Eat to Live,” and published two books of the same title in 1967 and 1973 respectively. In place of a standard (African) American diet, Muhammad advocated a strict dietary regimen that blended elements of scriptural halal—the Islamic code of pure eating outlined in the Quran—and a roughly pescatarian diet. Muhammad further admonished his readers to avoid processed foods—especially those from white food manufacturers and distributors. According to Muhammad, processed foods had not only been drained of their purity, many were also being poisoned by “white devils” to further the project of racial oppression and genocide.⁹³ To circumvent the ubiquity of both soul food and processed foods, Muhammad operated a chain of Nation-owned farms, distributors, grocers, farm-to-table

⁹¹ Opie, *Hog and Hominy*, 155.

⁹² Opie, *Hog and Hominy*, 159.

⁹³ Elijah Muhammad, ‘How to Eat to Live: The Deliberate Poisoning of Good Food and Good Drinks by the Avowed Enemy.’ *Muhammad Speaks*, April 5, 1968.

restaurants, and delis—famed for their bean pie slinging street hawkers.⁹⁴ Despite the Nation’s extremism and militancy, Muhammad’s nutritional philosophy nevertheless enjoyed broad circulation among non-Muslim African Americans via the Nation’s weekly paper *Muhammad Speaks*, which was popular for its news coverage of the black diaspora.⁹⁵

The NOI was not alone in advocating a diet untouched by white hands. Rastafarian immigrants from the Caribbean, for instance, imported their own (vegan) diet—*ital*—which emphasized growing and eating food as closely to nature as possible and resisting processing.⁹⁶ Radical Afro-Caribbean immigrant chefs like Tonde Lumumba imported these foods and dietary principles into radical urban neighborhoods in the 1970s and 80s.⁹⁷ The importation of Afro-Caribbean fare mirrored the push in the mid-to-late-1970s to broaden black heritage cooking beyond soul food by introducing soulful cooking styles from throughout the African diaspora. After the publication of cookbooks like Vertamae Grosvenor’s *Vibration Cooking* and Helen Mendes’ *African Heritage Cookbook*, culinary historian Jessica Harris argues that West African dishes never before tasted in the United States—spicy with thick curry-like peanut sauces and cassava—began to grace African American dinner tables.⁹⁸ For these cultural nationalists, new international flavor profiles and ingredients provided a richer, more global understanding of blackness, and the clearest glimpse yet of a past untouched by white conquest.⁹⁹

⁹⁴ Opie, *Southern Food and Civil Rights*, 143; Mary Potorti, “Eat to Live: Culinary Nationalism and Black Capitalism in Elijah Muhammad’s Nation of Islam,” in *New Perspectives on the Nation of Islam*, ed. Dawn Marie Gibson and Herbert Berg (New York: Routledge, 2017).

⁹⁵ Edward E. Curtis IV, *Black Muslim Religion in the Nation of Islam, 1960-1975* (Chapel Hill: University of North Carolina Press, 2006), 191.

⁹⁶ Margarite Fernández Olmos and Lisabeth Paravisini-Gebert, *Creole Religions of the Caribbean: An Introduction from Vodou and Santería to Obeah and Espiritismo* (New York: New York University Press, 2011), 197.

⁹⁷ Tonde Lumumba, Oral history interview conducted by Monica Parfait et al, March 22, 2010, Crown Heights History Project, 2010.020; Brooklyn Historical Society. Also see Randy Kandel et al., “Diet and Acculturation: The Case of Black-American Immigrants,” in *Nutritional Anthropology*, ed. N. Jerome, G. Pelto, and R. Kandel (New York: Redgrave, 1979), 275-324.

⁹⁸ Harris, *High on the Hog*, 214.

⁹⁹ William L. Van Deburg, *New Day in Babylon: The Black Power Movement and American Culture, 1965-1975*

Other responses to the nutritional vacancy of soul food were less radical. In 1974, Ben Ami Ben-Israel, the founder of the African Hebrew Israelites (Black Jews), opened his Chicago restaurant Original Vegetarian Soul.¹⁰⁰ Ben-Israel hoped to improve the diet of African Americans, not by shifting the culture, but by swapping out pork (forbidden by Jewish custom anyway) and other meaty mains for such lighter—yet equally fried—fare as barbecued tofu “catfish.” Original Vegetarian Soul was a harbinger of the many vegetarian “soulless” restaurants to come as a wave of black chefs up and down the eastern seaboard found an audience of young black college students eager to eschew eating animals.¹⁰¹

Some scholars have subsumed Fulton and Gregory’s health reform efforts under other food rebels, many of whom were Fulton’s competitors as much as her peers. Religious studies scholar R. Marie Griffith argues Dick Gregory’s enthusiasm for fasting and natural foods were derived from the fasting and dietary restrictions set forth by Elijah Muhammad.¹⁰² Likewise, literary scholar Doris Witt notes further that Fulton regularly ran ads in *Muhammad Speaks*, suggesting Fulton owed an unarticulated intellectual debt to Muhammad as well.¹⁰³ Ideologically, though Fulton shared much with other food rebels—her reasoning for rejecting soul food and elements of the dietary lifestyle she submitted as a replacement—their actions and attitudes should not be conflated.

While other food rebels were certainly aware of the medical implications of a soul food regimen and mobilized health claims in the advertisements for their corrective diets, Fulton was

(Chicago and London: University of Chicago Press, 1992), 168.

¹⁰⁰ Dave Hoekstra, *The People’s Place: Soul Food Restaurants and Reminiscences from the Civil Rights Era to Today* (Chicago: Chicago Review Press, 2015), 206-7.

¹⁰¹ Opie, *Hog and Hominy*, 170.

¹⁰² Griffith, *Born Again Bodies*, 157.

¹⁰³ Witt, *Black Hunger*, 134. Conversely, an article in the *Defender* suggested that: “[Dick Gregory] is just one of the thousands of persons who have benefited from [Fulton’s] nutrition regimens. The late Hon. Elijah Muhammed [sic] was another.” Joy Darrow, “Putting some of the myths to sleep,” *Chicago Defender*, July 29, 1975, 9.

the only healer among them—giving her a distinct perspective. For Black Hebrews, Rastas, and Black Muslims, diet was subservient to larger politico-religious ideologies, though each promoted eating well as a mechanism to undo the harm done to black bodies through racial oppression, whereas Fulton’s restorative nutrition was coextensive with her ideology. In this vein, black studies scholar Clovis Semmes locates Fulton’s program (via Dick Gregory) within a broader “human potential movement,” which he argues strove to raise black consciousness about the power of the body as revealed through natural healing and self-discipline.¹⁰⁴

By emphasizing and situating Gregory’s health proselytizing without examining Fulton, however, Semmes and other scholars overlook the significance of the feat Fulton performed by learning, translating, and broadcasting ideas from the bastions of white healthism. Though Opie notes her early success in selling products and ideas to white audiences through the health lecture circuit, he leaves the source of her ideas—and thus her agency, labor, and ingenuity—unexamined.¹⁰⁵ Beyond merely finding an early audience or customer base among white alternative health enthusiasts, Fulton’s dietary beliefs and practices drew heavily from several overlapping and historically white health traditions which she digested and transformed for a black audience during a particularly volatile moment. The precise nature of her relationship with white healthism is, therefore, important to delineate.

Fulton’s White Healthism

Tracing the source of Fulton’s dietary philosophy reveals a complicated network of alternative holistic health practices. This network, which I have collapsed under the banner of white healthism, encompasses naturopathy, the natural health food movement, and other diet-

¹⁰⁴ Semmes, “Entrepreneur of Health.”

¹⁰⁵ Opie, *Hog and Hominy*, 168.

based, holistic alternatives to orthodox medicine and mainstream nutrition science. What coheres in white healthism is similar to what sociologist Laura Miller argues coheres in the natural health food movement: defiance of “jurisdictional claims of professional physicians, dieticians, and pharmaceutical companies [enacted] by asserting an equivalent, if not superior, right to advise people on health issues and to develop health aids.”¹⁰⁶ Despite their differences, alternative healers have been classified together since the 19th century, when healers outside the scope of scientific medicine were variedly called “heterodox,” “sectarians,” or outright “quacks.” Grouping these practices together diminished their differences from one another and eroded their voices. Yet these categories were expanded through the twentieth century with the push in 1961, led by the American Medical Association, against the ill-defined specter of “food faddism” or “nutritional quackery,” the scope of which bled into the budding natural health food movement.

As I covered in the introduction, there had been attempts to unite health and food reform beginning in the nineteenth century, though most resulted in informal allegiances like the health lecture circuit, which fostered an open exchange of ideas among a wide variety of different practitioners—including Fulton. Much of Fulton’s practice, from brown rice and soy cutlets to juice fasting and enemas, can be traced directly to the lectures she attended from the luminaries of radical white Protestant healthism. For example, one article reported that Fultonia sold “colorful cans of coconut meal, graham crackers, brown sugar, yeast and wheat germ,” among which the signature products of two major health icons stand out: Sylvester Graham and Gayelord Hauser.¹⁰⁷ Graham, an American Presbyterian minister and popular nineteenth century vegetarian health promoter, located the root of illness in sin and excessive stimulation—

¹⁰⁶ Miller, *Building Nature’s Market*, 16-17.

¹⁰⁷ Dave Potter, “Gregory starts eating again after 54 days,” *Chicago Daily Defender*, Jan. 10, 1968, 3.

including alcohol and spices. Hauser, a German immigrant, was credited with founding the American natural foods movement and was best known for advocating five “super foods”: wheat germ, brewer’s yeast, skim milk, blackstrap molasses, and yogurt.

The health lectures Fulton attended only partially describe her immersion in white healthism; she also completed degree programs, served in professional organizations, and gave lectures of her own. When Fulton fell ill in 1954, fasting guru and health lecturer Max O. Garten advised Fulton to pursue a formal education in nutrition and naturopathy. She briefly studied at the little-known American Institute of Science in 1958, earning a certificate as a Biochemical Therapist and Nutritional Counselor.¹⁰⁸ She then trained with naturopath Otis J. Briggs at the Lincoln College of Naturopathic Physicians and Surgeons in Indianapolis where she became, by her own assessment, the first African American to receive an N.D. degree.¹⁰⁹ Eventually, Fulton secured a PhD in nutrition from Donsbach University in 1980, at the age of 73. In interviews, she explained that her nutrition degree was part of a one-year study at home program; her dissertation was titled “Rejuvenation Through Fasting.”¹¹⁰

It is important to note that because alternative medicine was excluded from the state licensing and accreditation laws that governed regular medicine, practitioners like naturopaths had to establish their own internal standards of education and care. When those standards could not be agreed upon, factions split; thus, alternative medicine was plagued with potentially dubious educational opportunities like home study or correspondence courses, and outright

¹⁰⁸ “Meet diet columnist,” 24.

¹⁰⁹ Fulton, *Radiant Health through Nutrition*, 15-24; Anthony, “Illness Turns Lady to Field of Nutrition,” 4. An N.D. is a Doctor of Naturopathy, which was a formally recognized degree in several U.S. states until the 1950s. Fulton may not have actually been the first African American with an N.D. See Susan Cayleff, *Nature’s Path: A History of Naturopathic Healing in America* (Baltimore: Johns Hopkins University Press, 2016), 362.

¹¹⁰ “Dr. Fulton to Keynote Health Fed. Dinner,” *Chicago Metro News*, May 31, 1980, 1; Lee Paige, “World Renowned Nutritionist Speaks Out,” *Chicago Metro News*, February 9, 1980, 1.

diploma mills.¹¹¹ Historian Susan Cayleff illustrates that after the founder of naturopathy, Benedict Lust, died in 1945, the vision of a unified American Naturopathic Association splintered into at least six separate factions.¹¹² Consequently, the late-1950s—when Fulton earned her degree—was a time of chaos and decline for organized naturopathy in the United States. Similar cases could be made for her other programs as well. The degrees Fulton earned were not medically recognized, nor were the institutions formally accredited. Donsbach University, for example, was a correspondence school founded by Kurt Donsbach in Huntington Beach, California in the late 1970s. Donsbach, who had been the president of the NHF from 1975-1989, was a high priority target of the AMA and FDA’s joint anti-quackery task force; he was reportedly making over a million dollars a year in fraudulent medical consultations alone.¹¹³ Notably, Donsbach’s correspondence-based PhD program (which cost around \$1000), used the *Atkins Diet Revolution* as a textbook (see Chapter 4).¹¹⁴ Further, after receiving her degree, Fulton became a Registered Holistic Health Practitioner with the International Academy of Nutritional Consultants (IANC), an organization that had also been founded by Donsbach in 1979. The IANC, later renamed the American Association for Nutritional Consultants, was publicly accused of fraud by the anti-quackery activist Ben Goldacre, after he successfully registered his dead cat, Hettie, as a nutritionist.¹¹⁵

When considered through the lens of orthodox medical standards, it is admittedly difficult to assess the formal education Fulton received in alternative medicine. However,

¹¹¹ Cayleff, *Nature’s Path*, 223.

¹¹² Cayleff, *Nature’s Path*, 249.

¹¹³ Roxane Arnold, “Vitamin King: To critics, he’s a quack, but Kurt Donsbach has built a multimillion-dollar empire pushing value of nutrition,” *Los Angeles Times*, July 12, 1982, B3.

¹¹⁴ Stephen Barrett and William T. Jarvis eds., *The Health Robbers: A Close Look at Quackery in America* (Buffalo, NY: Prometheus Books, 1993).

¹¹⁵ Katherine Bouton, “Wrapped in Data and Diplomas, It’s Still Snake Oil,” *New York Times*, 2 November 2010, D4.

although anti-quackery activists have decried schools like Donsbach University as frauds or diploma mills, Fulton fully understood the legitimacy of the degrees that bore her name. Rather than deploying her degrees to exalt herself or to pass as a regular medical practitioner, Fulton proudly displayed her diplomas and certificates on the wall in her store to flout regular, credentialed medicine. She justified mocking the establishment on the basis that medical degrees conferred upon their recipients authority over the whole human body, despite the well-known dearth of nutritional education in medical schools. In a 1977 interview with a community paper, Fulton argued:

We have more hospitals, more doctors, more health cults, more great medical societies than all the other nations of the world put together, yet we continue to be the least well-fed of any of the so-called developed nations. My answer to this is that if the physicians of today will not become nutritionists, then the nutritionists must become doctors.¹¹⁶

Members of the alternative health movement and academic nutritionists alike have condemned the relative absence of nutrition education in medical schools. Because nutrition plays a central role in the etiology and prevention of chronic diseases, poor nutrition education had essentially bolstered physicians' reliance on unnecessary and expensive treatments. Further, when patients were scolded to change their habits, they were simultaneously given little to no support with which to make such drastic lifestyle changes.¹¹⁷

After health lectures waned in popularity in the 1960s, Fulton remained active in professional organizations for alternative healers and natural foods promoters. Attending alternative health conferences provided her with a social network and access to new trends in

¹¹⁶ Audrey T. Weaver, "Faulty diet blamed for high death rate among blacks," *The Courier*, December 17, 1977, 8.

¹¹⁷ There is a small caveat for registered dietitians, who design diets tailored to particular illnesses (less for prevention), and who have only rudimentary medical training.

alternative treatments and practices, which she drew on continuously to update her offerings.¹¹⁸ Fulton also earned notable recognition from this community. She became a member of the Holistic Doctor's Convention; she served as the Secretary of the Natural Doctor's Convention; and she was elected as a fellow in the Society for Nutrition and Preventive Medicine.¹¹⁹ She even caught the eye of the largest alternative medical organization in the country, the National Health Federation (NHF), presenting several times at their infamous Congresses on Health Monopoly.¹²⁰ At the 1980 conference, she gave the keynote lecture where the NHF board members honored her message by serving vegetarian entrees cooked in spring water. After her address, she received their Pioneer of American Preventative Medicine award.¹²¹

In many ways, Fulton's alternative medical career was indistinguishable from any other white practitioner. She spread many of the same ideas about healing and diet, expressed the same concerns about agricultural chemicals and food processing, sold the same health products, earned the same certifications, and attended the same conferences as the disciples of white healthism. Her philosophy of health reduced the full complexity of human disease to a singular nutritional cause and cure just as theirs did. Accordingly, Fulton faced many of the same difficulties that white holistic practitioners faced in establishing credibility.

There is a tension, however, in Fulton's adoption and propagation of the products and tactics of white healthism in that the health programs espoused and embodied by many natural

¹¹⁸ For two late examples of Fulton's innovation, including super blue-green algae and computerized nutrition assessments, see "Is Super Algae the food for '90s?" *Janesville Gazette*, March 13, 1990, 2C; Fultonia Health and Fasting Institute, advertisement, *Chicago Metro News*, May 17, 1980, 12.

¹¹⁹ Illinois House of Representatives, House Resolution 130. House Journal, House of Representatives, Ninety-First General Assembly, 27th Legislative Day, Tuesday, March 16, 1999.

¹²⁰ The NHF's Congresses on Health Monopoly gathered professionals from across the alternative health spectrum to parody the AMA's Congresses on Health Fraud, which was first hosted in 1961 to marshal multi-institutional resistance to what many US agencies perceived to be a resurgence of medical quackery.

¹²¹ "Nutritionist Fulton Featured at Ritz Carlton," *Chicago Metro News*, April 12, 1980, 1; "Dr. Fulton to Keynote Health Fed. Dinner," *Chicago Metro News*, May 31, 1980, 1.

food and health lecturers emerged in tandem with white supremacist or eugenic ideologies. Such popular icons of American health culture as John Harvey Kellogg, Bernarr Macfadden, and Adelle Davis were avid proponents of eugenics and mandated fasting, fitness, vegetarianism and health foods as euthenic approaches to secure the future of the white race.¹²² While not every health reformer framed their techniques in these terms, such scholars as R. Marie Griffith, Melanie DuPuis, Helen Zoe Veit, and Charlotte Biltekoff have persuasively shown that the ways in which early American health reformers framed issues of personal health, physical fitness and proper nutrition as markers of good citizenship—an idea that is itself classed, raced, and gendered—held a powerful defining influence over much of the public dialogue around health and nutrition in America through the 20th century.¹²³

Fulton's presence at these lectures is itself notable, as public spaces were still often segregated—even if less rigidly—in northern cities, and she notes that none of her southside neighbors had encountered these health lecturers or their ideas.¹²⁴ The degree to which bigoted attitudes toward race remained in the health food movement through the late 1950s is unclear, especially regarding the content of popular lectures. By the mid-1960s, however, with the rising counterculture, the explicitly ascetic and moralizing temperance philosophy that underpinned white healthism at the beginning of the 20th century was being displaced. Regardless, many of the alternative health and diet practices Fulton employed held racially coded meanings in select

¹²² Griffith, *Born Again Bodies*, 117; Catherine Carstairs, "The Granola High: Eating Differently in the Late 1960s and 1970s," in *Edible Histories, Cultural Politics: Towards a Canadian Food History*, eds. Franca Iacovetta, Valerie J. Korinek, Marlene Epp (Toronto: University of Toronto Press, 2012).

¹²³ Melanie DuPuis, *Dangerous Digestion: The Politics of American Dietary Advice* (Oakland: University of California Press, 2015); Helen Zoe Veit, *Modern Food, Moral Food: Self-Control, Science, and the Rise of Modern American Eating in the Early Twentieth Century* (Chapel Hill: University of North Carolina Press, 2013); Charlotte Biltekoff, *Eating Right in America: The Cultural Politics of Food and Health* (Durham, NC: Duke University Press, 2013).

¹²⁴ Fulton, *Radiant Health through Nutrition*, 15.

white middle-class communities. However, Fulton was not a naive consumer of the information being sold at the lectures she attended.

Situating Fulton's life and work in the context of black America reveals that rather than uncritically relaying white-coded health ideas to the public, she mobilized these attitudes, techniques, and products in an explicitly anti-racist framework. Following Gregory's activist lead, Fulton directed her restorative diet program toward assisting the black freedom struggle and alleviating the undue health burden on African Americans. She not only recommended her diet and fasting routine for physical ailments from malaise and low sex drive to gout and diabetes, she thought nutrition could ameliorate social ailments in black communities like drug addiction and violence as well.¹²⁵

Conclusion

By importing historically white notions of health and healing into her community, Fulton provided access to an otherwise inaccessible and elitist health framework. But in so doing, she performed similar cultural labor to the generations of African Americans who borrowed elements from a diverse range of European cuisines and applied them to cheap, local ingredients to create their own distinct cuisine imbued with local, black meanings—a kind of creolization.¹²⁶ Fulton's approach to health advice was similarly adaptive, advising her readers to try to eat healthier despite the few resources they had available and to whatever degree they felt comfortable. So despite championing vegetarianism, Fulton occasionally advised her readership to consume such animal products as organ meat tablets (desiccated liver), raw fertilized eggs, cod liver oil, or

¹²⁵ Fulton, *Radiant Health through Nutrition*, 31.

¹²⁶ Opie, *Hog and Hominy*, 137.

bone meal as stepping stones on their journey to better health.¹²⁷ Regardless of these leniencies, however, Fulton was the first person to articulate a broad vision for the multiple overlapping uses of veganism to support black communities, uphold black values, and improve black health, making her a clear ideological predecessor to contemporary black veganism.

Ultimately, Fulton pioneered an affordable, accessible middle way for African Americans caught between the pressures of medical racism and generalized disenfranchisement and the cultural importance of embodying civil rights politics through a soul food regimen. Leveraging her sway with celebrities, she persuaded black communities to view food as an agent of health and healing, advocating fresh, whole foods as the path to alleviating or reversing the crippling burden of chronic disease. To improve her community's health, Fulton recognized that her advice needed foremost to be accessible. Cultural ownership of healthy eating practices was more important to Fulton than the magnitude of actual dietary change because only by situating those eating practices in a firm cultural narrative could they be sustained indefinitely.

Epilogue: Dick Gregory, Formula 4X, and the Contemporary Black Vegan Movement

There are several independent historical threads by which black people began eating vegetarian or vegan in America. From the mid-1970s on, there was a steady rise in the number of vegetarian soul food restaurants and a surge in the importation and Americanization of plant-forward African and Afro-Caribbean cuisines. The more contemporary movements for food justice, food sovereignty, and urban farming, while not contributing directly to vegetarianism,

¹²⁷ Alvenia Fulton, "Eating for Health...and Strength," *Chicago Defender*, June 17, 1971, 24; Alvenia Fulton, "Eating for Health...and Strength," *Chicago Defender*, July 1, 1971, 24; Alvenia Fulton, "Eating for Health...and Strength," *Chicago Defender*, June 3, 1971, 24; Alvenia Fulton, "Eating for Health...and Strength," *Chicago Defender*, October 28, 1971, 32.

have helped to reshape black foodways as a whole, making vegetarian food more accessible to more people. The animal rights movement—despite its white-normativity (and bad history of race relations)—also has a long history of overlap with the fight for racial equality.¹²⁸ Some of the first public figures to agitate on behalf of animal rights were prominent abolitionist thinkers as well, including Jeremy Bentham and William Wilberforce.¹²⁹ More recently, work by such esteemed black feminists as Angela Davis, Alice Walker, Audre Lorde, and Coretta Scott King, have drawn compelling connections between the process of animalization or dehumanization and the way these justify the mistreatment of entire classes of beings.¹³⁰

To understand the role Fulton played in the construction of the modern black vegan diet, it is necessary to trace the career of her major successor, Dick Gregory, who was not only the public face of Fulton's ideology, but also the public face of black veganism for many decades. He was also male, he was a celebrity, an activist, and an aspiring politician, so his activities more easily and more frequently made appearances in the national news. As the standard bearer for Fulton's ideology, however, Gregory's career trajectory as a health activist and nutrition guide demonstrates more clearly the shape and extent of her legacy. As I mentioned before, Dick Gregory initially wanted to learn to fast for political demonstrations. During his political fasts, Dick Gregory consumed only soy milk and fruit juice, as recommended by Fulton, but he added

¹²⁸ Luis C. Rodrigues, "White Normativity, Animal Advocacy, and PETA's Campaigns," *Ethnicities* 20, no. 1 (2019): 71-92; Breeze-Harper, "Going Beyond the Normative White 'Post-Racial' Vegan Epistemology," 157.

¹²⁹ Cass R. Sunstein, "The Rights of Animals," *University of Chicago Law Review* 70, no. 1 (2003): 387-401; Brycchan Carey, "Abolishing Cruelty: The Concurrent Growth of Anti-Slavery and Animal Welfare Sentiment in British and Colonial Literature," *Journal for Eighteenth-Century Studies* 43 (2020), <https://doi.org/10.1111/1754-0208.12686>.

¹³⁰ Ellen Bring, "Moving Toward Coexistence: An Interview with Alice Walker," *Animals' Agenda* 8, no. 3 (1988): 6-9; Jon Hochschartner, "Vegan Angela Davis Connects Human and Animal Liberation," *Counterpunch*, January 24, 2014, <https://www.counterpunch.org/2014/01/24/vegan-angela-davis-connects-human-and-animal-liberation/>; Wesleyan University, "The Legacy of and Memorial to Dr. King," <https://www.wesleyan.edu/mlk/posters/legacy.html>.

in a supplement he called Formula 4X. Formula 4X was a proprietary trail-mix-like blend of kelp, dried fruit, seeds, and nuts. Interestingly, Gregory initially credited Fulton with helping him invent the product, but this claim gradually disappeared in his later works, where he claims to have acted alone.¹³¹ Although Gregory and Fulton initially designed the supplement to help people cope with and break from periods of extended fasting, soon after its development, Gregory began imagining ways he could use Formula 4x to create a dietary regimen that would advance his many social justice commitments. Gregory envisioned the product as having five distinct uses, gleaned from his own experience: to wean off fasts, to lose weight, to boost athletic performance, to eliminate poverty, and to conquer addiction.

Formula 4X was the supplement Gregory took to fuel his ultra-marathon runs during fasting protests. When his athleticism began to spark public curiosity in the mid-1970s, Gregory began selectively granting elite athletes access to his 4X formula. One of its earliest successes was in helping champion runner E. Gordon Brooks to break the world record speed for running from New York City to Los Angeles.¹³² Gregory ran alongside Brooks on the return journey from LA to New York while fasting to bring attention to world hunger. Seeing Gregory accomplish such an amazing feat inspired other athletes to inquire about his secret, so he decided to license his formula out on a limited basis, but with great success. In an interview, Gregory boasted that “[a] 4X regimen changed the Muhammad Ali who danced for 15 rounds against Jimmy Young to the Muhammad Ali who quickly conquered Richard Dunn in Munich,

¹³¹ See Gregory, *Dick Gregory's Natural Diet for Folks Who Eat*; Gregory, *Callus on My Soul*; Dick Gregory, *Nigger: An Autobiography by Dick Gregory with Robert Lipsyte* (New York: E.P. Dutton, 1964); It is difficult to know whether it is intentional or coincidental that Formula 4X mimics the scheme by which members of the Nation of Islam adopted new names after their conversion.

¹³² Victoria Mucie, “...But by Prayer and Fasting,” *Chicago Metro News*, January 31, 1976.

Germany.”¹³³ Ali admitted as much in an interview after the Dunn fight, skyrocketing the demand for Gregory’s supplement. Ali also credited Formula 4X with helping him defeat Ken Norton for the third time in 1976, in one of the most disputed boxing matches in history. Gregory got another major sales boost when he sold his formula to the Pittsburgh Pirates before they won the World Series. He also claimed Formula 4X fueled world-class sprinter Houston McTear, healed legendary Red Sox pitcher, Bill ‘Spaceman’ Lee’s shoulder after a pitching injury, and helped Randy Jackson, the youngest of the Jackson brothers, recover after a near fatal car crash.¹³⁴ Beyond the goal of proving Formula 4X’s power to increase athletic performance, Gregory said he recruited celebrity athletes to destigmatize the formula so it was not perceived as a ‘poverty food.’

But Gregory set his sights higher. In line with his civil rights philosophy, to eradicate violence and to help black people everywhere, he became interested in solving world hunger, one of the most visible blights on people of color. Beginning in November 1984, the first international media reports of an already two-year famine in Ethiopia emerged. Over the next several months, the world watched in horror as nearly 400,000 Ethiopians, many of them children, starved to death in one of the worst famines the modern world had ever seen. Not only was the country experiencing a severe drought, it was also undergoing a violent rebellion. During this period of turmoil, an additional 150,000 people were killed by fighting. Political leaders in Ethiopia cutoff access and denied aid to areas with rebellious insurgents, exacerbating the political crisis and leaving many famine victims stranded. Countries from all over the world dropped aid packages onto the desiccated and war-torn countryside to slow the pace of death, but

¹³³ “An Option to Consider,” editorial, *Wichita Eagle* (KS), May 29, 1976.

¹³⁴ Gregory, *Callus on My Soul*, 187-91.

the Ethiopian government stood firmly against the rebels, disallowing any substantive aid to reach the hands that most needed it.

Since Gregory originally used his Formula 4X product to wean himself off fasting, he thought it would make a good transition food for victims of famine. In the early 1980s, Gregory made connections with high-ranking Ethiopian officials, including the most prominent pediatrician in the nation, and Dean of Medicine at the University of Addis Ababa, Demissie Habte.¹³⁵ Habte used his fame and political clout to run several hasty clinical trials on its effects on famine-stricken children. Of the results, Habte said Formula 4x offered “a very bright prospect,” as it seemed to have the right balance between nutritional content and cost.¹³⁶ Shortly thereafter, on April 15, 1985, Berhane Deressa, the Deputy Commissioner for the Relief and Rehabilitation Commission of Ethiopia and later mayor of Addis Ababa, sent an urgent request to the United States for 100 cases of Formula 4X and 100 more cases of a nutritional bar of the same make-up to help malnourished children (and eventually adults) in Ethiopia recover from famine.¹³⁷ And Gregory delivered. To his credit, he recognized that one of the major barriers to ending famine was being able to distribute supplies not merely ship them to Ethiopia, so when he responded to Deressa’s request, Gregory delivered three trucks as well to assist in distributing aid. His efforts assisting the famine did not go unrecognized; he even gave a symbolic can to Nelson Mandela when he was visiting the United States in 1990.¹³⁸

At the same time as Formula 4X was undergoing its first trials in Ethiopia as a famine

¹³⁵ Notably, Habte also later served as the first President of the Ethiopian Academy of Sciences.

¹³⁶ “Ethiopia Calls for Widespread Use of Gregory’s Nutritional Formula to Restore Malnourished Youth,” press release, April 21, 1985, series III, box 1, folder 6, William Jefferson Darby Papers, Eskind Biomedical Library Manuscripts Collection, Vanderbilt University (hereafter cited as Darby Papers); “Dick Gregory Delivers His Nutritional Formula to Starving Ethiopians,” *Jet*, May 13, 1985, 11; “Dick Gregory’s Formula To Be Used All Over Ethiopia Following Successful Tests,” *Jet*, May 27, 1985, 13.

¹³⁷ Berhane Deressa to Dick Gregory, 15 April 1985, series III, box 1, folder 6, Darby Papers.

¹³⁸ Gregory, *Callus on My Soul*, 153.

aid, Gregory was having rather different trials run in the United States, where he said “black people [were] killing themselves with food.”¹³⁹ He partnered with a company called Cernitin America, as well as researchers from Xavier and Howard colleges, to test his formula’s efficacy as a weight-loss therapy. Gregory knew from his own experiences at Fultonia that his formula could be used to safely maintain an extended fast and lose a massive amount of weight. Nevertheless, it is remarkable that Gregory simultaneously marketed the same product (more or less) as being amenable to weight loss, famine, and optimal athletic performance: a true wonder drug if ever there was one. In 1984, Gregory signed a \$100 million deal with the Swedish drug company, Cernitin America to mass-produce and sell a powdered version of Formula 4X as a weight loss supplement under the trade name ‘Dick Gregory’s Slim-Safe Bahamian Diet,’ and opened a weight loss clinic in Nassau.¹⁴⁰

Gregory quickly found success in the weight loss business. In 1986, Gregory helped 800-pound Ron High lose hundreds of pounds of excess weight with Formula 4X. The next year, Gregory was chosen by Walter Hudson, the man who still holds the Guinness World Record for the largest waist—and the fourth heaviest person in recorded history—to help him lose weight. Gregory credited his new product, Correction Connection, and his liquid Bahamian diet with helping Hudson lose 700 pounds.¹⁴¹ The Correction Connection formula, too, was a slight remix of Formula 4X marketed as a cure for addiction (to drugs and alcohol as well as food). Gregory

¹³⁹ Jeannine Stein, “Through Thick and Thin: Dick Gregory Has a Weight-Loss Plan That’s Highly Controversial, but His Faithful Clients See It as a Last, Best Hope,” *Los Angeles Times*, February 17, 1989, 1.

¹⁴⁰ Semmes, “Entrepreneur of Health,” 546; James Carter to William Jefferson Darby, 20 June 1985, series III, box 1, folder 6, Darby Papers. Cernitin was a subsidiary of a Swedish health food company, A.B. Cernelle, which was founded in the 1950s and run by Dr. David Allen. A.B. Cernelle was best known for selling bee pollen supplements for prostate health. A.B. Cernelle was run by (principal medical and research advisor) Olov Lindahl, a professor of Orthopedic Surgery and founder of the Swedish Journal of Biological Medicine.

¹⁴¹ Gregory, *Callus on My Soul*, 224.

credits it with helping to wean John Lennon and Yoko Ono off drugs in mid-70s Berlin.¹⁴² After Gregory's dramatic encounter with Walter Hudson, he founded his own company, Correction Connection Inc., and had planned an entire empire around health foods and supplements marketed to African Americans.¹⁴³ His new Correction Connection formula quickly became the top selling product at GNC, the largest nutrition supplement retailer in the United States, earning Gregory \$3 million in its first year.¹⁴⁴

Gregory's well-publicized success with Walter Hudson resonated with thousands of morbidly obese people across the country—some trapped in their homes, unable to walk—who clamored for access to his weight-loss program. In response, Gregory spent several million dollars to open another beachside resort and weight loss clinic, originally based in “a dismal facility” in Newark, NJ and later relocated to Fort Walton, FL.¹⁴⁵ Attendees of his weight-loss program would participate in what was, by all accounts, a grueling regimen. Not only were his clients expected to attend exercise classes on the beach before dawn every day, they were allowed nothing but fruit, fruit juice, and salad, consuming less than 500 calories a day.¹⁴⁶ A nutritionist from UC Davis, Elizabeth Applegate, commented that the diet was “dangerously short” on minerals.¹⁴⁷ Further, Gregory's staff at the resort included several nutritionists, a yoga

¹⁴² Gregory tried to offer Correction Connection to Marvin Gaye to help with his drug problem, but Gaye reportedly refused his help.

¹⁴³ Before this grand empire even began, Gregory's business partners and he had a falling out. In 1988, Gregory's co-founders Larry Depte and Sandra Henderson sued him for control of the company. Gregory eventually prevailed in court three years later, but too late as Gregory lost his house and the company's potential had already run dry. The formula was never sold again. “Dick Gregory Finds Business Dispute No Laughing Matter,” *United Press International*, October 18, 1988, <https://www.upi.com/Archives/1988/10/18/Dick-Gregory-finds-business-dispute-no-laughing-matter/7710593150400/>; “Gregory Regains Control of Diet Formula Business,” *Buffalo News* (NY), October 27, 1991, <https://buffalonews.com/1991/10/27/gregory-regains-control-of-diet-formula-business/>.

¹⁴⁴ Semmes, “Entrepreneur of Health,” 546.

¹⁴⁵ Around the same time, Gregory also reportedly tried to buy a cruise ship to serve as a floating weight loss resort.

¹⁴⁶ Stein, “Through Thick and Thin,” 1; Marjorie Williams, “Gregory's Gathering,” *Washington Post*, June 23, 1988, <https://www.washingtonpost.com/archive/lifestyle/1988/06/23/gregorys-gathering/ed2907e1-7cf4-4f8c-b38d-2deb2dc04d3d/>.

¹⁴⁷ “Gregory Diet Center Unsafe, Report Says,” *United Press International*, July 25, 1989, <https://www.upi.com>

instructor, and a psychotherapist, yet he had no physicians on location. Gregory argued that the very presence of a physician would undermine the central concept of his resort, which was that people could recover from obesity through the power of diet and their own willpower alone.

For his unconventional approach to weight loss, an article in the *LA Times* referred to Gregory as “the zany commander of some madcap crew.” To be sure, his tactics attracted some deeply loyal followers. For example, one of his more famous clients, a white man named Mike Parteleno, compared meeting Gregory to experiencing a first kiss, called him “probably one of the greatest men on the planet,” and said he would “jump from the third story into a vat of pudding,” if Gregory had so asked. Clearly, some people were driven to attend just to be near Gregory’s celebrity. Some of Gregory’s obese clients—many over 500 pounds—paid \$1,000 a week to participate. There were other clients, however, that Gregory sponsored himself; they could attend the program for free in exchange for giving his weight loss program positive publicity. Because Gregory encouraged the publicity, the beaches by the resort were constantly stalked by camera crews, and his clients regularly appeared on the Phil Donahue Show. However, regardless of whether his clients paid their own way or were given scholarships, Gregory had a reputation of being harsh toward them. He likened himself to a warden: he took their keys, tried to stay away from them as much as he could, and begrudged them for ordering pizzas to the resort at 3 a.m. He even openly called his resort a “freak show.”¹⁴⁸ Unsurprisingly, then, some of his clients began to hate him and subsequently left the program. In spite of all this, Gregory expected his patients to succeed, marveled when they made unlikely friendships with each other, and coached them to become nutritional educators.

/Archives/1989/07/25/Gregory-diet-center-unsafe-report-says/5125617342400/.

¹⁴⁸ Stein, “Through Thick and Thin,” 1.

Importantly, these projects were only a small part of Gregory's career. And while his explicit goal was the greatest health for "millions of people who can't afford it," including white people, at the core of Gregory's activism was a desire to help realize a greater number of healthy black bodies worldwide.¹⁴⁹ In general, Gregory followed Fulton's lead in seeing food as central to the plight of black people, and just as central for their salvation. Gregory saw medical and social value in the products he designed (intended to stave off chronic disease, cure drug and alcohol addiction), and, in his business model, Gregory recognized the possibility for black Americans to gain economic footholds by becoming salespeople of his products. Gregory reasoned that if his distributors could make over \$200,000/year, he could make a thousand black millionaires, and in doing so would bring more money into the community and improve the health of their communities at the same time, a goal that strongly resonated with Fulton's central mission.

Fulton's Legacy

Fulton remained vigilant in the fight to protect the health of her community until she passed away in 1999, at the age of 92, a true testament to the power of the Fultonia dietary method. Her commitment to the health and prosperity of black communities in the US and around the globe through non-violence and natural living spurred a vibrant anti-racist and feminist black vegan movement that flourishes today. In a 2020 interview with the *Washington Post* on the growing rates of African American vegans, Afya Ibomu, a holistic nutritionist cites medical disparities as a key motivator for the dietary shift among black communities toward a more plant-based diet: "We have higher rates of obesity, cancer, diabetes and asthma. It's partly

¹⁴⁹ Stein, "Through Thick and Thin," 1.

our DNA; we're not well-suited to a standard American diet...Many of us came from West Africa where they mostly had goat's milk. And here it's cow's milk. The majority of health guidance is based on European bodies."¹⁵⁰

Though she is seldom cited by name, Fulton's formative influence is clearly visible by proxy. Many black vegans, including the most prominent voices in the contemporary movement—Amie Breeze Harper, critical race scholar and founder of the Sistah Vegan Project, sisters Aph and Syl Ko the founders of Black Vegans Rock, Tracye McQuirter, author of the best-selling vegan guidebook *By Any Greens Necessary*, and even Coretta Scott King—cite two of Alvenia Fulton's proteges, Dick Gregory and/or wellness guru Queen Afua as their primary inspiration for pursuing a plant-based lifestyle.¹⁵¹

In many ways, Fulton (and subsequently Gregory) was a progenitor of the modern black vegan diet. The only area where Fulton (and Gregory) are not necessarily due credit is in the development and articulation of black vegan cuisine. Their diet of brown rice and juice may have been good for the soil, and popular among celebrities, but it did not necessarily appeal to the palate. So when the parallel developments in vegan 'soulless' restaurants and cuisines from throughout the African diaspora finally cross-pollinated, they gave Fulton's and Gregory's ideas a richer and more distinctive flavor. Significantly, when we weave these threads together (animal rights, food justice, food sovereignty, the rediscovery of black diasporic foodways, combatting medical racism and health inequalities, environmentalism, and feminism), what emerges is a

¹⁵⁰ Laura Reiley, "The Fastest-growing Vegan Demographic Is African Americans. Wu-tang Clan and Other Hip-hop Acts Paved the Way," *Washington Post*, January 24, 2020, <https://www.washingtonpost.com/business/2020/01/24/fastest-growing-vegan-demographic-is-african-americans-wu-tang-clan-other-hip-hop-acts-paved-way/>.

¹⁵¹ Breeze-Harper, "Going Beyond the Normative White 'Post-Racial' Vegan Epistemology"; Tracye McQuirter, "This Civil Rights Activist Is the Reason I've Been Vegan For 30 Years" *Bon Appetit*, September 1, 2017, <https://www.bonappetit.com/story/dick-gregory-vegan-civil-rights>; Queen Afua, *Sacred Woman: A Guide to Healing the Feminine Body, Mind, and Spirit* (New York: Random House, 2000).

philosophically robust articulation of veganism that is, at its core, critical, intersectional, decolonial, anti-racist, and soulful. This is the vision of veganism that prominent black intellectuals, diet gurus, cookbook authors, social media personalities, celebrities, activists, and scholars are articulating today.

Zen and the Art of Macrobiotic Maintenance

On the evening of October 13, [1965] Sess and Min Wiener came to visit their daughter in New York. When Sess glimpsed her lying on a mattress in a corner, he gasped and visibly turned color. Beth Ann was a living skeleton. Her legs were no longer yang, they were skin and bones. Her eyes, still *sanpaku*, were sunken in their sockets. She could barely sit up. She could not have weighed more than 80 pounds.¹

Less than a month after Beth Ann Simon, a 24-year-old from Clifton, New Jersey, was admitted to the hospital, she died from malnutrition incurred—allegedly—from following a bizarrely strict diet called Zen Macrobiotics. Simon’s death was the subject of a 1966 grand jury trial and was featured in a 1967 editorial for the *Journal of the American Medical Association*, which stated that she had been on the diet for over nine months when she entered the hospital with scurvy and severe folic acid and protein deficiency.² The revelations brought forth by Simon’s death and the subsequent trial horrified the medical community, which issued a hardline rejection of this dangerous new dietary philosophy, and the public health warnings they issued were continually re-circulated around the country for the ensuing five years. So what was this dangerous new regimen?

In its most basic terms, macrobiotics seeks to foster balance and harmony (expressed in terms of yin and yang) inside the body, in broader society, and in the fabric of the cosmos itself, through the proper consumption of mostly plant-based, mostly Japanese foods. According to the philosophy, foods are (based on a complex series of logical deductions) differentially imbued with qualities along the binary spectrum of yin and yang, contributing their respective force, through transmutation, to the consumer’s bodily equilibrium. Those foods with greater yin

¹ Robert Christgau, “Beth Ann and Macrobioticism,” *New York Herald Tribune*, January 23, 1966, 10-15.

² Paul Sherlock and Edmund O. Rothschild, “Scurvy Produced by a Zen Macrobiotic Diet,” *Journal of the American Medical Association* 199, no. 11 (1967): 794-798, <https://doi.org/10.1001/jama.1967.03120110066009>.

properties were associated with feminine, passive, cold, expansive, and quiet qualities, while those with more yang tendencies were thought to embody masculine, contractive, aggressive, hot, and strong qualities.³

Macrobiotics reached commercial success and national fame in the US with the publication of guru George Ohsawa's first English-language book *Zen Macrobiotics* (1960) and its successor, *The Book of Judgment* (1965).⁴ Though the Greek roots of the word "macrobiotics" suggest that it means "long" or "great" life—and indeed every version of the dietary lifestyle/healing philosophy emphasizes longevity—the more specific principles of the diet-cum-lifestyle were and are widely variable between different practitioners and ideologues who affiliate themselves with the macrobiotics movement.

Macrobiotics teaches, like many other ancient medical philosophies (or those based on ancient ideas), that every living body is a microcosmic reflection of the larger macrocosm in which it is situated, thus both personal illness as well as social ills may be addressed with the same, predominantly dietary, actions—healing individual bodies can, *en masse*, heal entire societies. One of Ohsawa's chief disciples, Herman Aihara, summarized this attitude in his book *Basic Macrobiotics*,

Individual cells make up the whole body but each individual cell is unique, separated by a membrane from each other and making up the community of the body. Each person's body is separated by a membrane called skin, and many bodies live in communities that make up humanity on Earth. And maybe our planet, separated by its atmospheric skin combines with others, forming communities that then make up the whole universe. Individuals, whether cells or people, are separated by a membrane, but in reality we are

³ Karlyn Crowley, "'Gender on a Plate': The Calibration of Identity in American Macrobiotics," *Gastronomica* 2, no. 3 (Summer 2002): 37-48, <https://doi.org/10.1525/gfc.2002.2.3.37>; William Shurtleff and Akiko Aoyagi, *History of Tofu and Tofu Products (965 CE to 2013)* (Lafayette, CA: Soyinfo Center, 2013), 3266.

⁴ William Shurtleff and Akiko Aoyagi, *History of Macrobiotics (1715-2017)* (Lafayette, CA: Soyinfo Center, 2017), 9.

all One.⁵

In its earliest American formulation, macrobiotics promised to quell the yang tendencies of the West, to usher in a global era of peace and understanding through humility following the Buddhist ideal. And it was not to be taken lightly. The *New York Times* admonished its readers that “...to dismiss macrobiotics as merely another in the long list of American food fads is to misunderstand its true nature and to underestimate its appeal to many young Americans today,” further explaining that macrobiotics was, “a spiritual, social and psychological way of life, a life-style with a mutant form of Zen Buddhism as the sky above and a cereal-based diet as the ground below.”⁶

The No. 7 Diet

The diet that earned Beth Ann Simon’s hospital admission in 1965 was a variant of the macrobiotics regimen called the “No. 7” diet. The No. 7 diet was first outlined by founder George Ohsawa in his book, *Zen Macrobiotics*.⁷ It consisted primarily of brown rice and other grains—flavored with a sesame seed-based seasoning called *gomasio*—with little to no fluid intake, save for some bancha twig tea. From the perspective of academic nutritionists, at least, the No. 7 diet was the ultimate stage of macrobiotics: the goal toward which each person following the macrobiotic regimen strove. With so many young people beginning to experiment with the lower stages of the diet, some media commentators publicly feared an epidemic of (perhaps fatal) malnutrition. In response to Simon’s death, Fred Stare, the chair of the nutrition

⁵ Herman Aihara, *Basic Macrobiotics* (Chico, CA: George Ohsawa Macrobiotic Foundation, 1998), 29.

⁶ George Alexander, “Brown Rice as a Way of Life,” *New York Times*, March 12, 1972, 87.

⁷ Georges Ohsawa, *Zen Macrobiotics: The Art of Rejuvenation and Longevity*, ed. Lou Oles (Los Angeles: Ohsawa Foundation, 1965). The original, 1960 edition only existed in mimeographed form and is difficult to locate.

department at Harvard, penned a public service announcement proclaiming that “macrobiotic diets are *the most dangerous fad diets* in the current market of food fads. [emphasis added]”⁸

Stare’s harsh warning was not issued without justification. According to the Food and Drug Administration (FDA) report, the diet rapidly led its adherents to severe anemia, bone and tissue damage, dehydration, and organ failure. When the Passaic County grand jury investigated Simon’s death in 1966, they also investigated the cases of five similar individuals that local doctors had brought to their attention.⁹ Among the five, three of the adherents had died, another two had been hospitalized and doctors reported they would have died without emergency medical intervention. Beyond this trial, there were many other such stories of premature death or extreme illness connected with the diet. A young couple in California fed their infant child a macrobiotic all-cereal regimen, and the child died within 10 months from malnutrition and kidney failure.¹⁰

Simon’s father, Samuel (Sess) Wiener, was a prominent lawyer who mobilized an FDA investigation into the Ohsawa Foundation in New York City pursuant to the fact that Ohsawa’s book falsely promoted macrobiotics as a cure for “anemia, arthritis, appendicitis, cancer, cataracts, tuberculosis, diabetes, epilepsy, heart disease, hernia, leprosy, leukemia, meningitis, polio, paranoia, and schizophrenia.”¹¹ The FDA launched a search and seizure for “eight thousand dollars’ worth” of foods, promotional books, and pamphlets promoting Zen Macrobiotics at the Ohsawa Foundation, acknowledging that while “the foods are harmless in

⁸ Fred Stare, “The Zen Macrobiotic Diet,” p. 2, statement prepared for Harvard University Health Services, n.d., box 17, folder 3, Mark Hegsted Papers, Center for the History of Medicine (Francis A. Countway Library of Medicine) Repository, Harvard University (hereafter cited as Hegsted Papers).

⁹ FDA Press Release, 2 June 1966, box 17, folder 3, Hegsted Papers.

¹⁰ Alexander, “Brown Rice as a Way of Life,” 87.

¹¹ FDA Press Release; Walter Alvarez, “Zen Diet Termed Health Risk,” *Los Angeles Times*, February 8, 1973, J8.

themselves...the diets are dangerous.”¹² The raid, which shuttered the New York branch of the Ohsawa Foundation, was among the highest profile takedowns of the National Congress on Medical Quackery, the coalition assembled by the American Medical Association to crackdown on health fraud.

The Beth Simon case had a chilling effect on macrobiotics’ public reputation, and less than a year later, George Ohsawa passed away in Japan at the age of 73 from a heart attack, likely precipitated by his lifetime penchant for heavy smoking.¹³ With the synchronous investigation of Simon’s death and death of Ohsawa, the movement was in danger of collapsing altogether. The work of maintaining and promoting the macrobiotic cause in the United States fell to Ohsawa’s top students, Michio Kushi and Herman Aihara. Far from disappearing after Ohsawa’s death, under the leadership of his acolytes, macrobiotics became a global movement, with branches, restaurants, natural food stores, product distribution chains, health seekers, hundreds of teachers and leaders who published hundreds of books in dozens of languages, and hundreds of thousands of students and dieters with millions of different experiences on the diet from all over the world. The first half of the chapter examines the origins of the macrobiotic philosophy and the roots of the global movement it spawned. I show how (and with what consequences) macrobiotic leaders managed to resuscitate and revitalize the movement in the wake of Simon’s and Ohsawa’s deaths in the second half of this chapter.

Despite the inordinate amount of negative attention Simon’s case attracted and the image academic nutritionists projected that macrobiotics was an extreme rice fast, the macrobiotics

¹² FDA Press Release.

¹³ William Shurtleff and Akiko Aoyagi, *History of Soybeans and Soyfoods in Southeast Asia (13th century to 2010)* (Lafayette, CA: Soyinfo Center, 2010), 645. Some macrobiotic loyalists also blamed Ohsawa’s death on the filarial parasites he apparently contracted during his stay with Albert Schweitzer in Lambarene, Gabon in the mid-1950s.

movement extended far beyond the No. 7 diet. In part due to racism and cultural ignorance, the macrobiotic dietary principles were widely misrepresented as punishingly austere, whereas many of the program's ardent dieters easily maintained a diverse and apparently healthy diet for decades. As a social movement, macrobiotics tapped into popular anxieties about the pace and direction of modern society, offering one of the most coherent alternative lifestyles to fast-paced American consumerism. For macrobiotics dieters, it represented an entirely new code by which to live. However, lots of people were attracted to macrobiotics for other reasons (like the promise of quick health benefits) with varying levels of understanding and commitment to the underlying philosophy and its politics. This chapter shows how tensions arose between macrobiotics as a social movement and macrobiotics as a medical miracle, where these different uses came from, and what consequences resulted from their falling out.

Literature Review and Roadmap

Since macrobiotics was and—to a different extent—still is a high profile, global movement, a significant body of scholarship has emerged examining the dietary community from a variety of angles. Historian Warren Belasco and food writer Jonathan Kauffman have detailed how macrobiotics took off among members of America's youth counterculture in the 1960s.¹⁴ Sociologist Laura J. Miller and literary scholar Kimberly Lau have shown how macrobiotics became a central player in constructing both the natural health food and New Age wellness markets in the United States, and the attendant consequences of these developments.¹⁵

¹⁴ Warren Belasco, *Appetite for Change: How the Counterculture Took on the Food Industry* (Ithaca, NY: Cornell University Press, 2006); Jonathan Kauffman, *Hippie Food: How Back-to-the-landers, Longhairs, And Revolutionaries Changed the Way We Eat* (New York: William Morrow, 2019).

¹⁵ Laura J. Miller, *Building Nature's Market: The Business and Politics of Natural Foods* (Chicago: University of Chicago Press, 2018); Kimberly J. Lau, *New Age Capitalism: Making Money East of Eden* (Philadelphia: University

By demonstrating how macrobiotics facilitated the distribution and popularization of various Japanese staples, historian Matthew Roth and macrobiotics acolytes William Shurtleff, and Akiko Aoyagi have further shown how the diet has shaped the American palate.¹⁶ The aforementioned and other scholars have also critically analyzed the macrobiotic lifestyle and its champions through the frames of religion and spirituality, gender, and the environment.¹⁷ Finally, other members of the macrobiotic community itself, including Herman Aihara, Ronald Kotzsch, Ed Esko, Tom Monte, John David Mann and many others, have excavated their own history in the form of books, lectures, dissertations, and articles in macrobiotic circulars.

There has been surprisingly little attention devoted to the movement's remarkable success attracting and treating patients with such chronic health conditions as cancer and HIV/AIDS. Much, if not all, of the scholarship on macrobiotics has focused on its status as a dietary movement and religious philosophy, attending more to the insular nature of the cult-like social movement (especially around the white youth counterculture) and its internal (gendered) dynamics, or its key role in certain natural foods and wellness circles. While these frames of analysis have certainly yielded important insights about the macrobiotic community and its influence in broader culture, they leave much unexplored. For instance, few commentators have explored the role of race (and racial tension) in the success and failures of the macrobiotic

of Pennsylvania Press, 2015).

¹⁶ Matthew D. Roth, "Magic Bean: The Quests that Brought Soy into American Farming, Diet, and Culture," (PhD diss., Rutgers University, 2013), ProQuest (3606550); Shurtleff and Aoyagi, *History of Macrobiotics*.

¹⁷ See Julio Fernando Angulo, "Ideology and Foodways: A Content Analysis of Conventional and Alternative Food Views," (PhD diss., Kansas State University, 1986) ProQuest (8608670); Dahna Berkson, "Exploratory Survey of Individuals Practicing Macrobiotics in North America" (MA thesis, York University, 1985) ProQuest (MM96436); Karlyn Crowley, "When Spirits Take Over: Gender and American New Age Culture," (PhD diss., University of Virginia, 2002) ProQuest (3056827); Karlyn Crowley, "'Gender on a Plate': The Calibration of Identity in American Macrobiotics," *Gastronomica* 2, no. 3 (Summer 2002): 37-48, <https://doi.org/10.1525/gfc.2002.2.3.37>; Patricia Ann Darling, "Turning East in the Twin Cities: Converts and movements in the 1970s" (PhD diss., University of Minnesota, 1987) ProQuest (8808459); Randy Kandel, "Rice, Ice Cream, and the Guru: Decision-Making and Innovation in a Macrobiotic Community" (PhD diss., City University of New York, 1976) ProQuest (7603820).

movement and its role in the postcolonial world, especially with respect to the tensions over Japanese and Buddhist identity in postwar America. Further, scarcely any attention has been paid to the rise of macrobiotics in the context of the Cold War, despite macrobiotic leaders' enduring fascination with nuclear war and their persistent fear-mongering over radiation and industrial chemicals. In this chapter, I show not only how all three of these neglected aspects of macrobiotics were inextricably entwined, but how the precise shape and appeal of macrobiotics in postwar America was contingent upon this nexus of forces.

In many ways, the fate of macrobiotics—through its western migration and cross-cultural integration—resembles that of many other Asian religious practices, philosophies, products, and styles from the 18th-century onward. Most scholars have grappled with these bilateral cultural exchanges through the framework of Edward Said's model of Orientalism, the tensions within which have spurred substantial literature. Said's orientalism examined the largely unidirectional model of influence between Europe and the 18th-century Middle East, whereby cultural images were created in the West that reduced, feminized, exoticized, and collapsed the nuance and sophistication of Eastern societies.¹⁸ For this chapter, I take inspiration primarily from such scholars as Jane Iwamura and Christina Klein, who have adapted Said for the postwar American context by insisting on modified versions of orientalism that account for bi-directionality and cultural co-construction while acknowledging an unevenness in power dynamics.¹⁹ I use the work of such scholars as Michael Masatsugu and Kimberly Lau as frameworks to examine the significance and tensions that new Asian cultural imports fostered through the lenses of the Cold

¹⁸ Edward W. Said, *Orientalism* (London: Penguin, 1978).

¹⁹ Jane Naomi Iwamura, *Virtual Orientalism: Asian Religions and American Popular Culture* (New York: Oxford University Press, 2011); Christina Klein, *Cold War Orientalism: Asia in the Middlebrow Imagination, 1945-1961* (Berkeley: University of California Press, 2009).

War and late-stage capitalism respectively.²⁰ Along the way, I draw parallels between macrobiotic leaders and the well-excavated tropes of the Oriental monk, sage, and/or guru; between the cures of macrobiotic followers and the American propagandizing around the Hiroshima Maidens; and between macrobiotics as a healing agent and the plight of other forms of Asian traditional medicine in the modern context.²¹

This chapter further demonstrates that the macrobiotics movement, even from before its introduction in the United States, was motivated by geopolitical conditions on a global scale such that its success and peculiar progression from hippie diet to cancer cure can only be understood in the light of the medical context of the Cold War. Macrobiotics leaders, haunted by the atomic bombing of Japan, appealed to the white guilt that followed the Second World War and inflamed existing Cold War anxieties around further use of nuclear weaponry.²² As the United States attempted to find peaceful applications for its nuclear reactors, including as a potent new cancer therapy, macrobiotics cast such attempts as fundamentally backwards and positioned itself as an appropriate cancer antidote instead. To articulate this context, I blend the work of historians like Angela Creager and Gerald Kutcher, and journalist Ellen Leopold, which trace the Cold War transformation of atoms from weapon to medicine, with histories about the American cultural

²⁰ Michael K. Masatsugu, ““Beyond This World of Transiency and Impermanence”: Japanese Americans, Dharma Bums, and the Making of American Buddhism during the Early Cold War Years,” *Pacific Historical Review* 77, no. 3 (2008): 423-51, <https://doi.org/10.1525/phr.2008.77.3.423>; Michael K. Masatsugu, ““Bonded by Reverence Toward the Buddha’: Asian Decolonization, Japanese Americans, and the Making of the Buddhist World, 1947-1965,” *Journal of Global History* 8, no. 1 (March 2013): 142-164, <https://doi.org/10.1017/S1740022813000089>; Lau, *New Age Capitalism*.

²¹ Mark Lewis Taylor, “Oriental Monk as Popular Icon: On the Power of U.S. Orientalism,” review of *Virtual Orientalism: Asian Religions and American Popular Culture*, by Jane Iwamura, *Journal of the American Academy of Religion* 79, no. 3 (September 2011): 735-746; Yuki Miyamoto, “Unbearable Light/ness of the Bombing: Normalizing Violence and Banalizing the Horror of the Atomic Bomb Experiences,” *Critical Military Studies* 1, no. 2 (2015): 116-130, <https://doi.org/10.1080/23337486.2015.1050268>.

²² Susan E. Lederer, “Darkened by The Shadow of The Atom : Burn Research In 1950s America,” in *Man, Medicine, and the State: The Human Body as an Object of Government Sponsored Medical Research in the 20th Century*, ed. Wolfgang Uwe Eckart (Stuttgart: Franz Steiner Verlag, 2006), 263–78.

reception of the bomb and other nuclear technologies from scholars such as Paul Boyer and Susan Lindee.²³

In the first section of this chapter, I show how macrobiotics emerged and transformed in response to political and cultural developments in Japan and how lingering connections with Japanese politics and history continued to shape the diet long after its introduction in the United States. I then recast the opening narrative about Beth Ann Simon from the perspective of macrobiotics' leaders to illustrate some of the racial tensions and politics underlying the controversy over the diet's public success, and explain how Simon's death shaped the retreat and later resurgence of macrobiotics in the 1970s. Next, I show how the lifestyle's sociopolitical ambitions, and specifically its opposition to nuclear technologies, was translated under the movement's new leader, Michio Kushi, into a fully-fledged therapeutic regimen for patients with cancer and HIV/AIDS. Finally, I demonstrate how questions about the purpose and ethics of the Kushi-led disease pivot from members of the movement itself—some colored by racial animus—led to critical internal fractures that ultimately led the dietary lifestyle to its decline.

Sagen Ishizuka and the Japanese Origins of Macrobiotics

Though it entered the American zeitgeist in the early 1960s, macrobiotics constituted a much older philosophy of eating, having begun formally in Japan with the writings, teachings, and political activities of Sakurazawa Jyōichī, the man who came to be known in the west as

²³ Angela Creager, *Life Atomic: A History of Radioisotopes in Science and Medicine* (Chicago: University of Chicago Press, 2015); Gerald Kutcher, *Contested Medicine: Cancer Research and the Military* (Chicago: University of Chicago Press, 2009); Ellen Leopold, *Under the Radar: Cancer and the Cold War* (New Brunswick, NJ: Rutgers University Press, 2009); Paul Boyer, *By the Bomb's Early Light: American Thought and Culture at the Dawn of the Atomic Age* (Chapel Hill: University of North Carolina Press, 1994); M. Susan Lindee, *Suffering Made Real: American Science and the Survivors at Hiroshima* (Chicago: University of Chicago Press, 1997).

George(s) Ohsawa (1893-1966).²⁴ Ohsawa first used the term “macrobiotic,” or “macrobiotique,” in a 1956 French-language book entitled *Guide pratique de la médecine macrobiotique d'Extrême-Orient*, and served as the concept’s leading figurehead and chief popularizer.²⁵ Macrobiotics was strongly rooted in Ohsawa’s Japanese heritage and his early political development. As Ohsawa’s parents were both members of the samurai class, they had fostered a deep respect for traditional Japanese culture in him from a young age. But his parents divorced and his mother died of tuberculosis shortly thereafter. After a brief, unpleasant stint living with his father and step-mother, Ohsawa’s younger brother also fell ill and died of tuberculosis in 1911. Fortunately, when Ohsawa, too, developed early symptoms of the disease, he stumbled on an obscure book at a local library entitled *Kagakuteki Shoku-yo Chojuron* (*A Chemical Nutritional Theory of Long Life*), an 1897 text by an army doctor named Sagen Ishizuka, which outlined (in scientific terms) the healing benefits of reinstituting an authentic, traditional Asian diet.²⁶

According to religious studies scholar and macrobiotic disciple Ronald Kotzsch—whose work explores Ohsawa’s life and the origins of macrobiotic thought—Ishizuka based his dietary restrictions on a patchwork of overlapping eastern and western traditions, at once epidemiological, historical and philosophical.²⁷ From these experiences, Ishizuka developed a

²⁴ George (or Georges) Ohsawa’s Japanese name was sometimes reported as Yukikazu Sakurazawa, Sakurazawa Jyoichi, Nyoiti or Nyoichi Sakurazawa, and Musagendo Sakurazawa.

²⁵ Shurtleff and Aoyagi, *History of Macrobiotics*, 9. The term ‘macrobiotics’ actually had some scattered earlier uses in the West, but while the term generally denoted the same “long life” concept and perhaps captured some superficial similarities, the way it was used by these western predecessors did not signal an attention to shoku-yo philosophy per se.

²⁶ Ishizuka’s next text *Shokumotsu Yojoho: Ichimei Kagakuteki Shoku-yo Taishinron* (*A Method of Nourishing Life Through Food: A Unique Chemical Food Nourishment Theory of Body and Mind*), was a practical guide to his earlier work and gained widespread distribution in Japan, going through twenty-three editions. Ronald Ernst Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition” (PhD diss., Harvard University, 1981) ProQuest (0354664), 50.

²⁷ Ronald Kotzsch, “Understanding Macrobiotics,” *Vegetarian Times*, April 1986, 15-18; Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 47.

powerful new holistic theory of healing that synthesized what he knew of eastern and western medicine. Exploiting his station as an army doctor, Ishizuka meticulously plotted epidemiological data from throughout Japan, paying particular attention to the correlation between the prevalence of certain diseases and the displacement of the traditional Japanese diet by western tastes and ingredients. Using what he knew of the methods of western chemistry, Ishizuka reduced his observations of varying disease prevalence to a simple ratio between two dietary salts: sodium and potassium. He noted that high sodium consumption corresponded to concentrations of diseases like cholera and fevers, whereas too much potassium was linked to outbreaks of such scourges as beri-beri and chills. Though each individual's ideal salt ratio was dependent on the geographic and climatic conditions of their birthplace, their unique bodily characteristics, and their temperament, Ishizuka thought that, on average, people should strive to maintain a ratio of 3:7 parts of sodium to potassium salts in their diet.

Though it ran counter to the western hegemonic medical logics in which he was trained, Ishizuka also read widely in Asian history, medicine, and philosophy, including such classical Chinese and Japanese thinkers and texts as Kaibara Ekken, Mizuno Nanboku, Confucius, Mencius, and the *Yellow Emperor's Classic of Internal Medicine (Nei Ching Huang Ti)*. Based on his reading of Asian history and mythologies, Ishizuka concluded that—counter to the prevailing cultural wisdom in Japan that elevated polished white rice as the ‘authentic’ staple of the country—it was actually roasted and steamed brown rice that had served as the historical basis for the Japanese diet.²⁸ Ishizuka therefore condemned what had been passing as a

²⁸ Despite his insistence on brown rice, there is no evidence that Ishizuka understood the connection between rice husks and beri. Ishizuka's challenge to the historical self-conception of the Japanese, however, has been supported by more recent scholarship. See Emiko Ohnuki-Tierney, *Rice as Self: Japanese Identities through Time* (Princeton: Princeton University Press, 2001).

traditional diet in Japan, favoring what he understood to be a more historically authentic regimen.

In *Kagakuteki Shoku-yo Chojuron*, Ishizuka laid out the historical, philosophical, and epidemiological evidence he had gathered and provided a simple guide to lifestyle changes that he argued would assist in maintaining health by achieving the appropriate salt balance in the body. Chief among his recommendations was the consumption of an unprocessed, traditionally prepared, grain-centered diet consisting principally of local, naturally grown (free from artificial chemicals) and climatically appropriate ingredients.²⁹ Like his cultural antecedents, Ishizuka recognized that certain local foods, like meat, could still be heavily imbalanced (too much sodium), but he argued that the negative effects of extreme foods could be tempered with specific cooking techniques.³⁰ To further moderate one's bodily salt ratio, Ishizuka argued for the reinstatement of traditional Japanese therapeutic bathing and exercise (to encourage salt excretion).

During the Meiji period (1868-1912), the political power shift that reinvigorated Japanese Imperialism and which first opened Japan to westernization, traditional medicine was banned and the progressive government actively imported the principles and practices of western science (including nutrition), welcoming western food staples and dietary habits. Ishizuka's nutritional guidelines, though partially couched in scientific research and techniques, subtly subverted the prevailing ideology of westernization by using scientific techniques to vindicate a traditional,

²⁹ Ishizuka's insistence that people from a given region could only attain optimal health by eating foods specific to that region presents a strong parallel to the humoralist tradition in the West. See Rebecca Earle, *The Body of the Conquistador: Food, Race and the Colonial Experience in Spanish America, 1492-1700* (Cambridge: Cambridge University Press, 2012); Trudy Eden, "Food, Assimilation and the Malleability of the Human Body in Early Virginia," in *A Center of Wonders: The Body in Early America* ed. Janet Lindman and Michele Tarter (Ithaca, NY: Cornell University Press, 2001), 29–42.

³⁰ Kotzsch, "Georges Ohsawa and the Japanese Religious Tradition," 54.

conservative Japanese lifestyle and culture.³¹ By tying his discovery of the salt ratio to individual and regional temperament, for instance, Ishizuka did more than locate food as the root of all human disease, he opened the door to conceive of nutrition (and other lifestyle changes) as a curative force for all human disorder—especially the kinds of social, spiritual, and political disorder ushered in by the West. Through his guiding philosophy, food consumption became the primary determinant of events and qualities in the world, as well as the main lever of power to alter or control those events and qualities.

The Shoku-Yo Kai

After learning about Ishizuka's dietary philosophy and trying the grain-centric diet for himself, a young George Ohsawa found relief from his tubercular symptoms. His miraculous recovery coupled with the premature loss of his family inspired him to pursue his dream of traveling the world; he promptly moved to the bustling port-city of Kobe where he took a job on a trading vessel in 1914, exporting weaponry and silk for the British, where he caught his first glimpses of the broader Asian continent, North Africa, and coastal Europe. Yet he quickly became disillusioned with the world he had so long yearned to see. Everywhere Ohsawa went, including in his native Japan, he witnessed the creeping spread of westernization and the predictable cultural flattening and erasure that ensued. These changes conflicted with Ohsawa's deeply felt respect for traditional Japanese culture; he duly became radicalized in opposition to what he (and many other "Japanists") saw as western debauchery, greed, selfishness, "progress," and capitalism. When Ohsawa resettled in Japan in 1916, he sought and found community

³¹ Although Ishizuka justifies, through his analysis of climate, the conservation of all manner of regionally-specific traditional cultures, in macrobiotics' later American renditions under Ohsawa, Kushi, and Aihara, however, there was a much heavier emphasis on imported Japanese staples.

among the followers of the guru whose book had healed him of the disease that killed his family.

In 1908, Ishizuka's followers—who, at the time, included powerful Japanese political officials and cultural figures—created an organization called the *Shoku-Yo Kai*, or Food Cure Society, naming Ishizuka as its primary advisor. From the influence and enthusiasm of these early supporters, Ishizuka quickly attracted legions of patients who had been deemed untreatable by orthodox methods. Despite using scientific methods in his early practice as well as to invent and justify his dietary guidelines, Ishizuka later shunned all orthodox western medical treatment in favor of his own program. Patients from across Japan wrote to him, asking him for help under names ranging from “Dr. Daikon Radish,” and “Dr. Miso Soup,” to “Dr. Anti-Doctor.” He was so popular, he had to limit his patients to 100 per day.³²

Though Ishizuka passed away in 1909, when Ohsawa discovered the *Shoku-Yo Kai* in 1916, the group still shared the dietary philosophy and ideological leanings that had so thoroughly shaped Ohsawa's early thought. Ohsawa rose through the ranks to become the group's leader in 1923, expanding the group's radical reaffirmation of traditional culture to specifically condemn what Ohsawa increasingly saw as the narrow, spiritless machinations of western science and medicine. As the society's leader, Ohsawa also subtly reshaped the group's purpose and redefined its thought. For instance, Ohsawa understood the “antagonistic yet complementary relationship” Ishizuka described as the basis for his mineral balance theory as a reformulation of the ancient principles of yin and yang as outlined in the *I Ching*, and quickly expanded Ishizuka's flexible yet narrow dietary formulation into a full-throated cosmology.³³

³² Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 63

³³ Ishizuka's 3:7 Na/K ratio is strikingly similar to Ohsawa's recommended 5:1 ratio between yin and yang foods because Ohsawa appropriated Ishizuka's mineral ratio to describe his own yin/yang dichotomy when formulating macrobiotics. In Ohsawa's system, potassium was yin and sodium was yang. The ratios were not identical, however, because potassium and sodium were not the only factors to consider when determining a food's relative yin or yang

Ohsawa was also particularly entranced by the hints in Ishizuka's text that a proper diet could lead to spiritual fulfillment. He perhaps took the concept too literally, extending the principle so far as to suggest that the diet could align the body with the underlying organizational principles of the universe, providing a backdoor to Buddhist enlightenment so to speak. Under Ohsawa's leadership, Ishizuka's subtle ethnocentrism was made explicit and significantly expanded, and the *Shoku-Yo Kai* radicalized.³⁴

Ohsawa Goes West

For several years, the *Shoku-Yo Kai* tried in vain to nationalize their neo-traditional diet, offering the Imperial Japanese government a feeble ultimatum to adopt their regimen or watch the empire fall slowly into ruin. In 1929, however, Ohsawa felt his efforts persuading the Japanese government to endorse his regimen were increasingly futile, so he moved to Paris where he hoped to challenge westernization at its source. Ohsawa was unique among Japanese men of his generation for his exposure to a variety of eastern and western cultures, and he “hoped that the achievement of mutual understanding would be the first step in the development of a new, synthetic, harmonious world culture, one that incorporated the best elements of both.”³⁵ Though his primary intention was to educate westerners about the wisdom of Asian philosophies, he was also intent on learning the basis of western ideology—if only to grasp the biases which prevented the germination of his own ideas.

After trying and failing to succeed on his own as a writer—for his first few months in Europe, Ohsawa allegedly relied heavily on bird seed and plants he harvested from city parks for

qualities.

³⁴ Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 92.

³⁵ Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 11.

nourishment—he began attending lectures at the Sorbonne, where he mingled with French intellectuals whom he tried to teach the principles of Japanese cosmology.³⁶ After several failed attempts at persuasion, he decided that Westerners would never understand Asian philosophies on their own terms. While reformatting his thoughts into a western analytic style, however, Ohsawa developed a deeper understanding for himself. Rather than simply translate Asian philosophical concepts for a western audience, in his 1931 book the *Le Principe Unique* (*The Unique Principle*), Ohsawa blended every major eastern philosophical tradition (i.e. Buddhism, Hinduism, Taoism, etc.) into a unified cosmological tapestry centered around the essential dualism in Chinese philosophy between yin and yang. This formulation laid the groundwork for modern macrobiotics.

In 1935, Ohsawa moved back to Japan where he spent most of the next twenty years. During this time, Ohsawa's relationship and attitude toward Japan oscillated wildly. Disillusioned with his home country, Ohsawa tried to use his prophetic capacity to engender fear in Japanese leadership, which was becoming ever more nationalistic and violent.³⁷ Through his prodigious writings and teaching, Ohsawa publicly broadcast his predictions of an inevitable conflict with the West, which Japan would lose, and which would brand its generals war criminals.³⁸ While initially critical of the nationalist Japanese government, Ohsawa soon realized that if Japan succeeded in its conquests, it could facilitate the spread of *shoku-yo* ideology. In his subsequent appeals, Ohsawa argued that his program would be equally effective at establishing peace and/or quelling dissent. He wrote of the early phase of Japanese aggression as “a righteous

³⁶ Kotsch, “Georges Ohsawa and the Japanese Religious Tradition,” 47.

³⁷ He had also moved back temporarily in 1932.

³⁸ Aihara attributes this prediction to a 1941 book Ohsawa wrote entitled *Standing on the Front Line of the Health War*. Aihara, *Basic Macrobiotics*, 13.

battle to free the captive peoples of Asia from the yoke of western imperialism,” and a “fight to expurgate the destructive cancer of materialism, hedonism and individualism.”³⁹

By 1943, when the systematic American bombing campaigns began on the lower reaches of the Japanese archipelago, Ohsawa again became disillusioned with war, moving to a remote prefecture to focus on his philosophical writings.⁴⁰ Ohsawa soon chafed at his inactivity and, when the Japanese government proved unreceptive to *shoku-yo* ideology, he sought to move against the war effort himself. In 1944, he hatched a radical plan: he would cross the border to Japanese-controlled Manchuria where he had connections with Japanese police who could permit him to cross the border into Russia illegally. From there, he planned to charter a boat and hire two horses to ride across Russia to Moscow where he hoped to persuade Stalin to intercede in the Pacific theater (their allegiance was, as yet, undeclared).⁴¹ Unfortunately, hostile authorities quickly learned of his plot. Ohsawa barely crossed the border into Manchuria before being seized and thrown in prison. When he promptly escaped his cell, he was put in front of a firing squad, where, at the last moment, his friend in the Japanese police interceded on his behalf and spared his life.⁴²

While he was in prison the second time, the US deployed the world’s first nuclear warheads on Hiroshima and Nagasaki, and Japan unconditionally surrendered the war. In the years after the war, new revelations came out about the Imperial Japanese forces and their terrible treatment of prisoners of war and the people under their colonial rule that served to

³⁹ Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 47.

⁴⁰ Shurtleff and Aoyagi, *History of Macrobiotics*, 412.

⁴¹ Ohsawa had never ridden a horse before, though. (Kotzsch, *Macrobiotics: Yesterday and Today*, 106)

⁴² The story did not end there, however. Kotzsch writes that Ohsawa escaped prison several times only to be recaptured. Though his location was kept secret by the police, his wife, Lima Ohsawa, kept finding him and bringing him food, an act he credited with his eventual recovery. During one stint in prison, several of the prisoners began falling ill from improper rations and the guards, ironically, asked Ohsawa for help nursing the sick. All the while he continued writing political manifestos.

further disenchant Ohsawa from his earlier idealizing of Japanese, specifically principled samurai codes of ethics, finding Japan to have had as much hubris as the West and recasting his former Japanist principles as backwards, militaristic and destructive. From this point on, his attitude gradually softened toward the West; he even tried to bring his Unique Principle into alignment with elements of Christianity to further his cause of finding the “central truth in all the great teachings,” and uniting the world under a common belief structure.⁴³

Ohsawa became interested in promoting world peace and became a spokesperson for the World Federalist Movement, an organization that envisioned a global president with binding authority over member states as a more powerful version of the United Nations.⁴⁴ In his openness to the west, Ohsawa forged from his old traditionalist *shoku-yo* ideology a new, western-infused macrobiotics movement that could speak across international traditions to foster global peace through mindfulness and self-improvement. In 1949, he had revisited Paris to found a center to foster his ideas, called the Maison Ignoramus and set up a Japanese branch as well. In his World Federalist mindset, Ohsawa began writing letters to anyone he considered a major world leader, receiving several invitations to visit (including one from Nobel laureate and physician Albert Schweitzer during his time in Gabon). In 1953, he and his new wife Lima sold all their belongings and became citizens of the world, dedicating the rest of their lives to the international spread of macrobiotics.

Cold War Fusion: A Japanese Alternative Comes to America

⁴³ Tom Monte, *The Way of Hope: Michio Kushi's Anti-AIDS Program* (New York: Warner Books, 1989), 62.

⁴⁴ It was as ambassadors to the World Federalist Movement/World Government Association that Michio and his later wife, Aveline (born Tomoko Yokoyama), met as Ohsawa's students. Printed copy of 'About Us' page from Kushi Institute website, June 16, 2006, box 60, folder 1, Michio and Aveline Kushi Macrobiotics Collection, Archives Center, National Museum of American History (hereafter cited as Kushi Collection).

Macrobiotics first came to the United States in a trickle from those Americans or American immigrants who had encountered Ohsawa at the Maison Ignoramus in the 1940s and 50s and who had followed the lifestyle he prescribed to the best of their isolated abilities. Nearly all of these early acolytes settled in New York City, including his chief disciples Herman and Cornelia Aihara and Michio and Aveline Kushi, about whom more will be said later. Other important early American followers included: Alcan Yamaguchi, the founder of the first macrobiotic restaurants, the Zen Teahouse—later re-named Paradox—and Musubi; French-born actress Irma Paule who co-founded the NYC branch of the Ohsawa Foundation and served as Ohsawa’s English translator; and Michel Abehsera, a French-Moroccan rabbi who established several other early macrobiotic restaurants, including L’Epicerie, and who also wrote several major macrobiotic cookbooks with his brother.⁴⁵

There was little to no attempt on behalf of these early adoptees to proselytize until 1959, when Ohsawa made his inaugural trip to the United States, published *Zen Macrobiotics*, and founded an outpost in New York City called the George Ohsawa Foundation. Initially, Ohsawa tried to bring Japanese Americans in Buddhist enclaves in New York’s Upper East Side into the macrobiotics community with little success.⁴⁶ Soon afterward, he seized the coattails of Zen Buddhism scholar Daisetz Teitaro Suzuki’s success electrifying young, radical musicians and artists in New York City by selling his own Zen-branded philosophy. In some ways, Ohsawa’s Zen Macrobiotics fulfilled a similar cultural niche to its namesake. For instance, like Japanese Americans who pitched Buddhist philosophy as a “Middle Way” or “Third Power” situated between the major Cold War powers and ideologies, Ohsawa too envisioned his program serving

⁴⁵ William Shurtleff and Akiko Aoyagi, *History of Erewhon: Natural Foods Pioneer in the United States (1966-2011)* (Lafayette, CA: Soyinfo Center, 2011), pp. 22, 144, 194.

⁴⁶ Kotzsch, *Macrobiotics: Yesterday and Today*, 107.

a neutral, global peace-brokering role.⁴⁷

Although Ohsawa was, in some limited respects, selling religiosity like other Asian spiritual leaders operating in the United States during the same time period, he was ultimately neither a religious leader nor scholar. Despite situating his program in cosmological, quasi-religious terms, Ohsawa understood that macrobiotics was not merely an updated, transnational interpretation of the teachings of the Buddha. Rather, it was the “biological foundation of Buddhist meditation and spirituality.”⁴⁸ It served as a way to bring the body (via the promise of health through balance) into alignment with Ohsawa’s expansive conception of Buddhism as represented in the Unique Principle. Yet, this “biological” conception of Buddhism bled easily into more overt mysticism.

Ohsawa apparently believed that the macrobiotic diet, when executed properly, could afford the user “powers of clairvoyance and foreknowledge,” and the ability to see “beyond time and space”: a capacity Ohsawa deployed when he predicted the imminent collapse of what he called the American “Gold World Empire.”⁴⁹ In another instance in 1961, after the Soviet Union began construction on the Berlin Wall and international tensions began escalating, Ohsawa predicted that New York City would be the site of the world’s next nuclear attack.⁵⁰ Despite the fact that “[Ohsawa] said that if an atomic bomb or a hydrogen bomb were dropped, only those practicing macrobiotics would survive,” he urged the immediate evacuation of the macrobiotics community, and implored them to seek out new, fertile territory, where they could grow organic brown rice and thrive.⁵¹ Ohsawa’s message resonated especially strongly with those ex-Beats left

⁴⁷ Masatsugu, “Bonded by reverence toward the Buddha,” 153.

⁴⁸ Kotzsch, “Georges Ohsawa and the Japanese Religious Tradition,” 238.

⁴⁹ Kotzsch, *Macrobiotics: Yesterday and Today*, 166.

⁵⁰ Kotzsch, *Macrobiotics: Yesterday and Today*, 166.

⁵¹ Sawako Hiraga, “How I Survived the Atomic Bomb,” trans. Herman Aihara, *Macrobiotics Today*, June 1986, 7.

behind after Allen Ginsberg and Jack Kerouac left Columbia University for San Francisco.

After some research, the stalwart macrobiotics again followed the lead of the Beats' own migration, deciding on Chico, California as their destination, ideally situated in the Sacramento valley, buttressed to the south and east by the Sierra Nevada range, which they thought would insulate them from the devastation of the imminent nuclear war and fallout. The caravan consisted of thirteen families with thirty-six total migrants—members of which included “Broadway musicians, a Columbia University professor, a couple of Japanese immigrants, a Harvard-educated economist who'd helped formulate the Marshall Plan, and...Teal Ames, then one of the stars of the popular soap opera *The Edge of Night*.”⁵² The trek, which Ohsawa himself called “a modern parallel to the Israelite Exodus from Egypt under Moses,” attracted national media attention.⁵³

Once in California, macrobiotics' explicit anti-violence posture continued to garner it a sympathetic audience with the anti-war movement in the United States. Historian Warren Belasco speculates that, “...perhaps simplifying one's diet to a few ‘Oriental’ staples symbolized solidarity with poor but spiritually strong Vietnamese peasants.”⁵⁴ Macrobiotics' commitment to growing Japanese staples on local farms with organic farming techniques also resonated with the budding environmental movement, especially in its position against the industrial food system. This attitude proved important for macrobiotics' eventual domination of the natural health foods sector, which I discuss in more detail later on. Most importantly for my purposes, in its early years, macrobiotics became known as a cleansing ritual for former Beats and subsequently attracted many who tired of heavy drug use and sought to alleviate their habits and/or addictions.

⁵² Kauffman, *Hippie Food*, 58-9.

⁵³ Kotzsch, *Macrobiotics: Yesterday and Today*, 167.

⁵⁴ Belasco, *Appetite for Change*, 56.

The *New York Times* described these macrobiotic adherents as, “young (in their early 20's), white, middle-class, smooth-faced with short-cut hair, lean, ex-drug users, candid, somewhat lonely, slightly righteous and more than a little disenchanted with contemporary American life.”⁵⁵ There were allegedly even rumors among doctors and nutritionists that the macrobiotic diet was popular because it gave consumers an equivalent “natural” high as a replacement for hallucinogens.⁵⁶ Testimony from a Chicago-based macrobiotics leader, Tom Swan, bears these suspicions out:

For a couple of years, I'd eaten different diets...I went thru various stages, but it didn't come together until I did 10 days of brown rice. I felt fantastic. It was the highest experience of my life. I dropped weight, but evenly [a common effect of the diet]. I got more relaxed. I'd have the strongest, clean sleep. I'd close my eyes and go right out into the Universe. It was like meditating all night.⁵⁷

The fact that one ate macrobiotically, however, was not a guarantee of a drug-free lifestyle, as reports that Haight-Ashbury hippies were “dealing macrobiotics along with marijuana and other drugs,” attest.⁵⁸ The relationship between macrobiotics and “drugs” was not necessarily straightforward however. In an article for the *Chicago Tribune*, journalist Mary Daniels highlighted that, while the diet was known for drug-detox, at a macrobiotic store in Chicago where she interviewed the employees, she found that “most are not ex-drug users...some are straight people who made themselves sick in other ways...Alcohol, birth control pills, or just plain coffee and cigarets [sic], for example.” One of her interviewees, Loren McCune reportedly

⁵⁵ Alexander, “Brown Rice as a Way of Life,” 87.

⁵⁶ Alexander, “Brown Rice as a Way of Life,” 87, Crowley, ““Gender on a Plate,”” 37-48.

⁵⁷ Mary Daniels, “A Loaf of Whole-Grain Bread, a Jug of Bancha and Thou,” *Chicago Tribune*, August 1, 1971, F18.

⁵⁸ Carl Ferre, “From tragedy to happiness: the origins of West Coast Macrobiotics, Part 3.” *Macrobiotics Today*, November/December 2011, 25-28. One man reportedly even used LSD to derive the macrobiotic principles independently; he tasted brown rice while tripping and suddenly concluded that it was the best food possible.

said, ‘I never took psychedelic drugs, but I did take a lot of medicine.’”⁵⁹ Daniels’ interview suggests that what macrobiotics considered to be a drug may not necessarily have aligned with the ubiquitous drug detox narrative in the press, and perhaps even included the products of mainstream medicine.

Racial and Religious Politics in Macrobiotics’ Popular Reception

By importing macrobiotics to the United States under the auspices of an authentic Japanese culinary and religious tradition, Ohsawa quickly ran aground of the extant culinary and religious practices Japanese Americans had been developing for decades in the United States. In the decade before Ohsawa’s arrival, Japanese Americans had already been struggling to protect their domain over Buddhist culture from white appropriation by the “Beats and elites,” who found inspiration in the teachings of Daisetz Suzuki.⁶⁰ For many American convert Buddhists, like Alan Watts, Zen philosophy resonated with their deep desire to reject the predominating Cold War ideologies—especially materialism—and institutions.⁶¹ Yet for Japanese American Buddhists who had suffered from the profound racial prejudice of the US government, such a radical rejection of American life ran counter to the political pressures of assimilation. As Japanese Americans worked to integrate Buddhist practices and values with their adoptive culture, American convert Buddhists increasingly understood these efforts as compromising the integrity of Buddhist teachings. Some white American Buddhists therefore saw themselves as having a more disciplined and “authentic” Buddhist practice and philosophy than Japanese

⁵⁹ Mary Daniels, “A Loaf of Whole-Grain Bread, a Jug of Bancha and Thou,” *Chicago Tribune*, August 1, 1971, F18.

⁶⁰ Iwamura, *Virtual Orientalism*, 5.

⁶¹ Masatsugu, ““Beyond This World of Transiency and Impermanence,”” 438.

immigrants who had been raised Buddhist.⁶²

That Ohsawa came to the United States to sell what by all appearances was an Asian religion places him in conversation with a host of other such figures that have been delineated in Asian American studies as “Oriental Monk” figures.⁶³ Religious Studies scholar Jane Iwamura argues that the way white Americans “[wrote] themselves into the story” of Suzuki and other Cold War-era Oriental Monk icons created a “modernized cultural patriarchy in which Anglo-Americans reimagine[d] themselves as the protectors, innovators, and guardians of Asian religions and culture and wrest the authority to define these traditions from others.”

Ideologically, Ohsawa epitomized the Oriental Monk figure as he “represent[ed the] future salvation of the dominant culture,” and embodied “a revitalized hope of saving the West from capitalist greed, brute force, totalitarian rule, and spiritless technology.”⁶⁴ In several important ways, however, Ohsawa differed sharply from Suzuki and stereotypes of the Oriental Monk. First, where many other Oriental Monk figures became known in American mass media through images in which they donned traditional Asian dress and adopted other stereotypical iconography, Ohsawa preferred the American suit and tie and “forbade his students to address him with the traditional title of Sensei.”⁶⁵ Further, though Iwamura suggests a consistent feature of the Monk figure in American history and culture is a young white male disciple who serves as a “bridge figure,” to make Asian philosophy accessible to the broader white community, Ohsawa’s disciples were decidedly more numerous and diverse, serving a wide variety of roles in promoting his lifestyle. Finally, perhaps because he did not fit into all of the tropes of the

⁶² Masatsugu, ““Beyond This World of Transiency and Impermanence,”” 440.

⁶³ Taylor, “Oriental Monk as Popular Icon,” 735-746.

⁶⁴ Iwamura, *Virtual Orientalism*, 19.

⁶⁵ Monte, *The Way of Hope*, 61.

Monk figure, Ohsawa was not widely understood to be an authentic mediator of his own Japanese culture.

Scientific and medical experts in the media loudly proclaimed the diet's inherent conflict with its namesake, Zen Buddhism, hoping to undercut Ohsawa's credibility as a philosopher, spiritual leader, and, bizarrely, as a Japanese man. In a statement he prepared for Harvard University Health Services, nutritionist Fred Stare—a hugely influential, public-facing intellectual—quoted his “Oriental scholar” colleagues at MIT as saying that “Ohsawa has perverted Buddhism,” and that “such a rigid diet would be a deterrent for spiritual growth in Zen Buddhism. Food cultism is abhorrent to real Buddhists.”⁶⁶ Stare continued, “One might be led to believe that Ohsawa's diet formulations are based on the great ancient philosophies. This is not true. The diets seem to be no more ancient than Ohsawa himself...Macrobiotic eating is an excursion into make-believe Oriental cultism.”⁶⁷ The narrative stuck; seven years after Ohsawa's death and the Beth Ann Simon incident, Stare's claims were still circulating in prominent newspapers. As an example, Walter Alvarez—the father of renowned nuclear physicist Luis Alvarez—wrote a scathing piece against macrobiotics for the *LA Times*, asserting, quoting Stare, that, in addition to being dangerous, the diet was a “bogus version” of Zen Buddhism with no “authentic” connection to Japanese heritage, despite the fact that Ohsawa was and his major followers were all Japanese.⁶⁸

To undermine the cultural authority of Ohsawa's Japanese heritage, Stare, his colleagues, and allies positioned themselves as gatekeepers to an essentialized caricature of “authentic”

⁶⁶ Fred Stare, “The Zen Macrobiotic Diet,” statement prepared for Harvard University Health Services, n.d., p. 2, box 17, folder 3, Hegsted Papers.

⁶⁷ Stare, “The Zen Macrobiotic Diet,” Hegsted Papers.

⁶⁸ Alvarez, “Zen Diet Termed Health Risk,” J8.

Asian culture. Their critiques were not limited to Ohsawa's spiritual or health claims either. Stare inveighed against the foods central to macrobiotics as well: "The advocacy of brown rice is not Oriental either. Japanese, Indians and Chinese, do not prefer brown rice, they place a high priority on white rice."⁶⁹ By defending a narrow vision of *the* traditional Asian diet, critics collapsed a great culinary diversity in Asia to stereotypes based on relatively recent cultural transformations in specific geographic areas. Polished white rice was only widely adopted as a replacement for whole grain rice in Asia during the second half of the 19th century, and, ironically, its popularity coincided with devastating epidemics of beri-beri, a vitamin deficiency syndrome. Unsurprisingly then, Ohsawa justified his preference for brown rice by invoking its actual authenticity as the predecessor of modern Japanese cuisine: the artificial, industrialized food culture macrobiotics had been designed to replace.

There was a modicum of truth behind these critics' skepticism though: Ohsawa admitted to having added the "Zen" to macrobiotics as a marketing gimmick.⁷⁰ The Unique Principle undergirding macrobiotics has but a passing resemblance to Zen Buddhism, but Ohsawa noticed the success of Daisetz Suzuki in explaining and advertising Zen Buddhism in Europe and America, and thought he might be able to take advantage of the current—as had Eugen Herrigel in 1948 with his *Zen and the Art of Archery*, the first book that purported to explore various leisure activities to gain insight into Zen philosophy.⁷¹

Regardless of how and why Ohsawa used the language of Zen Buddhism in recruiting followers and framing his diet, the ways in which Stare used Zen Buddhism as a weapon to

⁶⁹ Stare, "The Zen Macrobiotic Diet," Hegsted Papers.

⁷⁰ Mary Daniels, "A Loaf of Whole-Grain Bread, a Jug of Bancha and Thou," *Chicago Tribune*, August 1, 1971, F18; Ronald Kotzsch, "Macrobiotics: Yesterday and Today," *MacroMuse*, October 1985, 28.

⁷¹ Herrigel's book eventually spurred dozens of copycats, including Robert Pirsig's 1974 classic *Zen and the Art of Motorcycle Maintenance*.

dismantle Ohsawa's credibility reveals a more incisive agenda. Stare's and others' early statements about macrobiotics demonstrate a willingness to deploy racial stereotypes and scandalmongering to defend an idealized Western culture and diet from intercultural challenges and/or cross-pollination. The critiques were not even internally consistent; in 1966, Stare said—despite his admonition that “the Zen Macrobiotic Diet *in all of its various forms* is a dangerous diet and if followed for any length of time can lead to ill health and death [emphasis added]”—that the “initial program” offered such presumably nonthreatening foods as “chicken, fruit, vegetables, with emphasis on brown rice.”⁷² To his credit, Stare recanted his earlier intolerance of macrobiotics in 1978, grudgingly admitting that it was little more than a traditional vegetarian diet on which users could expect to lose between 10-15 pounds, but his admission did little to reverse the damage of his earlier caricature in the court of public opinion.⁷³

Instead of intervening in a way that respected the cultural associations of the diet or its larger political and spiritual aims, nutritionists and physicians chose to caricature macrobiotics as coextensive with its most extreme pronunciations and adherents, thereby dismissing the entire lifestyle and its associated philosophies as hopelessly dangerous. Medical professionals' bad faith, racialized arrogance not only failed to deter people from experimenting with macrobiotics, it further isolated macrobiotic followers and apologists from mainstream medicine and nutrition as well. With this in mind, it is worth revisiting the opening vignette.

Death by Restriction: *Sanpaku* and the No. 7 Controversy Revisited

From within the macrobiotic community, the Beth Ann Simon case looked very different than it did in the Passaic County courtroom. Rather than concede that Simon's death signaled an

⁷² Stare, “The Zen Macrobiotic Diet,” Hegsted Papers.

⁷³ Patricia Wells, “Diet is More than Brown Rice,” *Chicago Tribune*, July 25, 1978, A1.

implicit danger in the promises of their shared dietary program, macrobiotic leaders largely attributed her death, and those of many others, to user error. Despite the implausibly numerous health miracles Ohsawa said were possible through the transformative No. 7 diet, and the misleading manner in which Ohsawa framed the purpose and duration of the diet and, therefore, the likelihood of the fulfillment of those promises, other macrobiotic leaders insisted that the No. 7 diet's intended function was far more limited. While Stare described the intent of the program to "move from diet No. 1 to diet No. 7 in set stages," for instance, second-tier macrobiotic leadership insisted this was a radical misinterpretation of Ohsawa's text. Ohsawa's formulation actually had 10 stages, ranked from -3 to 7 (each permitting varying amounts of yin or yang foods), that adherents could shift between as they pleased. Further, these leaders argued vehemently that the No. 7 diet was only intended as a fast and should be reserved for moments of heightened spiritual clarity or "special healing purposes," and was only "to be followed for about ten days at a time," not endured as a long-term regimen.⁷⁴ They cited numerous examples from their personal experiences and those of their students of the successful (but substantially more modest) deployment of the No. 7 regimen.

Yet, acknowledging the difficulty of properly interpreting Ohsawa's text does not fully account for the particular problems of Beth Ann Simon's untimely death. Like other macrobiotics converts, Beth Ann Simon and her husband, Charlie Simon, had been heavy drug users looking to get clean.⁷⁵ Additionally, both Simons sought relief from chronic pain: Beth Ann from back pain and Charlie from migraines. After Charlie tried No. 7 and reportedly

⁷⁴ Julian Wasser, "Modern Living: The Kosher of the Counterculture," *Time*, November 16, 1970, <http://content.time.com/time/magazine/article/0,9171,904481,00.html>; Alexander, "Brown Rice as a Way of Life," 87.

⁷⁵ Robert Christgau, "Beth Ann and Macrobioticism," *New York Herald Tribune*, January 23, 1966, 10-15. Among the drugs they used were "hashish, cocaine, heroin, amphetamine, LSD and DMT."

relieved his migraines with a single dose of gomashio (the mixture of sesame seeds and salt that is the only seasoning allowed on No. 7), he implored his wife to try the ultra-restrictive regimen as well. After just days, both Simons had weaned off drugs and resolved the worst of their chronic pain. Yet as Charlie relaxed into a more liberal regimen, Beth Ann remained uncompromising.

After reading Ohsawa's 1965 book *You Are All Sanpaku*, Beth Ann Simon continued to believe herself seriously ill and remained on No. 7 for several more months with the hope that the rest of her health woes would eventually evaporate. The book outlines one of the major methods by which Ohsawa taught the identification of ill health (in the absence of other visible symptoms): physiognomy, especially a peculiar physiological defect he dubbed *sanpaku*. The term, which literally translates as "three whites," describes the condition of having a visible sclera (the white part of the eye) underneath the iris in addition to both sides, and Ohsawa argued that this defect portended a serious health crisis. In a 1972 *New York Times* article explaining this macrobiotic concept to the broader public, Ohsawa's followers were reported to have diagnosed President Richard Nixon as being *sanpaku*, adding his name to the long list of figures (including Ngo Dinh Diem and John F. Kennedy) for whom Ohsawa had already successfully predicted early demise based on that principle.⁷⁶

Tormented by the disturbing third white patch she saw in her own eyes, Beth Ann Simon stayed on No. 7 far longer than macrobiotic leaders recommended and Charlie Simon watched in agony as his wife's health gradually deteriorated. In his desperation, he called Irma Paule. Paule

⁷⁶ Alexander, "Brown Rice as a Way of Life," 87. The term *sanpaku* had been featured in mass media before the *NYT* picked it up, though its spread was limited. Other demises predicted by or ascribed to the *sanpaku* principle included Marilyn Monroe, Abraham Lincoln, Julius Caesar, Adolf Hitler, and Princess Diana. See Don Bell, "Ohsawa and the Yin and Yang of Health," *Chicago Tribune*, August 1, 1971, F23; Jane Trahey, "The Grain to Sanpaku," *Harper's Bazaar*, August 1966, 61-2.

had been a French actress and student at Ohsawa's Parisian school, Maison Ignoramus, who, because of her language skills, became Ohsawa's assistant and translator during his first trips to the United States. After Ohsawa left the country, and his chief disciples Herman Aihara, Michio Kushi, and Alcan Yamaguchi each abandoned New York to establish macrobiotic institutions elsewhere in the country, Paule single-handedly ran the city's branch of the Ohsawa Foundation in their stead. Her position meant she was the go-to authority for all things macrobiotic in the New York City area. Though it was a position she adopted somewhat begrudgingly, she gave lectures and served as the coordinator for the local macrobiotic community while maintaining a relatively low profile. Nevertheless, under her leadership, the foundation attracted notable attention from dancer Carmen de Lavallade, actress Gloria Swanson, and her husband Bill Dufty (who co-wrote *You Are All Sanpaku* with Ohsawa).⁷⁷

Just before Beth Ann Simon died, her husband, Charlie, informed Irma Paule that she "had drunk three-fourths of a bottle of ta-man soy sauce and eaten a big chunk of gomashio [sic]," but refused to take any other food until they reached the hospital, where, under Paule's recommendations to feed her "anything sweet," they force fed her the only thing she would tolerate: carrot juice.⁷⁸ This was not Irma Paule's first encounter with Beth Ann Simon, however. Paule understood that Simon had been using the diet improperly long before her hospitalization. Though Paule herself claimed the No. 7 diet had healed her paralytic arthritis, she would have been aware of two previous cases where people had allegedly died from stubborn adherence to

⁷⁷ Other celebrity followers included John Lennon, Yoko Ono, Dirk Benedict, John Denver, Peter Fonda, Rod Serling, celebrity promoter Earl Blackwell, and theatrical producer Michael Butler. Mary Daniels, "A Loaf of Whole-Grain Bread, a Jug of Bancha and Thou," *Chicago Tribune*, August 1, 1971, F18; John David Mann, "Myths of Macrobiotics," *Solstice*, Summer 1989, pp. 20-35, box 80, folder 11, Kushi Collection.

⁷⁸ Annemarie Colbin, "Interview with Irma Paule: February 9, 2002," *Macrobiotics Today*, March/April 2003, 10-13.

the No. 7 diet; Monty Schier and Rose Cohen had both passed away in 1961.⁷⁹ Paule did not recount these stories to Simon, though she offered similarly stern rebukes. It did not matter. According to the *Herald Tribune*, “...Beth Ann was unmoved. Irma, she said, a little self-righteously, was a coward—afraid to ‘encounter the deep change’ which continued adherence to Diet No. 7 entailed. Instead of widening her diet, she fasted altogether—four times for a total of about fourteen days in September.”⁸⁰

Irma Paule was not alone among experienced macrobiotics to attempt to sway Simon down a different path. Simon’s sister and brother-in-law had both been more liberal macrobiotics followers for years and, along with Charlie Simon (who even solicited letters from Ohsawa himself), tried in vain to persuade her to relinquish her commitment to the No. 7 diet. Still she refused, unwilling to accept any medical treatment until she expired. Her steadfast commitment to food refusal in the face of contradictory advice from the macrobiotic experts who allegedly inspired her to eat in this manner, coupled with the obsessive dysmorphia that inspired the belief she was sick for reasons beyond starvation, belies the possibility—raised first in the *New York Herald Tribune*—that Beth Ann Simon (and perhaps several of the other plaintiffs) died of anorexia nervosa, rather than the ultra-strict No. 7 diet itself, or rather that she followed the diet with excessive zeal as an extension of a preexisting eating disorder.⁸¹

Nevertheless, for her failure to reroute Beth Ann Simon, Paule’s office and its partner in California were raided by the FDA after the ruling of the Passaic County Grand Jury, despite the fact that the Ohsawa Foundation was not found responsible for her or any other death.⁸² Instead

⁷⁹ Colbin, “Interview with Irma Paule,” 10-13.

⁸⁰ Robert Christgau, “Beth Ann and Macrobioticism,” *New York Herald Tribune*, January 23, 1966, 10-15.

⁸¹ Robert Christgau, “Beth Ann and Macrobioticism,” *New York Herald Tribune*, January 23, 1966, 10-15.

⁸² Though Paule had been an important early figure for Ohsawa’s transition into the American market, her role was significantly diminished after he passed away. When her office was raided, Paule reports having been largely

of punishment, the jury recommended public health warnings be issued, so for the ensuing decade following Simon's death, newspapers across the country stoked fear in the parents of would-be teen diet rebels that their children would die if they began showing inclinations toward brown rice. Following Fred Stare's unequivocal denunciation of macrobiotics—then still a fledgling dietary lifestyle—the confusion surrounding Simon's death was at once simplified into a narrative with a clear villain and elevated into a public bogeyman. One could be forgiven for thinking that such an obvious oversimplification was aimed to suppress not only the eating habits but the politics of the recovering youth counterculture, and the Asian customs with which they were flirting as well.

Changing of the Guard

Whether or not Beth Ann Simon actually died from the No. 7 diet, the media narrative nevertheless seriously wounded the reputation of macrobiotics around the country for years afterward. And even though macrobiotics' chief spokesperson died at the same time, the community remained vibrant, if hidden. Though many followers described going underground, the late-1960s and early 1970s were a time of enormous growth for macrobiotics despite its lower public profile thanks to Ohsawa's two chief American acolytes, Michio Kushi and Herman Aihara.

Kushi and Aihara arrived separately in New York from Japan in the late-1940s. On a scholarship from the Japanese government—and perhaps facilitated by Ohsawa's connection to journalist and world peace advocate Norman Cousins—Kushi continued his education in

abandoned by the other macrobiotics' leaders and devotees, who kept their heads down—a move she credited with her eventual disenchantment with the movement. Colbin, "Interview with Irma Paule," 10-13.

political science from Tokyo University at Columbia University.⁸³ Aihara attended a technical college in Brooklyn to study helicopter manufacturing. Through the early 1950s, both men worked odd jobs to support themselves while trying to secure citizenship and establish families. In the mid-late 1950s, Kushi and Aihara began opening their own Japanese import companies, first R.H. Brothers selling woodblock prints and nylon stockings, then two Japanese gift shops, Azuma and Ginza, where they sold food, textiles, and other basic commodities.⁸⁴ They used the success of these small ventures to convince a Japanese department store, Takashimaya, to open its first location in the US in 1958, a branch of which Kushi later became the president.⁸⁵

By that point, Kushi's and Aihara's primary exposure to Ohsawa's thinking had been through the World Federalist Movement. Kushi found the movement after harrowing experiences in a military regiment aiding the recovery at Nagasaki; Aihara apparently joined after his first wife committed suicide.⁸⁶ Accordingly, neither knew much of or cared about macrobiotics before Ohsawa's first trip to the United States. When George Ohsawa met the pair in New York in 1959, however, they abandoned their businesses to pursue macrobiotics full-time and to build institutions that would help realize the lifestyle's broader ambitions.

After Ohsawa predicted that a nuclear strike would destroy New York, Aihara served as the anchor point for macrobiotics on the west coast, where he founded a branch of the Ohsawa Foundation and a training program named the Vega Institute. There, Aihara quietly devoted himself to the education of macrobiotic students. Aihara's student-pilgrims (with his support), also founded the Chico-San health food company, which, in addition to importing (and helping

⁸³ Monte, *The Way of Hope*, 59.

⁸⁴ Shurtleff and Aoyagi, *History of Macrobiotics*, 599. R.H. stood for Resurrection of Humanity.

⁸⁵ Gloria Emerson, "Japanese Specialty Store to Open on Fifth Avenue," *New York Times*, June 27, 1958, 22.

⁸⁶ Lawrence Kushi, et al., "The Macrobiotic Diet in Cancer," *Journal of Nutrition*, 131, no. 11 (2001): 3056S-3064S, <https://doi.org/10.1093/jn/131.11.3056S>.

to popularize) such Japanese and vegetarian staples as miso, tamari, tofu, tempeh, and seitan, grew the first organic brown rice in the country from which they manufactured and popularized the first rice cakes sold in the United States. The company went on to make important deals with other natural foods giants like Eden to manufacture soy milk, with Lightlife to make the first commercial tofu in the United States, and with Lundberg Farms to grow more organic brown rice, significantly fortifying the natural health food industry.⁸⁷

While Aihara led his band west, Kushi remained in New York. In 1964, he led his family to Massachusetts and the following year established his own macrobiotic headquarters in Brookline, Massachusetts in the suburbs of Boston, where he and his wife Aveline founded Erewhon Trading Company in 1966.⁸⁸ Like Chico-San, Erewhon also became a multi-million dollar health food business.⁸⁹ From their Boston headquarters, the Kushis also founded the Kushi Institute, the East-West Foundation, the One Peaceful World Foundation, and a latent (but prolific) publishing business spearheaded by the *East-West Journal*.

More than any other macrobiotic guru, Michio Kushi was responsible for the global spread that made macrobiotics into an empire. While both Kushi and Aihara trained students, gave lectures, and generally fostered the development of their regional macrobiotic communities, Kushi developed the apprenticeship aspect into a well-oiled machine. Descriptions of Kushi portray him as somewhat demure and never surprised. He often wore a three-piece suit and offered a smile and a handshake to everyone he met.⁹⁰ Students trained at the Kushis' home in

⁸⁷ For more information regarding macrobiotics' domination of the health food industry, see Belasco, *Appetite for Change*; Miller, *Building Nature's Market*; Kauffman, *Hippie Food*.

⁸⁸ The company took the name from Ohsawa's favorite book, the Samuel Butler novel of the same name. The word itself is an anagram of the word 'nowhere,' spelled (almost) backwards.

⁸⁹ Monte, *The Way of Hope*, 66. Monte says Erewhon was eventually passed off to the Kushis' students, before going bankrupt in 1983. Chico-San was eventually bought by Heinz.

⁹⁰ Anthony J. Sattilaro and Tom Monte, *Recalled by Life* (New York: Avon, 1982), 180.

Brookline (and later, the 600-acre farm they purchased in Becket, MA), and worked in their stores and restaurants until they left to found their own macrobiotics communities. Kushi's students added substantially to Ohsawa's international infrastructure, setting up over six hundred independent macrobiotic centers—satellite operations to teach the macrobiotic lifestyle—all over the United States and around the world in such diverse cities as Washington, D.C., Cincinnati, Minneapolis, Chicago, and Philadelphia, as well as Lisbon, Amsterdam, Paris, Rome, Florence, Antwerp, Barcelona, and London.⁹¹ By 1973, Walter Alvarez estimated that macrobiotics had at least 10,000 devotees (not counting people experimenting with eating macrobiotically) in the United States alone.⁹²

The movement owed much of its success between 1966 and 1973 to its leaders' embrace of American capitalism; both Kushi and Aihara exploited the skills they gained importing goods from Japan when they founded their respective natural health foods companies. During this period of quiet growth, macrobiotic leaders were careful to avoid another national scandal as well. The years following the Simon scandal and Ohsawa's death were marked by a gradual retreat from some of Ohsawa's more extreme claims, like those undergirding the controversial No. 7 diet. For some this was a long awaited opportunity: Michio Kushi had apparently been aware of the capacity for Ohsawa's macrobiotic stages to mislead from before the publication of Ohsawa's 1960 book and even reportedly warned Ohsawa about including the overly strict prescriptions without an explanatory appendix, but Ohsawa was unmoved.⁹³ Yet, even for Kushi, the most austere versions of the diet—like No. 7—were difficult to retreat from as they were

⁹¹ Jack Raso, "Vitalistic Gurus and Their Legacies," in *The Health Robbers: A Close Look at Quackery in America*, ed. Stephen Barrett and William T. Jarvis (Buffalo, NY: Prometheus Books, 1993), 227.

⁹² Alvarez, "Zen Diet Termed Health Risk," J8.

⁹³ Ronald Kotzsch, "Macrobiotics Yesterday and Today," *MacroMuse*, October 1985, 28.

intricately entwined with the anti-violence posture of the movement and its curative promises. In fact, they were embedded in the core philosophy and cultural framing of macrobiotics, whether the legions of recovering Beats and hippies recognized it or not.

The Atomic Balm

The connection between such a bizarrely strict regimen as the No. 7 diet and macrobiotics' promise to quell global violence is particularly visible in a macrobiotic legend about the miraculous recovery of a victim of the nuclear fallout at Hiroshima. Known in Japanese as a *hibakusha*—someone marred and socially stigmatized by atomic radiation—a young woman, Sawako Hiraga, wrote positively about her experience on the No. 7 diet, which was closely facilitated by Ohsawa himself: “I had a discharge of black blood, even though I was not menstruating...It was the tenth day of the #7 diet. After one month, I started adding some vegetables. To my surprise, my acne began to disappear. Within two months of starting macrobiotics, all the acne had disappeared and my face became beautiful.”⁹⁴ Hiraga's recovery not only represented a total fulfillment of Ohsawa's promises about the power of the No. 7 diet to rebalance the body from any ailment, including disfiguring radiation scars and poisoning, it demonstrated that macrobiotics' commitment to world peace was not merely an aspiration or gesture. Macrobiotics mobilized its success in repairing the (heavily gendered) physical damage from nuclear radiation to assert itself as the diet of peace: a diet whose powers were so strong, they could alleviate even the most intense global conflict. Importantly, the peace that macrobiotics promised was not merely a lack of violence, but a kind of restorative, embodied

⁹⁴ Hiraga, “How I Survived the Atomic Bomb,” 7; Michio Kushi and Robert S. Mendelsohn, *Cancer and Heart Disease: The Macrobiotic Approach to Degenerative Disorders*, ed. Edward Esko (Tokyo: Japan Publications, 1982), 192.

anti-violence that grew from each macrobiotic individual.

That Hiraga's story bears a strong resemblance to the famed Hiroshima Maidens—a group of Japanese women scarred by the atomic bomb who were flown to the US for reconstructive surgery, the spectacle of which attracted much national press attention—is no accident. Norman Cousins, the *Saturday Review* journalist who orchestrated the Maidens' journey to the US, was a major leader of the World Federalist Movement, through which he met Ohsawa on a postwar trip to Japan. Seeing the political advantages of the Hiroshima Maidens spectacle, Ohsawa likely decided to mimic some of the successes of Cousins' program. By reconstructing the damage done to women's bodies in the atomic blast, both the United States and Japan sought to erase the horror of nuclear war. Both the public narrative of the Hiroshima maidens as well as Sawako Hiraga's encounter with the macrobiotic diet entangle sexual desire (and female desirability), and female social utility, with immaculate physical appearance. Yet Hiraga's narrative, while so similar in its surface details to that of other *hibakusha*, was deployed for a different political purpose. In her analysis of the Hiroshima Maidens, religious studies scholar Yuki Miyamoto emphasizes the damage that both the US and Japanese official responses to the nuclear attack inflicted upon victims by repurposing their suffering for political gain and to justify remilitarization, while upholding traditional white heteronormative Christian family ideals.⁹⁵ Further, the Hiroshima Maidens spectacle was widely perceived as an attempt to defang the public perceptions of danger surrounding nuclear technologies and to help transition toward peacetime uses of nuclear materials. Contrarily, macrobiotic leaders pointed to Hiraga as evidence that nuclear war was incredibly harmful, but that their lifestyle was an effective vaccine for such injury.

⁹⁵ Miyamoto, "Unbearable Light/ness of the Bombing," 116-130.

However, because Beth Ann Simon's death effectively tainted the public reputation of the No. 7 diet, it also jeopardized macrobiotic leaders' ability to draw on this key anti-nuclear selling point. Fortunately for macrobiotic leaders, there was an equally compelling legend that could serve as evidence of the lifestyle's real anti-nuclear capacities: the story of Dr. Tatsuichirō Akizuki, the so-called "Atomic Bomb Doctor," and his experience surviving and aiding recovery efforts from the atomic blast at Nagasaki. Akizuki's heroic exploits at Urakami (later St. Francis) Hospital were outlined in his book *Nagasaki 1945*, which was first published in Japanese in 1967 and later translated into English in 1981.⁹⁶ His harrowing eyewitness account of the bomb and its aftermath has proven invaluable to historians studying the bombing at Nagasaki, an event whose horror has been all but eclipsed by its sister event in Hiroshima.⁹⁷ Of Akizuki's significance to macrobiotics, amateur food historian Lorenz K. Schaller writes that:

According to Ohsawa (and his faithful editor, the Japanese-American Herman Aihara), Dr. Akizuki was operating his hospital with a focus on macrobiotic fare as medicinal food, serving the simple plant-foods to both patients and staff. Because of this, large stocks of basic staples were stored on-site, which somehow escaped or were rescued from the conflagration. This, and Dr. Akizuki's own personal survival gave rise to the American macrobiotic myth of the 1970s and beyond, that brown rice, wakame seaweed and umeboshi plums could inoculate a person against atomic death. The myth, largely imaginative fiction, arose from a thread of truth. A strict macrobiotic diet, wisely applied and followed, apparently allows the human body to endure a sub-lethal dose of atomic radiation (not exceeding a certain range of severity) and recover intact and somewhat unscathed.⁹⁸

Like Hiraga's miraculous cure from radiation poisoning, Akizuki's efforts and his mythically plentiful macrobiotic storehouse were highlighted repeatedly in natural health foods

⁹⁶ Tatsuichiro Akizuki, *Nagasaki 1945: The First Full-length Eyewitness Account of the Atomic Bomb Attack on Nagasaki*, ed. Gordon Honeycombe, trans. Keiichi Nagata (New York: Quartet Books, 1981). See also Tatsuichiro Akizuki, *Health Condition and Diet/Constitution and Food: A/The Way to Health*, trans. Hiroko Furo, August, 29, 2009, <https://yufoundation.org/pdfs/akizuki.pdf>.

⁹⁷ Susan Southard, *Nagasaki: Life After Nuclear War* (New York: Viking, 2015).

⁹⁸ Lorenz K. Schaller, review of *Nagasaki, Life After Nuclear War* by Susan Southard, in *History of Macrobiotics (1715-2017)* by William Shurtleff and Akiko Aoyagi (Lafayette, CA: Soyinfo Center, 2017), 1118-20.

literature, especially by those affiliated with macrobiotics, as a guide to healing radiation damage.⁹⁹ Akizuki even assisted this promotion of his story; in 1980, he wrote an article for Michio Kushi's *East West Journal* where he claimed that after the bomb, "[T]here was nothing else to do than go back to brown rice and miso soup. It was already the basis of the usual macrobiotic diet of the hospital long before the nuclear catastrophe. Thanks to this food, fortified after the bombing by even more salt and miso soup, the people living in the hospital endured and survived."¹⁰⁰

By tying the macrobiotic diet to this case of miraculous human endurance, macrobiotic leaders claimed access to immense healing power. Specifically, by establishing their program as the antidote to nuclear radiation in Japan, a country whose atomic scars were prostrated before a captive global audience, they could simultaneously capitalize on America's guilt-ridden, orientalist romance with postwar Japan while positioning macrobiotics as an essential tool to aid international nuclear war and/or accident recovery efforts. Yet, even as the movement matured, the diet's entanglement with nuclear disaster remained strong from continuous reinforcement. After the meltdown at Chernobyl in 1986, for instance, a macrobiotic liaison was sent to meet with a Soviet agency, Union Chernobyl, to advise them on dietary solutions to radiation sickness. As word spread that macrobiotic staples could reverse radiation damage, all the stocks of miso were reportedly purchased throughout Eastern Europe, and truckloads of miso had to be imported directly to the Soviet Union from Japan.¹⁰¹

⁹⁹ Alexandra Dundas Todd, *Double Vision: An East-West Collaboration for Coping with Cancer* (Hanover, NH: University Press of New England, 1994); Michio Kushi and Alex Jack, *The Cancer Prevention Diet: Michio Kushi's Macrobiotic Blueprint for the Prevention and Relief of Disease* (St. Martin's Griffin: New York, 1993), 333; Sara Shannon, *Diet for the Atomic Age* (Wayne, NJ: Avery Publishing, 1987); Steve Schrecker, "Radiation: What You Can Do," *Vegetarian Times*, December 1981, 39-45.

¹⁰⁰ Tatsuichiro Akizuki, "How we survived Nagasaki," *East West Journal*, December, 10 1980, 12-13.

¹⁰¹ Alex Jack, "Soviets Embrace Macrobiotics: Special report from Moscow and Leningrad," *One Peaceful World* 6, no. 1 (Autumn/Winter 1990): 7-10.; L. M. Iakushina et al., "The Effect of Vitamin- and Beta-Carotene-Enriched

The Standard Macrobiotic Diet

To preserve the anti-violence aura surrounding macrobiotics while distancing the community from the Simon scandal, Kushi and other post-Ohsawa leaders also needed to reformulate the basic structure of the program. While some macrobiotic leaders and instructors consciously de-emphasized macrobiotics' medical claims, Kushi and his lieutenants instead reframed the narrative to reclaim and even expand the medical promises. To distance themselves from the negative media attention that Ohsawa's macrobiotics garnered, and especially from the obsessive restrictiveness encouraged by the mere presence of the No. 7 diet, Kushi rewrote Ohsawa's stepwise program into a new form he called the Standard Macrobiotic Diet (hereafter SMD).

Kushi's pivot solved several major problems for the movement. It gave a baseline recommendation to absolve the movement of the responsibility of any further bad faith efforts by dieters like Beth Ann Simon, as the SMD was far more balanced and nutritionally apt than the No. 7 diet. The SMD had a much clearer emphasis on what people should eat, rather than let them decide for themselves when they were ready for the more "advanced" levels, at once giving leaders greater authority and less culpability. The SMD enabled Kushi and others to promote the anti-radiation benefits of the macrobiotic diet without the No. 7 diet as well. Macrobiotic enthusiasts kept a careful eye on global media reports showcasing the negative effects of radiation, carefully tracing news reports on the effects of nuclear fallout, human experimentation with radioactivity, recovery from nuclear disasters and environmental and medical problems

Products on the Vitamin A Allowance and the Concentration of Different Carotenoids of the Blood Serum in Victims of the Accident at the Chernobyl Atomic Electric Power Station," *Voprosy Pitaniia* 1 (1996): 12-15.

stemming from the improper disposal of nuclear waste. They also combed medical literature for positive indications of their dietary promises, citing experiments that demonstrated the positive effects of such macrobiotic foods as sea vegetables on processes such as ion absorption.¹⁰²

Macrobiotic leaders soon amassed a rich bibliography showcasing the anti-radiation effects (and other health benefits) of macrobiotic staples like miso soup and sea vegetables.¹⁰³

In the mid- to late-1970s, Michio Kushi parlayed the diet's promise of nuclear rehabilitation into a full-blown medical system. Given the synonymy of the diet's early presence in the US with premature death, such a turnaround is remarkable. The idea that the macrobiotic lifestyle could repair the damage of radiation poisoning was central to its later identity as a quasi-medical therapy. By promoting the consumption of key anti-radiation foods like umeboshi (pickled) plums, sea vegetables, and miso soup—foods that were disallowed under the most restrictive macrobiotics regimens as outlined by Ohsawa—instead of relying on the healing power of the problematic No. 7 diet, the SMD proved a valuable template for the movement's increasing emphasis on medical interventions. During client/patient consultations,

¹⁰² For examples, see S. C. Skoryna, T. M. Paul, and D. W. Edward, "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium. I. Prevention of Absorption from Ligated Intestinal Segments," *Canadian Medical Association Journal* 91, no. 6 (1964): 285-88; Y. Tanaka, D. Waldron-Edward, and S. C. Skoryna, "Studies on Inhibition of Intestinal Absorption of Radioactive Strontium. VII. Relationship of Biological Activity to Chemical Composition of Alginates Obtained from North American Seaweeds," *Canadian Medical Association Journal* 99, no. 4 (1968): 169-75; Hiromitsu Watanabe, "Beneficial Biological Effects of Miso with Reference to Radiation Injury, Cancer, and Hypertension," *Journal of Toxicologic Pathology* 26, no. 2 (2013): 91-103, <https://doi.org/10.1293/tox.26.91>; Hiromitsu Watanabe et al., "A Miso (Japanese Soybean Paste) Diet Conferred Greater Protection against Hypertension than a Sodium Chloride Diet in Dahl Salt-Sensitive Rats," *Hypertension Research* 29 (2006): 731-8, <https://doi.org/10.1291/hypres.29.731>; M. Ohara et al., "Radioprotective Effects Of Miso (Fermented Soy Bean Paste) Against Radiation In B6c3f1 Mice: Increased Small Intestinal Crypt Survival, Crypt Lengths And Prolongation Of Average Time To Death," *Hiroshima Journal of Medical Sciences* 50, no. 4 (2001): 83-6.

¹⁰³ Shurtleff and Aoyagi, *History of Macrobiotics*. Kushi especially took the idea seriously that macrobiotics had anti-radiation properties, going so far as to teach himself new scientific techniques like spectroscopy to classify radioactive materials into Ohsawa's yin/yang system. Under his model, for example, products of nuclear fallout like strontium-90 were determined to be too yin based on the blue pattern that emerges as a result of its spectroscopic analysis.

Kushi made modifications to a printed copy of his SMD to tailor the treatment regimen he recommended to each individual. In his tailored treatment protocols, Kushi relied heavily on variations of the SMD, coupled with several other standard behavioral adjustments: chewing thoroughly; walking barefoot in simple, cotton clothing (especially where clothing touched diseased areas); engaging in moderate daily exercise; taking long, regular baths with hot water; avoiding or minimizing the use of electronic appliances (including electric stoves); and singing happy songs daily.¹⁰⁴

“The Doctor’s Cure”: Macrobiotics and Cancer

Insofar as macrobiotics had positioned itself as the antidote to radioactivity—and as radioactivity became the hallmark of global violence in the 20th century—cancer, which was both caused and treated by radiation, was the ideal disease to make amenable to macrobiotic intervention in the late 1970s. From the perspective of certain macrobiotics gurus, the transition to cancer treatment was an intuitive direction to expand the movement. Herman Aihara encapsulated this connection well in his book *Basic Macrobiotics* where he wrote: “Humanity is literally on the verge of being destroyed by the two deadliest products of modern civilization—cancer and nuclear war.”¹⁰⁵

It was not only for macrobiotic leaders that cancer and nuclear war held some resemblance to one another. Historians have shown how and to what degree cancer became the signature disease of modern civilization during the Cold War. In her book, *Life Atomic*, historian Angela Creager demonstrates how the Atomic Energy Commission (AEC) participated in the repurposing of nuclear facilities toward peaceful applications, including the production of the

¹⁰⁴ Raso, “Vitalistic Gurus and Their Legacies,” 231.

¹⁰⁵ Aihara, *Basic Macrobiotics*, 9.

radioactive cobalt isotopes that served as the basis for radiation therapy. This transition was as much an act of propaganda as recycling. Creager shows how the AEC also, against its will, became saddled with the obligation to direct congressional funds toward using radiation as a cancer therapy.¹⁰⁶ Journalist Ellen Leopold argues that the US government was especially eager to redirect nuclear facilities toward medical ends (as opposed to environmental or other industrial applications) to compensate for the nuclear strikes against Japan.¹⁰⁷ Deploying nuclear materials and technologies toward defeating such a modern (and radiation-linked) scourge as cancer, could, in the minds of government officials, help compensate for the incalculable harm of the atom bomb.¹⁰⁸ In his book *Contested Medicine*, Gerald Kutcher demonstrates how the overlaps, both real and imagined, between cancer and nuclear radiation contributed to widespread public apprehension about the entire ecosystem of radioactive materials—fueling not only antiwar sentiment but also environmental concerns during the 1980s’ anti-nuclear movement, and driving cancer patients toward more “natural” alternative therapy options.¹⁰⁹

The transition from Akizuki’s miraculous healing of radiation victims during the Second World War to cancer treatment was facilitated by such studies as Fumimasa Yanagisawa’s showing that certain Japanese staples (radish leaves, carrot leaves, hijiki) assisted his patients’ recovery from leukemia acquired through exposure to atomic radiation.¹¹⁰ Yet, evidence alone was not sufficient to attract global attention or encourage cancer patients to experiment with macrobiotics. It was primarily due to Michio Kushi’s bold restructuring decisions that

¹⁰⁶ Creager, *Life Atomic*, 150.

¹⁰⁷ Leopold, *Under the Radar*, 78.

¹⁰⁸ Also see Lindee, *Suffering Made Real*.

¹⁰⁹ Kutcher, *Contested Medicine*, 193.

¹¹⁰ Aihara, *Basic Macrobiotics*, 82; Fumimasa Yanagisawa, *A New Theory on Longevity, Medical Studies on Calcium and Magnesium Metabolism* (Tokyo: Toyo Keisai Shinposha, 1962).

macrobiotics became one of the most popular alternative approaches to preventing and combating cancer in the United States.¹¹¹ Spurred by the revelations of the 1977 McGovern Report, which emphasized the role of nutrition as a major risk factor in developing chronic diseases, Kushi forcefully argued that “The diet-cancer link...would be a vehicle through which the rest of the world, starting with doctors, would learn about macrobiotics and flock to [macrobiotics gurus’] doors,” and that macrobiotic leaders would need to start “establishing a dialogue with doctors and proving the validity of macrobiotics as a healing agent for serious illness.” Kushi developed a grand plan to boost the public awareness and acceptance of macrobiotics by greatly expanding the visibility of its promise to prevent, treat, or cure chronic health conditions, especially cancer, founding “full-fledged treatment centers (‘macrobiotic hospitals’), institutes of higher learning (‘macrobiotic college’), a professional credentials and peer-review system (‘macrobiotic teacher certification’) and most ambitious of all, a multi-tiered system, from regional to global, of alternative government (‘macrobiotic congresses’).”¹¹² Kushi also flexed his considerable influence in the natural foods publishing sector, unleashing a tremendous number of books on the subject of macrobiotics and cancer, written by himself, his patients, his students, and his students’ patients.¹¹³

¹¹¹ Kushi, et al., “The Macrobiotic Diet in Cancer,” 3056S-3064S. Lawrence Kushi, who served on the board of the American Cancer Society, held a Chair in nutrition at Columbia University, and currently serves as the Director of Science Policy for Kaiser Permanente in Northern California. At least one of his studies on Macrobiotics was conducted with NIH Office of Alternative Medicine funds from 2001, but the funds ran out and the study was cancelled, leaving the results inconclusive. For more studies on cancer and diet and exercise therapy for which Kushi served as the lead investigator, see Lawrence H. Kushi, et al., “Physical Activity and Mortality in Postmenopausal Women,” *Journal of the American Medical Association* 277, no. 16 (1997): 1287-92; Lawrence H. Kushi, “Prospective Study of Diet and Ovarian Cancer,” *American Journal of Epidemiology* 149, 1 (1999): 21-31, <https://doi.org/10.1093/oxfordjournals.aje.a009723>; Lawrence H. Kushi, et al., “Dietary Fat and Postmenopausal Breast Cancer,” *Journal of the National Cancer Institute* 84, no. 14 (1992): 1092-9, <https://doi.org/10.1093/jnci/84.14.1092>; Lawrence H. Kushi, “Dietary Fat and Risk of Breast Cancer According to Hormone Receptor Status,” *Cancer Epidemiology, Biomarkers & Prevention* 4, no. 1 (1995): 11-19.

¹¹² Mann, “Myths of Macrobiotics,” 21.

¹¹³ For examples, see Michio Kushi and the East West Foundation, *The Macrobiotic Approach to Cancer: Toward Preventing & Controlling Cancer with Diet and Lifestyle* (Wayne, NJ: Avery Publishing, 1982); Michio Kushi and

These early efforts promoting macrobiotics' potential for cancer found only moderate interest until 1982, when, according to macrobiotic leader John David Mann, "Kushi found precisely the medical/media catalyst for which he had hoped": a Philadelphia-based surgeon named Anthony Sattilaro.¹¹⁴ The physician, who had been diagnosed with metastatic prostate cancer, initially expressed skepticism toward the mystical sounding regimen, which he learned about from two macrobiotic hitchhikers, Sean McLean and Bill Bochbracher. After following these young men to the home of their local East-West Foundation leader in Philadelphia, Denny Waxman, Sattilaro was welcomed and enculturated at the community dinner table, where he found his Western medical training challenged by his hosts' adoptive Asian sensibilities. Despite finding the ideas irrational, the food unpalatable, and the lifestyle unlivable—he detested food preparation, an essential (but often gendered) step to becoming macrobiotic, so he had his hosts prepare many of his meals for him—Sattilaro managed to convert to a fully macrobiotic regimen. After a year, he visited his oncologists who informed him of his spontaneous, permanent remission.¹¹⁵ After an electrifying article detailing his cancer-curing experimentation with the macrobiotic lifestyle appeared in *Life* magazine, Sattilaro's book, *Recalled by Life*, became a bestselling bombshell.¹¹⁶

Alex Jack, *The Cancer Prevention Diet: Michio Kushi's Macrobiotic Blueprint for the Prevention and Relief of Disease* (New York: St. Martin's Press, 1983); Aveline Kushi and Wendy Esko, *The Macrobiotic Cancer Prevention Cookbook* (Garden City Park, NY: Avery Publishing Group, 1988); Georges Ohsawa, *Cancer and the Philosophy of the Far East* (Binghamton, NY: Swan House Publishing Co., 1971); Jean Charles Kohler and Mary Alice Kohler, *Healing Miracles from Macrobiotics: A Diet for All Diseases* (West Nyack, NY: Parker Publishing Co., 1979); Virginia Brown and Susan Stayman *Macrobiotic Miracle: How a Vermont Family Overcame Cancer* (New York: Japan Publications, 1984); Hugh Faulkner, *Physician, Heal Thyself: A Doctor's Dietary Recovery from Incurable Cancer* (Becket, MA: One Peaceful World Press, 1992); Elaine Nussbaum, *Recovery: From Cancer to Health Through Macrobiotics* (New York: Japan Publications, 1986); Ann Fawcett and Cynthia Smith, *Cancer-Free: 30 Who Triumphed Over Cancer Naturally* (New York: Japan Publications, 1991).

¹¹⁴ Mann, "Myths of Macrobiotics," 21.

¹¹⁵ Sattilaro and Monte, *Recalled by Life*, 54. It should be noted that Tom Monte is a macrobiotically-trained natural health guru in his own right.

¹¹⁶ Monte, *The Way of Hope*, 40; Anthony Sattilaro and Tom Monte, "Physician, Heal Thyself: A Doctor Believes a Macrobiotic Diet Cured His Cancer," *Life*, August 1982.

Though Sattilaro confessed he did not believe the regimen would work and cautioned his readers not to abandon conventional cancer treatment for something that may have been a fluke, his book “together with his many appearances on radio and in newspapers, spurred a surge of people pouring into macrobiotic centers looking for ‘the Doctor's cure.’”¹¹⁷ Though Sattilaro's personal recovery was subjected to heavy skepticism and criticism from the mainstream medical community, the success of his book encouraged a flurry of similar cancer cure narratives, including from actor Dirk Benedict.¹¹⁸ As the public profile of macrobiotics as a cancer cure or preventive increased, there followed a flurry of medical studies purporting to support or debunk this alleged power of the diet (and other similar programs) through the late-1980s and beyond.¹¹⁹

So what made macrobiotics so appealing to cancer patients? And of what did the “treatment” consist? Like other medical alternatives, macrobiotics fulfilled an important niche for cancer patients by speaking directly and powerfully to widespread patient dissatisfaction with orthodox cancer therapies. In *Basic Macrobiotics*, Herman Aihara wrote, “What it seems we can

¹¹⁷ Mann, “Myths of Macrobiotics,” 21.

¹¹⁸ Nussbaum, *Recovery*; Brown and Stayman, *Macrobiotic Miracle*; Dirk Benedict, *Confessions of a Kamikaze Cowboy: A True Story of Discovery, Acting, Health, Illness, Recovery, and Life* (Garden City Park, NY: Square One Publishers, 2013).

¹¹⁹ J. P. Carter et al., “Hypothesis: dietary management may improve survival from nutritionally linked cancers based on analysis of representative cases,” *Journal of the American College of Nutrition* 12, no. 3 (1993): 209-26, <https://doi.org/10.1080/07315724.1993.10718303>; B. B. Bowman et al., “Macrobiotic diets for cancer treatment and prevention,” *Journal of Clinical Oncology* 2, no. 6 (1984): 702-11, <https://doi.org/10.1200/JCO.1984.2.6.702>; Joellyn Horowitz and Mitsuo Tomita, “The Macrobiotic Diet as Treatment for Cancer: Review of the Evidence,” *Permanente Journal* 6, no. 4 (2002): 34-37; Andrew J. Vickers and Barrie R. Cassileth, “Unconventional Therapies For Cancer And Cancer-related Symptoms,” *Lancet Oncology* 2, no. 4 (2001): 226-232, [https://doi.org/10.1016/S1470-2045\(00\)00293-X](https://doi.org/10.1016/S1470-2045(00)00293-X); “Unproven Methods of Cancer Management: Macrobiotic Diets,” *CA: A Cancer Journal for Clinicians*, 34, no. 1 (1984): 60-63; J. Dwyer, “The Macrobiotic Diet: No Cancer Cure,” *Nutrition Forum* 7, no. 2 (1990): 9-11; Canlas Meritess, Shayne Small, and Megan Waltz-Hill, “Alternative Nutrition Therapies in Cancer Patients,” *Seminars in Oncology Nursing* 21, no. 3 (2005): 173-176, <https://doi.org/10.1016/j.soncn.2005.04.005>; Ernst Edzard and Barrie Cassileth, “Cancer Diets: Fads and Facts,” *Cancer Prevention International* 2, no. 3-4 (1996): 181-187, <https://doi.org/10.3727/108399896792195419>; Yogeshwer Shukla and Sanjoy Kumar Pal, “Dietary Cancer Chemoprevention: An Overview,” *International Journal of Human Genetics*, 4, no. 4 (2004): 265-276, <https://doi.org/10.1080/09723757.2004.11885905>; Sheila Weitzman, “Alternative nutritional cancer therapies,” *International Journal of Cancer* 78, no. S11 (1999): 69-72, [https://doi.org/10.1002/\(sici\)1097-0215\(1998\)78:11+3.0.co;2-7](https://doi.org/10.1002/(sici)1097-0215(1998)78:11+3.0.co;2-7).

expect from conventional cancer treatment...is a prolongation of life for about five years with a great deal of pain, agony, and fear. This is not health or happiness; it is like being sentenced to hell.”¹²⁰ Sattilaro himself described the problem as follows:

At one extreme we have patients who still regard the doctor as the highest form of public servant; at the other are those who see us as a criminal elite, money hungry, and getting a certain sadistic pleasure out of putting people through torturous tests and therapies. In between the two are the majority of patients, who are increasingly skeptical of our motives, no longer fully trusting of our methods, but frustrated by the fact that they haven't got a better solution.¹²¹

These sorts of declarations obviously resonated with the lived experiences of those who had undergone the morale-shattering agony of chemo- or radiotherapy. But macrobiotics was hardly the only voice decrying orthodox treatment methods during this time. Its competitors in the alternative medical market for cancer during the 1960s and 70s included such prominent concoctions as Laetrile, Krebiozen, Hoxsey herbal tonic, Koch antitoxin, Glover serum, and Iscador, in addition to rival nutritional programs from Gerson diet therapy, Linus Pauling-backed megavitamin therapy, and the Beverly Hills Diet, to the nutritional philosophies of Emanuel Revici, Johanna Brand, Edgar Cayce, and Adelle Davis.¹²² Mirroring the rise of macrobiotics, there was a rising fascination and experimentation with therapies from Asian healing traditions. And, in his survey of breast cancer therapy, historian James Olson details the surprising longevity of psychotherapeutic models for cancer, including orgone energy and cancerous

¹²⁰ Aihara, *Basic Macrobiotics*, 9.

¹²¹ Sattilaro and Monte, *Recalled by Life*, 171-2.

¹²² For more on alternative cancer therapies, see David Cantor, “Cancer, Quackery and the Vernacular Meanings of Hope in 1950s America,” *Journal of the History of Medicine and Allied Sciences* 61, no. 3 (2006): 324-268; James Harvey Young and Richard E. McFadyen, “The Koch Cancer Treatment,” *Journal of the History of Medicine and Allied Sciences* 53, no. 3 (1998): 254-284; Eveleen Richards, *Vitamin C and Cancer: Medicine or Politics?* (London: Macmillan, 1991); David J. Hess, *Can Bacteria Cause Cancer?: Alternative Medicine Confronts Big Science* (New York: New York University Press, 1997).

personality theories.¹²³

Like several of these alternatives, macrobiotics was successful not only for its well-timed and well-targeted critique of medical orthodoxy, but also for the explanatory power and coherence of its system relative to its competitors. A 1971 article in the *Chicago Tribune* explained the appeal as follows: “Modern doctors may dispute some of the macrobiotic methods, but followers of the philosophy regard modern medicine as a sham; they say physicians treat symptoms, not the root causes of diseases, which are related to the order of the universe.”¹²⁴ By explaining why orthodox medicine continually failed to grasp the true nature of complex diseases like cancer (by emphasizing proximal rather than primary causes, one could say), macrobiotics opened its audience to explanations beyond the strictly scientific. Yet, macrobiotics also had a proven openness to elements of scientific medicine so as not to undercut the system entirely. In the foreword to a memoir written by a macrobiotic cancer patient, Kushi wrote, “Whenever people come to me for advice, I ask whether normal medical treatments have been sufficiently tried, and if there is any possibility that such methods can help the problem, I will suggest that the individual continue to pursue that direction. However, as with many cases that are referred to me, [the author’s] was apparently hopeless according to modern medical standards.”¹²⁵ Despite the movement’s adamant official stance toward nuclear radiation, in practice, macrobiotic treatment for cancer patients often accompanied radiation, both diagnostic and therapeutic.¹²⁶ It should be noted, too, that when Michio and Aveline Kushi both contracted

¹²³ James S. Olson, *Bathsheba’s Breast: Women, Cancer, and History* (Baltimore: Johns Hopkins University Press, 2005), 152.

¹²⁴ Don Bell, “Ohsawa and the Yin and Yang of Health,” *Chicago Tribune*, August 1, 1971, F23.

¹²⁵ Michio Kushi, foreword to Jean Charles Kohler and Mary Alice Kohler, *Healing Miracles from Macrobiotics: A Diet for All Diseases* (West Nyack, NY: Parker Publishing Co., 1979).

¹²⁶ See box 60, folder 8, Kushi Collection.

cancer later in life, both obtained conventional cancer care to supplement their macrobiotic lifestyle.¹²⁷

As for the man whose tale of miraculous recovery triggered the macrobiotic cancer craze, Anthony Sattilaro, his eventual death became somewhat controversial. In his book, *Health Robbers*, career quack-buster Stephen Barrett argues that “[Sattilaro] died of his disease in 1989, but readers of these books may not learn of this fact.”¹²⁸ While this pronouncement provided much ammunition for the defenders of orthodox medicine, macrobiotics countered that Sattilaro was to blame for his own demise, as Ohsawa had been. According to reporter, Len Lear, who had interviewed Sattilaro in the early 1980s, in the intervening years between his second book *Living Well Naturally* (1984) and his death, the cured doctor had returned to his former food habits—replete with rich and over-processed restaurant food—because he grew bored with under-seasoned macrobiotic food and he had never quite mastered cooking for himself.¹²⁹

“From Hugh Hefner to St. Francis”: Macrobiotics for HIV/AIDS¹³⁰

In 1982, Michio Kushi was alerted to the possibility that macrobiotics could have a useful application in the burgeoning HIV/AIDS crisis when patients from New York with this new, seemingly inexplicable disease began arriving at his cancer lectures in Boston. During its original outbreak, HIV/AIDS was predominantly characterized by one of its most visible sequelae, Kaposi's sarcoma, an otherwise rare cancer that was being treated unsuccessfully with

¹²⁷ “Aveline Kushi; Leader in Macrobiotic Diet,” *Los Angeles Times*, July 6, 2001, <https://www.latimes.com/archives/la-xpm-2001-jul-06-me-19319-story.html>; Congressman and Presidential Candidate Dennis Kucinich gave a eulogy at Michio Kushi's funeral. Shurtleff and Aoyagi, *History of Macrobiotics*, 1097.

¹²⁸ Stephen Barrett, “‘Alternative’ Cancer Treatment,” in *The Health Robbers: A Close Look at Quackery in America*, ed. Stephen Barrett and William T. Jarvis (Buffalo, NY: Prometheus Books, 1993), 99.

¹²⁹ Len Lear, “Local Doctor with Stage 4 Cancer Found Life-saving Diet,” *Chestnut Hill Local* (PA), September 4, 2015, <https://www.chestnuthilllocal.com/2015/09/04/local-doctor-with-stage-4-cancer-found-life-saving-diet/>.

¹³⁰ Ronald Kotzsch, “AIDS: Putting an Alternative to the Test,” *East West*, September 1986, p. 66, box 21, folder 24, Kushi Collection.

costly and debilitating chemotherapy and radiation.¹³¹ The new disease thus fit naturally into the pre-existing schema Kushi built around cancer and macrobiotics' inherent opposition to radiation and other nuclear technologies.

Within several months of their first arrival, Kushi recruited several of his new clients to write letters to various federal and private agencies explaining the benefits of his lifestyle program for their disease in order to secure funding to run a clinical trial. Every letter writer foregrounded their experience with macrobiotics by first expressing profound dissatisfaction with extant medical care. In one letter, patient Eric Gibbs reported that before seeking help from the East West Foundation, he "did not feel at all comfortable with the available medical approaches to recovery."¹³² An anonymous writer wrote, "I decided not to submit to any of the so-called conventional cures such as radiation or chemotherapy. My reason was because none of these are cures and not only did they not have beneficial results but were frequently dangerous and fatal." In a published retrospective interview, patient Oscar Molini said after he had been diagnosed with AIDS, he was offered chemotherapy, which "promised all the comforts of a torture chamber."¹³³ In addition to the harrowing biological consequences of the disease, AIDS patients of the early 1980s confronted a dire social landscape that not only demonized their lifestyles, but blamed them for their illnesses and fled their contact fearing for their own safety as well. Historians of the epidemic have thoroughly documented the harsh indifference AIDS patients met with orthodox physicians, as well as the struggle to understand the disease's

¹³¹ For more on how Kaposi's sarcoma became the hallmark of the disease, see Sally Smith Hughes, "The Kaposi's Sarcoma Clinic at the University of California, San Francisco: An Early Response to the AIDS Epidemic," *Bulletin of the History of Medicine* 71, no. 4 (1997): 651-88, <https://doi.org/10.1353/bhm.1997.0179>.

¹³² "Letters from AIDS Friends Supporting the Studies on the Macrobiotic Dietary Approach to AIDS," May 15, 1984, box 21, folder 21, Kushi Collection.

¹³³ Monte, *The Way of Hope*, 38.

etiology and find effective therapies.¹³⁴

To survive such medical ambiguity and overt bigotry, AIDS patients formed tight social networks, and relied on word of mouth about any new or experimental treatments. When the first several patients found relief, even empowerment, in macrobiotic cancer therapy, the word about this miraculous and restorative medical alternative spread quickly. In their letters, nearly every patient reported having heard of macrobiotic therapy and its potential value from a friend. As one patient explained, “I am so very convinced through [sic] my personal involvement, that macrobiotic living is helping me to reestablish [sic] my health and strengthen all aspects of life, that I can not help but urge others, with illness or not, to investigate and incorporate the principles into their daily lives.”¹³⁵

The letters Kushi collected demonstrate that one of the most valuable components of macrobiotic therapy was the emotional and psychological effects of empowerment and self-determination. Several writers emphasized the psychological benefits they experienced after starting the diet, with claims like “My awareness has sharpened. My physical, mental and spiritual condition has definitely changed for the better. I’ve been able to self-reflect and have a full understanding of my condition. I feel I’m in control of my present situation.”¹³⁶ Another explained, “My strength returned to a great degree since I’ve begun to eat macrobiotically...I also find that mentally and spiritually I have become more understanding and relaxed in my dealings

¹³⁴ Steven Epstein, “The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials,” *Science, Technology, & Human Values* 20, no. 4 (1995): 408-437, <https://doi.org/10.1177/016224399502000402>; Patrick Wallis, “Debating a Duty to Treat: AIDS and the Professional Ethics of American Medicine,” *Bulletin of the History of Medicine* 85, no. 4 (2011): 620-49, <https://doi.org/10.1353/bhm.2011.0092>.

¹³⁵ “Letters from AIDS Friends Supporting the Studies on the Macrobiotic Dietary Approach to AIDS,” 15 May 1984, box 21, folder 21, Kushi Collection.

¹³⁶ “Letters from AIDS Friends Supporting the Studies on the Macrobiotic Dietary Approach to AIDS.”

with work situations and family and social encounters.”¹³⁷ In rejecting orthodox therapy, these AIDS patients refused to submit to their physicians’ pessimistic prognoses and the grotesque deaths they felt awaited them on the other end of conventional therapy. An anonymous AIDS patient wrote in support of macrobiotics, “[Michio Kushi] said that we weren’t condemned to die, that we could take control of our health and our lives. When everyone else was running the other way he came and embraced us, physically and figuratively.”¹³⁸ On macrobiotics, men with AIDS reported living longer, happier, healthier lives with greater freedom: “If anything I have too much energy. I am very busy in my work. I swim every day. I go out dancing twice a week. I live a typical New York life.”¹³⁹

For Michio Kushi, securing the trust of AIDS patients proved substantially more difficult than with cancer despite the philosophical similarities (and political opportunities) of cancer and AIDS therapies. Following Ohsawa’s lead, Kushi dismissed microbiological evidence that infectious diseases, including HIV/AIDS, were caused by pathogens—an attitude now referred to as AIDS denialism. As with cancer, Kushi assigned the cause of HIV/AIDS to be a lifestyle out of balance with nature, and his cure was, as always, targeted dietary and behavioral change. Expectedly, not all gay men who had been exposed to the macrobiotic approach and its virtues became converts of the lifestyle for fear that “macrobiotic philosophy [was] not in harmony with homosexual lifestyle [sic].”¹⁴⁰ Though at least one historian-participant, Karlyn Crowley, has praised macrobiotics for its acceptance of fluid ideas of gender and empowerment, others have

¹³⁷ “Letters from AIDS Friends Supporting the Studies on the Macrobiotic Dietary Approach to AIDS.”

¹³⁸ Kotzsch, “AIDS,” 66.

¹³⁹ Kotzsch, “AIDS,” 67.

¹⁴⁰ “Message from Michio Kushi for ‘Wipe Out AIDS’ Friends,” 11 January 1984, box 21, folder 17, Kushi Collection.

criticized its enforcement of strict gender roles.¹⁴¹ Regardless of any benevolent or relativistic attitudes they may have deployed about gender in other contexts, this posture did not originally extend to homosexuality. In an interview he conducted for *East West*, macrobiotic leader Ron Kotzsch quoted one AIDS patient as having said, “The macrobiotic community has long been explicitly heterosexual and implicitly homophobic. It has had the idea that homosexuality is another disease to be cured. I remember back in the mid ‘70s when gays in the city were picketing outside Kushi’s lectures.”¹⁴² By targeting the improper (“unnatural”) lifestyle of gay men as the cause of their ill health, Kushi and other macrobiotics leaders alienated many of their most prized potential converts.

Even for those early adopters of macrobiotic AIDS therapy, many demonstrated a firm commitment to the orthodox medical worldview even while practicing alternative therapy. The men continued to understand the progress of their disease in strictly biomedical terms (e.g. using white blood cell counts) despite arranging their lives according to decidedly extra-medical tenets. Although they found tremendous social and psychological benefit to a macrobiotic regimen for their wellbeing, attitude, and relationships—and advertised these benefits to their friends—they rejected Kushi’s discriminatory etiological framework that essentially blamed them for their disease.

However, while the medical establishment slowly scrambled to adjust its morals and epidemiology to account for the spread of HIV/AIDS, macrobiotics underwent a much more rapid adjustment. Kushi listened to the negative feedback he received from New York’s gay community, and, in a flyer he distributed, he apologized:

¹⁴¹ Karlyn Crowley, “When Spirits Take Over: Gender and American New Age Culture”; Kandel, “Rice, Ice Cream, and the Guru: Decision-Making and Innovation in a Macrobiotic Community”; Belasco, *Appetite for Change*.

¹⁴² Kotzsch, “AIDS,” 67.

[S]uch impressions [of homophobia on behalf of macrobiotics leaders] may have been conveyed through some writings and publications written in the past. However, we believe that homosexual friends, and, in fact, all people, should not be reviewed from any legal, ethical, moral, political, or social standards, unless harmful for social well-being. It is totally individual and personal exercise based upon the freedom of biological and psychological nature...Those who are homosexual and those who are non-homosexual are all our brothers and sisters who share the same origin, the same planet earth, and the same future—the return to the universe. We all share the same human destiny in this world and in this century. We all must love, help, support each other for the benefit of everyone and every society. Now especially, we are confronting a critical period—one which may see destruction of the existence of the human species, either through possible annihilation by nuclear disaster or prevailing degenerative disease. We need much closer cooperation among ourselves regardless of the differences of race, beliefs, customs, cultures, including differences of sexual practice.¹⁴³

It was a difficult sell for Kushi to intrude as an outsider, but his apology managed to appease many AIDS patients' political outrage by shifting his hardline macrobiotic philosophy to account for differences in sexuality and sexual preference. By signaling that he was, in fact, an ally of sorts, who not only understood his clients' pain, but could potentially provide lifechanging therapy if they would so permit him, Kushi attracted a significant early following in New York's gay communities. By 1984, Michio Kushi had reportedly seen 30 patients who self-identified as having AIDS, all from the New York City area.¹⁴⁴ Within two years, by one patient's estimate, the number of AIDS patients practicing macrobiotics as a treatment had doubled, while the number of healthy gay men practicing macrobiotics ballooned to over five hundred in New York alone.¹⁴⁵

While Michio Kushi struggled to position macrobiotics as amenable to a gay lifestyle, he softened his hostility to biomedical explanations of HIV/AIDS as well. He began an initiative to recruit human subjects for medical research conducted through two New York City-based action

¹⁴³ "Message from Michio Kushi for 'Wipe Out AIDS' Friends."

¹⁴⁴ "Influence of Diet on Immune Status of People with AIDS," May 16, 1984, research proposal, p. 4, box 20, folder 19, Kushi Collection.

¹⁴⁵ Kotzsch, "AIDS," 67.

groups called Wipe Out AIDS and the Health Education AIDS Liaison (HEAL). The first pilot study exploring the effects of macrobiotics on AIDS ran from 1984 to 1987 and was run by Kushi's son, Lawrence Kushi. The younger Kushi trained as an orthodox medical researcher and recruited his medical colleagues from nearby Boston University Medical Center to help run the study.¹⁴⁶ In the study report, researchers wrote:

Several individuals with diagnoses of AIDS or ARC have seen macrobiotic counselors for their illness, and feel that their condition is improving. Although most of the improvement has been subjective, at least two people have had measurements of their helper to suppressor (T4/T8) cell ratio that suggest improvement while on the macrobiotic diet. While these observations are only suggestive, the macrobiotic diet may increase this ratio, and perhaps influence other parameters of immune status as well.¹⁴⁷

Notably, the patients also reported higher levels of “curiosity” and hardiness with lower levels of anxiety and depression as a result of being on a macrobiotic diet.¹⁴⁸ One of the physicians on the study, Elinor Levy, wrote Michio in 1985, saying “At this point, we feel confident that the men following a macrobiotic approach are doing no worse than men receiving conventional therapy.”¹⁴⁹ In a letter to the editor of *The Lancet*, she also claimed that “The men in our study may not be representative of KS patients in general. Their choice to forgo medical treatment may indicate a type of fighting spirit or psychological makeup which could possibly enhance survival.”¹⁵⁰

What is interesting here is not whether or not the macrobiotic diet was the driving force behind the patients' improvement, or indeed whether the patients “actually” improved at all. In

¹⁴⁶ Monte, *The Way of Hope*, 66.

¹⁴⁷ “Influence of Diet on Immune Status of People with AIDS,” 4.

¹⁴⁸ Elinor M. Levy, Martha C. Cottrell, and Paul H. Black, “Psychological And Immunological Associations In Men With Aids Pursuing A Macrobiotic Regimen As An Alternative Therapy: A Pilot Study,” *Brain, Behavior, and Immunity* 3, no. 2 (1989): 175-182, [https://doi.org/10.1016/0889-1591\(89\)90018-4](https://doi.org/10.1016/0889-1591(89)90018-4).

¹⁴⁹ Elinor Levy to Michio Kushi, 28 June 1985, box 21, folder 17, Kushi Collection.

¹⁵⁰ Elinor Levy et al., “Patients with Kaposi Sarcoma who Opt for No Treatment,” *Lancet* 326, no. 8448 (1985): P223, [https://doi.org/10.1016/S0140-6736\(85\)91542-9](https://doi.org/10.1016/S0140-6736(85)91542-9).

all of these cases, it is clear that the patients were desperate, but also that they were cogent and fluent with medical discourse enough to choose consciously and rationally to avoid what they perceived to be ineffectual, harmful, or even life-threatening treatment for an already debilitating and demoralizing condition. One macrobiotic leader said of her experience, “[T]he key lesson I have learned working with AIDS patients is that a person’s feelings are incredibly important in their cure. One has to feel accepted, loved, and respected without qualification. This is especially true for gay people who are almost pariahs in our society.”¹⁵¹ Clearly, the emotional tenor and empowerment that came from macrobiotic intervention was key. But it is important to recognize that, in the case of AIDS especially, the empowerment that patients reported from the program came about in large part from their co-optation of the diet’s principles into the patients’ pre-existing framework for acceptable treatment. In this way, the success of macrobiotic AIDS treatment should be understood as having been co-produced by patient demands and macrobiotic leaders’ adaptive accommodation.

Fall(out) of an Empire

Though health had always been a central goal of macrobiotics, for the young white students that comprised the movement’s earliest American followers, the health they envisioned was holistic and deeply spiritual. More importantly, the maintenance of individual health had always been subservient to the ‘revolutionary social ideal’: the drive to end world wars; purify the land; grow, cook, and distribute balanced food; educate the masses to perpetuate the movement.¹⁵² If people recovered from incurable chronic diseases along the way, it was merely a fortunate side-benefit.

¹⁵¹ Kotzsch, “AIDS,” 67.

¹⁵² Mann, “Myths of Macrobiotics,” 21.

Under Kushi's reign, however, many of these American leaders saw the promise of global peace and ecological harmony that originally attracted them to Ohsawa's program being increasingly sidelined for the terminally ill. When Kushi transitioned the major focus of his substantial macrobiotics organizations (including the training, consultation programs, and publications) toward alternative medical therapy, it was a major success and the movement enjoyed wide popularity and media coverage. To the chagrin of long-time macrobiotic followers, however, the patients attracted by the medical promises were never being exposed to the full doctrine of global peace through harmonious living beyond a basic nod toward spirituality, nor did many of them seem to care.

Many of the second-tier white macrobiotic leaders—those who trained under Kushi and Aihara—felt the transition toward treating diseases was leading the movement astray by oversimplifying its overarching message and creating hostility in its ranks for those who resisted the new dogma of cure. As one leader put it, “Packaging the macrobiotic view of life as a 'recipe for health,' suitable for marketing to a paperback audience, squeezed macrobiotics' broadly eclectic vision into a specialized mold it was ill suited to fit.”¹⁵³ Consequently, many former adherents abandoned the lifestyle altogether. Warren Belasco argues that for these ex-macrobiotics, the lifestyle ultimately served “as a congenial rest stop on the path to Frances Moore Lappé's more secular version of ecological vegetarianism.”¹⁵⁴

There were legitimate reasons for macrobiotic followers to be concerned about Kushi's medical expansion. Beyond the fact that many people seeking medical advice were not being fully inculcated in macrobiotic culture, the care offered to some lacked merit, even by

¹⁵³ Mann, “Myths of Macrobiotics,” 23.

¹⁵⁴ Belasco, *Appetite for Change*, 56.

macrobiotic standards. For instance, Kushi regularly offered medical advice through the mail to international patients he had never met. In the early 1990s, a Turkish man with bone cancer, Dundar Kaya Buharali, wrote Kushi for advice after having lost the ability to walk and lost almost 50 pounds in three months while on the macrobiotic diet. Despite never having seen Buharali in person or observed his condition, Kushi nevertheless advised him, via his deputy letter writer Jim Sleeper, that although his constitution was strong, the reason he was unable to walk was because he consumed too much salt. In addition to curbing his sodium consumption, Kushi advised Buharali to stop taking his chemo-drug, flutamide, for his condition (which Buharali also variously called “zona nerves”) for a trial period of two months. Kushi issued a sole caveat: if Buharali’s doctor disagreed with stopping conventional treatment, Kushi advised taking the drug at a lower and less-frequent dosage instead. The patient complied, but his condition got worse despite following Kushi’s instructions to the letter (including singing happy songs and walking for half an hour daily).¹⁵⁵ There were some conditions, Kushi admitted, that were simply not curable. But the fact that Kushi advised so many patients using only what he knew from their letters deprived those patients of the social and psychological value of in-person macrobiotic care that led Sattilaro and dozens of HIV/AIDS patients to respond positively.

The falling out of some of macrobiotics’ most important members, highlights several issues with the manner in which macrobiotics was originally built and sold to white Americans in the 1960s, especially across racial and cultural fault lines. As I have demonstrated throughout

¹⁵⁵ Dundar Kaya Buharali to Jim Sleeper, 22 January 1992, box 60, folder 8, Kushi Collection; Jim Sleeper to Dundar Kaya Buharali, 23 January 1992, box 60, folder 8, Kushi Collection; Jim Sleeper to Dundar Kaya Buharali, 6 February 1992, box 60, folder 8, Kushi Collection; Dundar Kaya Buharali to Jim Sleeper, 7 February 1992, box 60, folder 8, Kushi Collection; Jim Sleeper to Dundar Kaya Buharali, 20 February 1992, box 60, folder 8, Kushi Collection. Kushi apparently maintained this kind of medical correspondence with a significant number of people (mostly cancer patients outside the United States). Kushi’s advice to them usually included minor dietary and other behavioral changes along with slight modifications of their regular medical treatment program.

this chapter, examples of miraculous healing have been apiece with *shoku-yo* and macrobiotic philosophy since their original inceptions. And while those healing miracles have always been grounded in a larger sociopolitical dream—for the leadership at least—the contents of that dream have evolved over time in response to geopolitical circumstances. When the original diet was created, for instance, Ishizuka consciously rejected what he saw as damaging American imperialism and progressivism in Japan and the spiritual isolation that flourished in the wake of consumer capitalism. Contrarily, as Ohsawa took the reins of the *Shoku-Yo Kai*, he expressed keen interest in *using* imperialism (as it manifested in Japan) to spread his diet across Asia and the globe. It was only after Japan's defeat in the Second World War that the diet and its followers adopted peace (and denuclearization) as their core mission—a mission that was later expanded to encompass the ecological framework that white hippies saw as one of the diet's chief draws.

As macrobiotics spread to and through the United States, it carried Japanese political sensibilities with it. And for the Japanese-born leaders of macrobiotics, those sensibilities remained central—even as they sold the program to a wider white audience by emphasizing the *terroir*-esque elements of Ishizuka's original philosophy to appeal to the budding political concerns of their target market. But as time passed, the tensions between the nativist Japanese underpinnings of the philosophy and its pragmatic alignment with Western values grew more apparent. Despite Ishizuka's notion that people should eat the foods common to their home region, Michio Kushi and Herman Aihara first attained commercial success in the United States by importing and later growing and distributing Japanese staple foods: brown rice, soy sauce, sea vegetables, tofu, miso. By privileging Japanese staples in their versions of the macrobiotic diet, they subsequently inculcated their students to have Japanese tastes and sensibilities. Ironically, as

Erewhon and Chico-San blossomed into titans of the natural health food industry, these same Japanese staples became quintessential American health foods, independent from the macrobiotic label. Under Kushi's tutelage, these foods remained at the core of macrobiotic identity, even as he and other leaders encouraged white Americans to apply the Unique Principle to any foods they wished to eat. Kushi's attachment to Japanese foods is most clearly on display in his dietary prescriptions to cancer patients, where he regularly recommended such foods as umeboshi plums, seaweed, and pickled vegetables to steer patients away from the trappings of Western cuisines—including products from his own brand, Kushi Cuisine.¹⁵⁶

The degree to which macrobiotics retained a Japanese identity became a major point of contention (and confusion) among white American leaders. As one leader, John Mann, wrote, "One of the myths of macrobiotics most frequently bemoaned is its identification as specifically Japanese. Yet the truth is not as easily unwrapped as it might at first seem—its skin peels off like layers of an onion."¹⁵⁷ This apt metaphor captures not only the ambiguous cultural authenticity of macrobiotics, it also exposes among white American dieters a deep ambivalence about race and Asian culture generally. Some followers clearly felt macrobiotics was not inherently bound to Japanese culture. Richard Price, a dieter who joined the movement in 1968, said "The only reason macrobiotics makes such a big deal out of brown rice is because Ohsawa was Japanese...If he had been German, we'd all be eating cabbage and sourdough bread."¹⁵⁸ While on its surface, Price's description matches the emphasis from Ishizuka on region-specific cuisine, his characterization nevertheless hints at a broader oversimplification of the diet's historical development and its lasting contingency on Japanese politics, philosophy, and Cold War

¹⁵⁶ Lau, *New Age Capitalism*, 78.

¹⁵⁷ Mann, "Myths of Macrobiotics," 25.

¹⁵⁸ Patricia Wells, "Diet is More than Brown Rice," *Chicago Tribune*, July 25, 1978, A1.

militarization.

Beyond the movement's reliance on and identification with Japanese foods, macrobiotics followers had a range of reactions—from hostility to appropriation—to the diet's other Japanese ornamentation. For example, Mann describes a tendency among some white macrobiotic educators to “adopt the superficial trappings of the Japanese personality,” including delivering lectures in “clipped English with all the accessory words compressed out of it,” and using Japanese idioms.¹⁵⁹ At the same time, critics and followers alike punctuated their assessments of macrobiotics with assaults on their gurus' substandard fluency with English—assaults that became especially intense as discontent grew around Michio Kushi's medical pivot.¹⁶⁰ One of macrobiotics' earliest and most prominent white American followers, Bill Dufty, was quoted as having said “The people around Georges Ohsawa had not a sufficient command of their own language, let alone a second one.”¹⁶¹ Yet despite his critiques, Dufty was sufficiently impressed with Japan to attend a 1920s-Paris-themed ball, with his then-wife, Gloria Swanson, dressed as Ohsawa himself—in apparent yellowface—donning a full ceremonial Japanese costume.¹⁶² Some leaders, like Michel Abehsera, recognized the racial tensions between the Japanese leadership and white follower base, which he described as “reverse cultural arrogance,” on behalf of the Japanese leadership and a “cultural inferiority complex,” on behalf of white dieteers, which, taken together, assumed that “the modern Westerner is fundamentally a

¹⁵⁹ Mann, “Myths of Macrobiotics,” 25.

¹⁶⁰ In June of 1989, Jack Raso, a registered dietitian, attended a “five-day Michio Kushi Seminar for Medical Professionals,” as an opposition researcher. In his description of Kushi's program—itsself dripping with condescension and distancing scare quotes—he blamed some of his own difficulty understanding the macrobiotic system on Kushi's ethnic heritage, stating “[Kushi's] broken English often made him unintelligible.” Raso, “Vitalistic Gurus and Their Legacies,” 231.

¹⁶¹ Mann, “Myths of Macrobiotics,” 25.

¹⁶² Enid Nemy, “For the Nine O'Clocks, Time is Rolled Back to Paris of the 1920s,” *New York Times*, December 2, 1971, 62.

barbarian, and that all things Japanese are good.” These “love-hate cultural dilemma[s],” sometimes yielded what Abehsera described as “a cathartic binge of Japan-bashing.”¹⁶³

Concurrent with this latent racial prejudice were widespread (and ironic) calls to “Americanize macrobiotics,” ignoring the degree to which macrobiotics was already uniquely American. The movement as it came to be under Kushi and Aihara’s leadership could have only grown to such a remarkable capacity in America. To build their movement, Ohsawa, Kushi, and Aihara used American financial tools and techniques, appealed to American political pressure points during the Cold War, and capitalized on the widespread malcontent with the American healthcare system. They also appealed to the particular vision of Japan held by white Americans, capitalizing on the new special relationship that was forming between the two countries. Ohsawa’s failure to successfully sow macrobiotic ideology in 1920s and 1950s Paris—under the pretense that it served as the intellectual seat of the West—precisely demonstrates the dependency of the movement on the especial fertility of American cultural soil.

Despite critiques that Kushi sacrificed the environmental and global peace missions of the movement for his quasi-medical pursuits, these issues were nevertheless still demonstrably central to Kushi’s efforts, and compatible with his alternative medical mission as well. Perhaps the best insight into Kushi’s broader vision for the global macrobiotic movement comes from his attempts to leverage his success with HIV/AIDS in New York to create a global outreach program for macrobiotic AIDS therapy starting with the People’s Republic of the Congo (PRC). In their capacity as the leaders of the Kushi Foundation for One Peaceful World, Michio and Aveline Kushi visited the PRC in July of 1987 to conduct a series of macrobiotic educational programs at the World Health Organization Regional Office for Africa as part of the Government

¹⁶³ Mann, “Myths of Macrobiotics,” 26.

AIDS Symposium in Brazzaville. The conference brought together over 200 world health officials, medical doctors, and diplomats to discuss the AIDS crisis.¹⁶⁴

Several months after the conference, in December 1987, Kushi wrote a summarizing report and outlined a list of objectives for the Congolese government. “[W]e discussed and agreed that macrobiotic ways of dietary and nutritional approaches are beneficial to prevent and improve [AIDS and other degenerative diseases].”¹⁶⁵ The nutritional recommendations that Kushi outlines in the report were a variation on the SMD, and included such boilerplate recommendations as consuming more protein, complex carbs, and unsaturated fat from plant sources, fewer refined carbs, saturated fat, and protein from animal sources, and consuming more vitamins, minerals, and enzymes from natural versus artificial sources. Importantly, Kushi envisioned the Congolese government drawing heavily from macrobiotic expertise to reshape their entire government to solve the country’s nutritional crisis and its AIDS crisis at once. He offered the Kushi Foundation as a source of expertise to help the PRC into a two- to three-year agricultural transition away from the cultivation of traditional African foods to regionally appropriate but macrobiotic-friendly staples like “river weeds.”¹⁶⁶ Further, he advised the Congolese government to recruit macrobiotic leaders from Europe and North America to teach nutritional and sanitation courses and distribute educational materials.

In his report, Kushi argued that the Congolese government, after adopting his

¹⁶⁴ Mary Virginia Orna, Marco Fontani, and Mariagrazia Costa, *The Lost Elements: The Periodic Table's Shadow Side* (New York: Oxford University Press, 2015), 540.

¹⁶⁵ Michio Kushi, “Message to The Government AIDS Symposium in Brazzaville, Peoples Republic of the Congo Africa,” 1 December 1987, box 13, folder 9, Kushi Collection.

¹⁶⁶ There are some interesting racial dynamics in Kushi’s global health mission. Kushi’s actions contain echoes of the power dynamics and assumptions of colonialism and white savior-dom. However, he inverts the classical power structure by arguing that a macrobiotic Congo could “demonstrate to so-called developed countries in Europe, North America, and the Far East the more healthy way of living because these developed countries are facing serious physical, mental, and social degeneration primarily as a direct result of improper dietary and nutritional practices.” Kushi, “Message to The Government AIDS Symposium in Brazzaville, Peoples Republic of the Congo Africa.”

recommendations, would not only serve as a model for the development of the rest of Africa, but for the rest of the world as well. For this final point, Kushi returned to his anti-nuclear agenda, commenting that developed countries were in particularly bad shape because not only were they overwhelmed with chronic disease, they were “suffering from environmental pollution resulting from improper disposal of chemically hazardous waste products from nuclear power plants and other industrialized facilities.”¹⁶⁷ This report makes especially clear that Kushi was trying to harness his momentum helping AIDS patients in the US to secure a greater role for macrobiotics on the global stage. Far from abandoning the principles of world peace and environmentalism, the Brazzaville conference demonstrates that Kushi had far grander plans in mind than his followers ever knew: to leverage macrobiotics’ success in any arena (including medical applications) to gain access to state-level, and eventually international, power and policy.

Concluding Thoughts

The macrobiotics movement is far less overtly visible today. The companies Kushi and Aihara founded are gone; both Erewhon and Chico-San were bought out or declared bankruptcy in the 1990s. In the late 90s, as Kushi began selling off his other assets and winding down his career, the movement itself was suffering a crisis of identity. Between the growing ruptures over racial resentment, rumors of sexual abuse, and national reports of labor disputes, macrobiotics had grown so big and so influential—and its secondary leaders so disenchanted—that no one could agree what macrobiotics was anymore. The tangibility of the macrobiotic movement has now largely faded away; all that seems to remain of this once-mighty empire is the smattering of its signature staples at co-operative grocery stores and in natural foods aisles across the

¹⁶⁷ Kushi, “Message to The Government AIDS Symposium in Brazzaville, Peoples Republic of the Congo Africa.”

country.¹⁶⁸ Macrobiotics' real legacy lives on, however, in the core philosophy of the natural health foods movement itself. Ohsawa's idea that good health, harmony with the environment, spiritual awakening, and world peace were inextricably linked with one another, and that to advance one was to advance all, was indelibly pressed into the hippie sensibilities that continue to fuel the alternative food movement. Though macrobiotics may have largely disappeared from the wider public consciousness, its history still helps illuminate key features about the contemporary entanglement of the food movement and alternative healing practices.

As has been thoroughly detailed in this chapter, there were essentially two major branches of macrobiotics, one concerned with achieving world peace through bodily and environmental harmony, and another concerned with ridding the world of harmful chronic diseases (themselves expressions on a micro-scale of living in discordance with nature according to hegemonic western logics). Each half of the macrobiotics philosophy acted to complement the other like the forces of yin and yang, each contained and depended on elements of the opposing force. In the thinking of major macrobiotic leaders, these two branches were apiece with one another, yet at times certain leaders emphasized different elements of this core philosophy to differing degrees. Practically, however, the patients invested in macrobiotics as a replacement for conventional medical treatments were a significantly different population from the dieteers who sought spiritual enlightenment. Yet both halves of the macrobiotic ideology succeeded, not only because of a countercultural romance with Japanese and other Asian ideologies in the 1950s, 60s, and 70s, but because of how macrobiotics spoke to and capitalized on unique aspects of global culture that arose as a result of the Cold War as well. At first, there was robust common ground

¹⁶⁸ There are still hundreds of macrobiotics outposts around the globe, but their recognition in broader culture seems to have waned significantly.

between both branches; Kushi's anti-cancer program resonated strongly with Cold War anxieties about nuclear war and radiation therapy when macrobiotic staples were advertised as reversing radiation poisoning.

In the late 1970s, however, these two branches of macrobiotics gradually started becoming incompatible, ultimately resulting in a schism. As Kushi invested more resources in opening clinics to train doctors in providing macrobiotic care for terminally ill patients, longtime dieters began to question his priorities. For many of Kushi's new patients, macrobiotics was a temporary lifestyle, the limits of which coincided with the duration of their sickness. They saw macrobiotics as providing individual-level benefits and their membership was largely guided by self-interest; in other words, these patients did not necessarily share in the expansive worldview so central to the movement's history. But their membership did much to further macrobiotics legacy; by demonstrating a willingness to take patient complaints with western medicine seriously, Kushi's macrobiotics became a major player in the deliverance of alternative therapies in the latter half of the twentieth century—uniting its righteous cause to heal neglected bodies with its push to globalize peace. To embrace both halves of macrobiotics as Kushi had, was to believe this narrowly construed ideal of intentional and spartan Japanese cuisine was a panacea, not only to heal the ailing bodies of the public, but to quell the inherent dangers of naive Westernization, nationalism, imperialism, and of science, untethered to a cosmology that emphasized harmony above all.

The Pritikin Program: Hope and Bodily Restoration for “Death’s Door People”

*The oatmeal and kasha tasted like wood
 But we forced ourselves to say it was good
 Four weeks went by, we ate all that slop
 We went for the program and couldn’t stop.
 The instructions were followed to the letter
 And we must admit that we do feel better.
 Now we know what it’s all about.....
 It does do good there is no doubt.
 My friends will ask me, “Where have you been?”
 I’ll merely tell them “Pri-ti-kin.”*

—Harry Oliphant, 22 October 1981¹

By her 77th birthday, Eula Weaver, “a tiny, wiry, tough-fibered woman” from California, had already witnessed all of her closest loved ones, including her husband and four of her five children, die.² After her eldest son, a Naval officer, passed away from cancer in Chicago in 1965, Weaver stayed in Illinois to take care of his daughter while she finished college. Yet, Weaver was “barely able to keep a step ahead of death” herself, eventually suffering a heart attack during a routine check-up at an Illinois Naval medical center in 1969. At age 81, she was diagnosed with congestive heart failure. Her doctor gave her two options: to go to bed and let a permanent caregiver spoon feed and bathe her for the rest of her life, or to change her diet and push herself to walk as much as possible. She told her doctor that she couldn’t walk “any length of ways”

¹ Harry Oliphant to Nathan Pritikin, 22 October 1981, box 23, folder “Creative Tributes,” Nathan Pritikin Papers, Library Special Collections, Charles E. Young Research Library, University of California, Los Angeles (hereafter cited as Pritikin Papers).

² Joseph N. Bell, “The Woman Who Refused to Give Up,” *Today’s Health* as cited in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Diet Related to Killer Diseases II*, 95th Cong. 124 (February 1-2, 1977) (enclosed in a letter to Hon. Robert L. Leggett from Nathan Pritikin).

before having to sit down, but that she would “rather be dead than down.”³ Weaver had grown up the daughter of a south Texas cattle rancher, and she had married a semi-professional baseballer, who, after not making it to the Big Leagues, became a rancher himself. Beef, particularly steak, had been an integral part of Weaver’s identity, and her entire family’s culture. Soon after she began walking, Weaver found that a dietary change in addition to the physical change was necessary, claiming, “Suddenly I couldn’t eat the greasy, sugary, salted foods I used to.”⁴

Weaver found the walking regimen was even harder than she had imagined. After her heart attack, she was plagued with severe angina pain, high blood pressure, arthritis, and claudication (pain in the legs) for which she was prescribed to take sixteen to eighteen pills a day. Her circulation was so poor she wore gloves all day and socks all night—even in summer—to keep herself warm.⁵ An article in the American Medical Association’s lay magazine *Today’s Health*, reported that “The heavy medication and constant chills kept her enfeebled and uncomfortable. Sometimes she could barely walk 50 feet without her calf muscles cramping so severely she had to be carried home.”⁶ Despite her best efforts to maintain the diet and exercise program she had been assigned by her physician, Weaver’s condition was not improving. When her granddaughter graduated from college, Weaver moved back to her home in Santa Monica, CA, but remained trapped in her significantly diminished state; she was diagnosed as being

³ Bell, “The Woman Who Refused to Give Up.”

⁴ Rose Dosti, “Senior Olympic Athletes: Don’t Look Now, But That’s Grandma Out on the Track,” *Los Angeles Times*, May 1, 1975, H1.

⁵ Marian Burros, “Longevity: Is Diet the Answer?” *Washington Post*, April 7, 1977, <https://www.washingtonpost.com/archive/lifestyle/1977/04/07/longevity-is-this-diet-the-answer/9d549c5f-3803-4f59-ba76-6686d4bae7e0/>; Tom Monte, *Unexpected Recoveries: Seven Steps to Healing Body, Mind, and Soul When Serious Illness Strikes* (New York: St. Martin’s Griffin, 2005), 183.

⁶ Bell, “The Woman Who Refused to Give Up.”

“beyond hope of recovery.”⁷

One fateful evening in 1973, Weaver went to have dinner with her favorite grandson, Jim Weaver, a “prosperous wholesale food buyer,” who had invited along another guest, Nathan Pritikin. Pritikin—a dark-haired man whose low voice jarred with his slight appearance—was a popular health promoter and dietary reformer. His co-authored book *Live Longer Now*—through which he tried to cement a connection between diet and degenerative diseases—had just become a national best-seller, and he was talking about opening an intensive, live-in clinic in southern California to put into practice the ultra-restrictive principles outlined in his book. Weaver and Pritikin became mutually impressed with one another: “Pritikin was fascinated and impressed by Eula Weaver's determination and mental toughness. She was intrigued with his theories.” Reading his book reinforced her inclination and Weaver immediately “rededicated herself to her life,” and began implementing Pritikin’s program to the letter.⁸

Over the next few months, Pritikin slowly weaned Weaver off of her medication while steadily increasing the duration and intensity of her exercise. What started as walking around the block soon became jogging around the track at the local high school. But casual jogging was cause for concern even among fit people in the early 1970s, let alone for such a superannuated woman as Eula Weaver.⁹ As *Today's Health* reported, “When neighbors saw Eula in jogging clothes, hobbling along, they thought the old lady had slipped a cog.”¹⁰ She was unperturbed. “Within one year,” an article in *Woman's Day* gushed, “she was jogging a mile and a half every

⁷ Monte, *Unexpected Recoveries*, 183.

⁸ Bell, “The Woman Who Refused to Give Up.”

⁹ Shelly McKenzie, *Getting Physical: The Rise of Fitness Culture in America* (Lawrence, KS: University Press of Kansas, 2013), 109.

¹⁰ Bell, “The Woman Who Refused to Give Up.”

day and bicycling the equivalent of 15 miles a day on a stationary machine.”¹¹ As her neighbors gossiped and bragged about her unusual habits, she attracted the attention of the local Senior Olympics in Irvine, California and was soon persuaded to take part. 85 years old at the time of her first entry, Weaver won gold medals in both the 800- and 1,500-meter races. Following her debut performance in 1974, she won two gold medals every year for the ensuing five years for a total of twelve altogether.¹² Perhaps most remarkably, she had accomplished all of this after stopping taking medication altogether.¹³

When Weaver “became something of a star at the senior games,” her remarkable story was subsequently repeated in newspaper articles all over the world.¹⁴ More importantly, tales of Weaver “trotting around the track in flapping pants with women 30 and 40 years younger,” appeared in a wide variety of specialized publications by authors seeking to glean broader lessons from her miraculous-seeming recovery.¹⁵ Her achievements were celebrated and regarded with astonishment in such running magazines and fitness publications as *Runner’s World*, *Jogger’s Catalog*, *Walk! It Could Change Your Life*, *Physiology of Fitness*, *The Complete Book of Walking*, and *The Athlete’s Guide to Sports Medicine*. Books promising the reversal of chronic disease drew inspiration from her story including *Natural Relief for Arthritis*, *The Nutrition Guarantee*, *Running as Therapy*, and *The Cardiologists’ Guide to Fitness and Health through Exercise*. Some of these fitness and health publications emphasized the importance of her story for women, such as *Running Free: A Guide for Women Runners and their Friends*, *The*

¹¹ Patrick McGrady, “A Diet-Exercise Program That Could Add Years to Your Life,” *Woman’s Day*, November 1976, 88.

¹² Carol Lawson, “Behind the Best Sellers,” *New York Times*, July 1, 1979, 5.

¹³ Burros, “Longevity,” 183.

¹⁴ Tom Monte, *Unexpected Recoveries*, 183.

¹⁵ Bell, “The Woman Who Refused to Give Up.”

U.S. Air Force Academy Fitness Program for Women, *The Widow's Guide*, and *The Nutritional Ages of Women*. Finally, and pivotally, Weaver's success was repeatedly cited in publications about aging, including titles such as *Clinical Social Work Practice with the Elderly*, *Physical Dimensions of Aging*, *Growing Old*, *Feeling Young*, *The Concept and Measurement of Quality of Life in the Frail*, and *Staying in the Game: How to Keep Young and Active*. For this latter category in particular, "Eula Weaver symbolize[d] that the elderly can find independence of mind, spirit, and body if they eat, exercise, and, perhaps most importantly, think positively."¹⁶ Eula Weaver became the poster child for Pritikin's program and he was quick to mention her successes during interviews as evidence of his dietary program.

Through the success stories of his "patients" like Weaver, along with his clinic and clinical research, his best-selling publications, and his controversial media appearances, Pritikin helped transform white, wealthy Americans' expectations about aging and the inevitability of infirmity from chronic disease. Though the philosophy of his diet and exercise program largely mirrored recommendations from national authorities like the American Heart Association (AHA), Pritikin's approach was widely considered to be more intense (and intensive). Accordingly, the claims he made about the success of his program were far grander than the AHA's. Beginning in the early 1970s, Pritikin's program promised a sharp reduction in morbidity from nearly all varieties of chronic disease and relative freedom from pills and other forms of burdensome disease management to people who had been languishing under pessimistic and oppressive prognoses from their physicians.

This chapter explores Nathan Pritikin's unusual ascendance to become one of the most influential popular diet experts in the United States from the latter half of the twentieth century. I

¹⁶ Bell, "The Woman Who Refused to Give Up."

base the claim of his influence on several things: he had multiple best-selling books and was regularly featured in mainstream media juxtaposed against other dietary giants like Atkins; several of Pritikin's books made the best-seller list and his program was regularly compared with those of other such dietary giants as Doctors Robert C. Atkins and Herman Tarnower (of the Scarsdale Diet), and Weight Watchers in newspapers and magazines across the country (and the world); he was called as an expert witness to testify before Congress multiple times during a pivotal transition period in the nation's dietary history; and he served as a personal inspiration to some of the biggest names in dieting from the 1990s to now. Though his name may have lost some of its cachet in the past several decades, publications from the 1970s and 80s treated Pritikin so casually as to assume their audiences would be intimately familiar with him. Pritikin was squarely on the fairway of "mainstream" (re: white, middle class, mass market) dieting culture; accordingly, for the purposes of this chapter, Pritikin's program offers a lens through which we can put mainstream dieting culture into relief.

By promoting a diet for health, Pritikin constructed normative models for his patients' bodies and in so doing certainly contributed to the American diet cacophony that vilified fat, glorified youth, and blamed individuals for failing to achieve bodily ideals. But to stop here would be to miss the soul of his program and its lingering effects on American health consciousness. Like the diets of the previous two chapters, the Pritikin program was self-avowedly aimed, not at weight reduction per se, but at the "prevention or treatment of high blood pressure, diabetes, gout, atherosclerosis, gallstones and other diseases."¹⁷ While many who adopted the Pritikin regimen reported moderate weight loss, symptom relief and an increase in physical ability were the most desired outcomes of the diet. Unlike the other figures covered in

¹⁷ Judith Willis, "Sorting out and understanding today's fad diets," *Chicago Tribune*, July 1, 1982, S_B11.

the dissertation thus far, Pritikin's success was also notable for the relatively high degree of medical buy-in he achieved given that he, like Alvenia Fulton and Michio Kushi, had no formal training in medicine. While Pritikin frequently locked horns with skeptical medical authorities over his assertions that he could not only lessen but reverse America's most intractable illnesses, he nevertheless managed to shore up a sizable following among respected physicians.

It should be noted that Pritikin's ability to infiltrate hallowed medical spaces and to be taken seriously when he adopted medico-scientific ideas and language depended in no small degree on his positionality. Unlike Fulton or Kushi, whose success depended upon having carefully embedded cultural hooks in their respective programs (ingredients, flavors, preparation methods, etc.) that aligned with their dieteers' broader set of values, Pritikin's success was not reliant on securing cultural buy-in for the cuisine that underpinned his dietary program. Pritikin's program, like so many other diets in American society, was largely structured around techno-scientific understandings of food and nutrition that reduced cuisines to their macronutrient value—an attitude food studies scholar Gyorgi Scrinis has labeled *nutritionism*.¹⁸ Pritikin's nutritional absolutism mercilessly eschewed those foods most associated with chronic disease irrespective of their sociocultural ties. In doing so, he disregarded nearly every major American culinary tradition, eliminating many of the foods Americans found most palatable without proposing viable replacements and without situating such bland cuisine within an appealing cultural counter-narrative as did the Temperance reformers who rallied around Sylvester Graham and John Harvey Kellogg a century earlier. Ironically then, Pritikin's performance of whiteness—exemplified by his flippant disregard of cultural identity and his subservience to the

¹⁸ Gyorgi Scrinis, *Nutritionism: The Science and Politics of Dietary Advice* (New York: Columbia University Press, 2015). Notably, while Scrinis pioneered the concept, it was popularized by Michael Pollan.

cultureless facticity of science—fed into one of the most potent medical critiques of his program: his program was so austere, so stripped of extra-medical meanings that dieters struggled to maintain fidelity to his recommendations.

In spite of his assertions that people would develop a taste for his diet over time, Pritikin knew that a significant portion of his target market considered the dietary choices he was advocating too restrictive and thought it took too high a degree of discipline to maintain. Pritikin also knew from personal experience that his program could work with enough dedication. But the patients with whom he had had the greatest success were not representative of older Americans with faltering health. His success stories came disproportionately from those people most motivated to recover from terminal illness. These patients had already been subjected to intensive conventional medical programs for the management of chronic disease that required a great degree of self-discipline. Such scholars as Chris Feudtner, Jeremy Greene, and Joseph Dumit have shown that chronic disease treatments and management strategies are best understood as not having lessened the prevalence of disease but rather as having transformed the experience of living with illness.¹⁹ While medical intervention in these illnesses extended life without eliminating disease, patients' improved life expectancy masked the new symptoms and complications that arose from managing an illness for an extended period of time. Even after months or years of invasive and expensive medical regimens, most patients could never expect a full recovery and often experienced a severe decline in quality of life. Pritikin used this sentiment to justify his own intervention, arguing "Current medical therapy for heart disease, most

¹⁹ Joseph Dumit, *Drugs for Life: How Pharmaceutical Companies Define Our Health* (Durham, NC: Duke University Press, 2012); Chris Feudtner, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness* (Chapel Hill: University of North Carolina Press, 2003); Jeremy Greene, *Prescribing by Numbers: Drugs and the Definition of Disease* (Baltimore: Johns Hopkins University Press, 2007).

hypertension and adult diabetes deceives both physicians and patients. The symptoms may lessen, but the disease continues its destructive course.”²⁰ In his mind, the austerity of his program was no more severe than that to which these patients were already being subjected, and since his program at least held out the promise of cure, he reasoned that the struggles he inflicted on patients would be more worth their efforts.

Obviously, as the previous two chapters have demonstrated, Pritikin was not alone among diet gurus to have proclaimed an end to chronic disease. He was unique, however, in the way he made his proclamations reverberate in the halls of scientific medicine. Using the tools of science more successfully than his forebears, Pritikin managed to persuade an impressive number of American physicians that his program could reverse some of the worst, most intractable symptoms of the nation’s top killers. But Pritikin’s program was also unique for its clientele; that he specifically targeted illnesses that affected older Americans significantly changed the meaning of his program for his patients. As many of the symptoms of chronic illness were often associated with aging itself (enfeeblement, frailty, pain, etc.), Pritikin’s program mounted a serious challenge to the inevitability of decay or decline. In this lies Pritikin’s central innovation; he redefined the possibilities and meaning of aging and age-related disability, especially for those who had expressed faith in traditional, orthodox medical authority and found it bereft of care or comfort. The degree to which Eula Weaver’s story found broader audiences—especially among those new theorists of aging who, in the early 90s, began to theorize about life extension, “successful aging,” and even age reversal or anti-aging—speaks to Pritikin’s centrality as an architect of this shift.

²⁰ Tim Jahns, “The Crusader: A Profile of Nathan Pritikin,” [unpublished article], n.d., p. 10, box 1, folder “Biographical Article (Never Published) by Tim Jahns, 1979,” pp. 1-17, Pritikin Papers.

Whereas living to old age was once perceived to be rare and those who attained long lives were appropriately revered, in the past century or so, living well beyond 70 has become increasingly common, resulting in fundamental changes to its social meanings. Much of the history of aging and old age has focused on the 20th century construction of elderhood (via gerontology) as a unique stage of life with its own distinct identity and problems.²¹ In broader American culture, however, aging has often been defined in contrast with youth culture, the privileging of which created images of aging that portrayed older people as irrelevant, powerless, and doomed to decline. The increased prevalence of the aged in the early 20th century also coincided with the rise of science and secularization, leaving many struggling for meaning in old age. Some scholars have argued that this construction of old age itself is inseparable from the medicalizations of infirmity, the idea that old age is a disease and the pressure to maintain youth and perhaps cure aging itself.²² The medicalization of aging has yielded greater scientific interest in the biology of aging and its physiological causes, and contributed to the popularization of life-extension techniques, and the cultures of youth preservation. A postmodern wave of longevity-oriented science provided an opportunity to redefine aging against the backdrop of medicalization so as not to preclude the possibility of life extension and personal growth. Pritikinism was one such species of life extension philosophy in postwar America.²³

²¹ See Thomas Cole, *The Journey of Life: A Cultural History of Aging in America* (Cambridge: Cambridge University Press, 1992); Mike Featherstone and Andrew Wernick eds., *Images of Aging: Cultural Representations of Later Life* (London: Routledge, 1995); Thane Pat ed., *The Long History of Old Age* (London: Thames and Hudson, 2005); Steven Katz, *Disciplining Old Age: The Formation of Gerontological Knowledge: Disciplinarity and Beyond* (Charlottesville: University Press of Virginia, 1996).

²² See Margaret Morganroth Gullette, *Declining to Decline: Cultural Combat and the Politics of the Midlife* (Charlottesville: University Press of Virginia, 2004); Lawrence R. Samuel, *Aging in America: A Cultural History* (Philadelphia: University of Pennsylvania Press, 2017); Louise Aronson, *Elderhood: Redefining Aging, Transforming Medicine, Reimagining Life* (New York: Bloomsbury Publishing, 2019).

²³ Aimee Medeiros and Elizabeth Siegel Watkins, "Live Longer Better: The Historical Roots of Human Growth Hormone as Anti-Aging Medicine," *Journal of the History of Medicine and Allied Sciences* 73, no. 3 (2018): 333–359.

In the following section, I explore Pritikin's early career as an inventor and how his interest in solving complex puzzles propelled him to begin investigating the relationship between diet and health. I then trace how Pritikin used his own body as a laboratory through which to conduct medical research and, eventually, develop a diet program. The second half of this chapter examines Pritikin's struggle to gain recognition for the efficacy of his program from the medical community, detailing his efforts to buttress his claims to expertise and to combat pernicious critiques. By putting Pritikin's medical ambitions into relief with testimonies from his dieteers, the dispute over the meaning of his death, and his legacy as a dietary thinker and leader, I demonstrate that Pritikin's success was only dependent in part upon his claims to medical expertise—his primary success came from creating a supportive ecosystem that empowered a narrow band of people to transform their own lives beyond the limits of what orthodox medicine thought possible (or prudent). The final section of this chapter argues that it was this intervention that laid the groundwork for his enduring legacy.

A Self-Taught Inventor

Nathan Pritikin was born August 29, 1915 to Jewish parents who had immigrated from Eastern Europe, settling in Chicago's predominantly Jewish West Side. Pritikin disavowed his faith in early adolescence, however, preferring to set his mind to solving complex scientific puzzles. From a young age, Pritikin displayed a keen technical mind and an entrepreneurial spirit. Though he only secured two years of formal secondary education at the University of Chicago, Pritikin managed to convert his high school passion for the minutiae of photography into a thriving event photography business, Flash Foto. In 1941, he leveraged his technical curiosity and photography experience to secure a lucrative military contract mass-producing cheap, high accuracy reticles (precise etchings in eyepieces that assist aiming, etc.) for Air Force

bombers, a position he held through the end of the war.²⁴

For a decade hence, Pritikin remained in Chicago developing and patenting new technologies, building businesses for their manufacture, and starting over again. Though impressive, Pritikin's life as a self-taught inventor had its share of vulnerabilities; his expertise was repeatedly undermined or subjected to excessive scrutiny. In one notable instance, an engineer with whom Pritikin had gone into business sued for the intellectual property rights to their shared invention, claiming in court that Pritikin did not deserve to have the patent in his name given his lack of formal education. Because Pritikin had a robust personal history filing patents and running other successful businesses from the fruits of his intellectual labor, however, the judge ruled in Pritikin's favor. He eventually licensed 43 patents in chemistry, physics, and electronics to companies such as GE, Corning Glass, Bendix Aviation and Honeywell.²⁵

Though his livelihood came from engineering, Pritikin nurtured a side passion for medicine that mirrored his love of technical puzzles generally. His first definitive exposure to rigorous medical thought was through his photography business, Flash Foto, where he was hired to photograph medical conferences. Between shifts, he would sneak through hotel kitchens and back rooms to attend medical lectures for free, cultivating an amateur interest in a wide variety of subject matter. He became an avid reader of popular scientific and medical literature, and eventually he began collecting and devouring academic medical journals as well.

From as early as the 1930s, Pritikin had become especially interested in the problems of heart disease research. The prevailing medical explanation of heart disease emphasized the contributions of regular aging, and particularly the accumulation of stress, to the natural process

²⁴ Tom Monte, *Pritikin: The Man Who Healed America's Heart* (Emmaus, PA: Rodale Press, 1988), 7.

²⁵ Monte, *Pritikin*, 32.

of the hardening of the arteries. When Pritikin secured his reticle contract with the Air Force, he quietly used his high military clearance level to study the issue for himself by requesting and investigating army medical records. He expected to see heart disease rates explode across Europe during the war, since it was, by all accounts, an extraordinarily stressful occasion. Yet, the incidence of coronary heart disease declined in apparent conflict with medical theory.²⁶ As he followed the problem after the war, he also learned that heart disease incidence fell dramatically among victims of the Holocaust during one of the most stressful events in recorded history—though after the war, as life returned to normal, heart disease rates rose past pre-war levels.²⁷

Though Pritikin was far from the only observer to note this failure of medical theory, it spurred his voracious interest in the technical problems of medicine and he, along with many other medical researchers, began hypothesizing correlations between the decline in cardiac morbidity and interrupted food rations. Among his greatest sources of inspiration was Nazi refugee and Duke physician Walter Kempner, who developed a diet of mostly rice and fruit to treat patients with chronic kidney disease. Despite the rice diet's narrow application and monotony, Kempner's program earned notoriety in the 1940s for significantly improving patients' health on a range of metrics, from cardiac to retinal.²⁸ Despite observing these early connections between diet and heart disease, Pritikin continued to enjoy international cuisines, steak, lobster, eggs, and ice cream—even putting “six pats of butter on his baked potato”—for the next ten years.²⁹ Clearly, these early experiences with medicine were not the sole inspiration

²⁶ Harry M. Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990* (Cambridge: Cambridge University Press, 1997), 167.

²⁷ Monte, *Pritikin*, 25; Nathan Pritikin, “Nathan Pritikin: A Casual Conversation with Dr. John McDougall,” interviewed by John McDougall, *PBS Hawaii*, October 1982, <https://youtu.be/qOj4rzSkqok>.

²⁸ Barbara Newborg and Florence Nash, *Walter Kempner and the Rice Diet: Challenging Conventional Wisdom* (Durham, NC: Carolina Academic Press, 2011). Newborg and Nash say Pritikin tried to paint himself as an ally of Kempner, but Kempner refused to be associated with him.

²⁹ Monte, *Pritikin*, 38.

for his eventual diet program, but he continued to follow trends in medical research, and especially the heart disease problem, as a curious amateur while returning to his life as an independent inventor.

Eschewing the Fat

In 1955, tired of the cold and worried about the pollution in Chicago, Pritikin set himself upon a new puzzle: locating the healthiest place to live. In a striking resemblance to George Ohsawa's early American followers, Pritikin wrote letters to scientists in cities across the country asking them to send him detailed reports on their climatological data—signaling his ability to develop social networks and demonstrating the high level of scientific literacy he had achieved thus far. After weighing the various factors that concerned him, Pritikin decided to uproot his family and his latest engineering business to move to healthful Santa Barbara.

After uprooting his family and business to California, he wasted no time in arranging a meeting in a Los Angeles hotel with a heart disease researcher, Dr. Lester Morrison. Born in London, Morrison earned his medical degree from Temple University in 1933, staying in Pennsylvania for several years afterwards to practice gastroenterology and to teach. Later in his career, Morrison would teach in the medical schools at UCLA, USC, and Loma Linda University, serve as an investigator for the U.S. Department of Health, the National Institutes of Health and the American Cancer Society, and become the chief of staff at Cedars of Lebanon Hospital.³⁰ Morrison had had the same intuitions as Pritikin about the origins and causes of heart disease. Like Pritikin, he too found inspiration to investigate dietary connections to heart disease from the anomalies in medical data during the Second World War. Morrison was among the first

³⁰ Burt A. Folkart, "Lester Morrison; Pioneer in Diet, Health," *Los Angeles Times*, May 28, 1991, <https://www.latimes.com/archives/la-xpm-1991-05-28-mn-2586-story.html>.

researchers to show, using experiments on rabbits, the connection between arteriosclerosis and cholesterol.³¹ As of 1946, he had placed 50 of his patients on an experimental regimen (and another 50 in a control group) to bear those intuitions out, where “he began finding evidence that America’s fat-rich diets were fostering heart and artery disease.”³² Pritikin had been following Morrison’s study since its inception and was well aware of his conclusions ahead of their meeting. The night before their rendezvous, Pritikin swore to himself that the room service ice cream sundae he enjoyed in the hotel would be his last.

During their fateful meeting, Morrison and Pritikin discussed the role of cholesterol in promoting and measuring the progression of heart disease. Morrison casually inquired if Pritikin knew his own cholesterol values—he did not. Morrison insisted he have his blood examined and to take a Master’s Step stress test in his lab, where he discovered his functioning was “barely normal,” and that his cholesterol level was 280—a number that Morrison declared in the high range of normal—but which Pritikin, based on his own reading of the literature, understood to be dangerously high for long-term arterial health. To curb his risk of developing heart disease, therefore, he stopped eating “obvious” sources of fat: butter, eggs, the visible fat on meat. Within the year, his cholesterol had dropped to 200. After another year, he sought a different doctor’s opinion on his arterial health where he was diagnosed with “posterial wall myocardial ischemia,

³¹ For histories covering other early developments connecting heart disease and diet, see Nicholas Rasmussen, “Group Weight Loss And Multiple Screening: A Tale Of Two Heart Disease Programs In Postwar American Public Health,” *Bulletin of the History of Medicine* 92, no. 3 (2018): 474-505; Todd M. Olszewski, “The Causal Conundrum: The Diet-Heart Debates and the Management of Uncertainty in American Medicine,” *Journal of the History of Medicine and Allied Sciences* 70, no. 2 (2015): 218-249, <https://doi.org/10.1093/jhmas/jru001>; Robert Aronowitz, “The Framingham Heart Study and the Emergence of the Risk Factor Approach to Coronary Heart Disease, 1947-1970,” *Revue d’histoire des sciences* 54, no. 2 (July-December, 2011): 263-295; Maiko Spiess, “Food and Diet as Risk: The Role of the Framingham Study,” in *Proteins, Pathologies, and Politics: Dietary Innovation and Disease from the Nineteenth Century*, ed. David Gentilcore and Matthew Smith (London: Bloomsbury, 2018), 81-94.

³² Burt A. Folkart, “Lester Morrison.”

with ST depressed leads.”³³ He was advised to avoid physical stress (exercise, climbing stairs, etc.)—in his mind, “everything consistent with a sedentary existence.”³⁴ Instead of following his doctor’s recommendation, Pritikin stopped eating meat in April, 1958 and within the month his cholesterol had dropped another 40 points. His stress test from December, 1959 remained unfavorable, however, so the next month, undeterred, Pritikin began a moderate exercise program and cut animal protein from his diet altogether. His next stress test—a more rigorous treadmill test—indicated he had finally returned to normal functioning and his cholesterol had dropped to 120, just slightly above the levels he maintained for the rest of his life. Pritikin had cured himself of heart disease.

Concurrent with his struggle against heart disease, however, Pritikin’s health took another, more dramatic turn. In 1957, plagued by anal itching, Pritikin sought medical care. Finding no relief from topical creams and ointments and reacting poorly to the antifungal medicines he was prescribed, Pritikin’s physician convinced Pritikin to undergo three rounds of unfiltered x-ray therapy (two at 88 rem, one at 44 rem) to kill off what they presumed were unwieldy gut flora.³⁵ After this therapeutic exposure, Pritikin’s blood showed abnormalities in his white cell count for the first time, a precursor to the leukemia (first diagnosed in 1958) that would eventually lead him to take his own life. Pritikin would later blame the x-rays he received for the mutation in his lymphocytes, a cruel side effect of excessive medical therapy.

After his first test with Dr. Morrison in 1955, Pritikin became even more obsessed with

³³ “Health Autobiography of N.P.,” box 4, folder “Health Biography N.P.,” Pritikin Papers.

³⁴ “Health Autobiography of N.P.,” box 4, folder “Health Biography N.P.,” Pritikin Papers.

³⁵ Monte, *Pritikin*, 41. Pritikin’s radiation dosages are just under or well-above the 50-rem threshold to detect proto-cancerous blood changes. For comparison, according to the FDA, a standard x-ray dose now is .02 mSv, or 1/500 rem, even a modern CT scan is only 16 mSv, or 1.6 rem. Using these figures, therefore, I estimate Pritikin received radiation equivalent to 110,000 chest x-rays—a lot of radiation.

reading medical literature, but now his obsession was more personally driven. He began actively interrogating every step his doctors took in his diagnosis, making detailed notes and copies of every medical record he ever received about all the different parts of his body. He also began collecting impossibly detailed information about his own health, including taking his own measurements and keeping meticulous records of his health-related data, even tracking his daily blood counts manually on graphic paper. He would then compare the notes he kept on his blood chemistry with the records he made of his diet and exercise routine in an attempt to puzzle out possible effects.³⁶

To make time for his newfound passion for monitoring and learning about his own health, from 1955 to 1967, Pritikin sold off all of his patents, stock, and prior business interests. Of his father's business strategies, Pritikin's son Robert said, "My dad was a horrible businessman. Our family was always sitting on the edge economically with the way he would run things. He was a wild man in business—a wild man with a pen, I used to call him."³⁷ This time, luckily, the collective deals were lucrative enough to allow Pritikin an early retirement and to begin independently funding medical research. During this time, he also began corresponding with a wide network of physicians through which he earned limited recognition as an authority on a variety of medical topics—but especially nutrition—in isolated sectors of the medical establishment.

The Pritikin Program for Diet and Exercise

From his years of meticulous research and self-experimentation, Pritikin eventually

³⁶ His archival materials offer further evidence of his meticulous record keeping as he went even so far as to request the submission of his own blood slides into the archive.

³⁷ Neal D. Barnard, "The Pritikin Legacy," *Vegetarian Times*, May 1991, 69.

settled on a complicated dietary formula to combat his own illnesses that emphasized the intake of complex carbohydrates, fruits, and vegetables, while abstaining almost entirely from salt, sugar, cooking oil and margarine, animal fats, caffeine, alcohol, and nicotine. Included in his list of foods to avoid were many other cooking staples: all but non-fat dairy products (including non-dairy substitutes), egg yolks, honey, molasses, all refined carbohydrates, and all but lean meat and only in limited amounts. His crusade against fat drew no distinctions between saturated animal fats, monounsaturated vegetable fats, or polyunsaturated fats (like omega-3s), as all were liable to “create havoc by raising triglyceride levels and creat[e] metabolic suffocation by the resultant sludge in the blood.”³⁸ In fact, Pritikin was so convinced of the negative effects of dietary fat that he even avoided such high-fat plant products as avocados, olives, soybeans, and nuts (except, inexplicably, chestnuts). Not only was this a diet that was virtually free from all refined ingredients, most dairy, and most meat, but the methods of preparation even for grains and vegetables were severely limited as well, ruling out much of Western cooking culture in one fell swoop. But while there were many forbidden foods on the Pritikin program, one upside was that anyone following his program was permitted to eat to their heart’s content with no limits on portion control.

Pritikin found that his program worked so well on himself that he decided to share his wisdom and success with the public. In an interview with *Vegetarian Times* in 1991, Pritikin’s son Robert referred to his father as a “rabble-rouser,” claiming, “He’d go around talking to anybody who would listen to him. My dad became an evangelist. He was seeing millions of people dying from all of these diseases, and no one would listen. He finally started talking to

³⁸ ‘The Pritikin regimen for a long, healthy life,’ *Chicago Tribune*, September 2, 1979, J3.

these really off-the-wall longevity groups of the '60s and '70s, the pseudo-science groups.”³⁹ His involvement in life-extension circles eventually led to his being appointed Director of Nutrition Research, in 1972, for a nascent organization called the Longevity Foundation. Pritikin had befriended the organization’s president, mathematician and fellow longevity-enthusiast, Jon Leonard.⁴⁰ Pritikin’s first major national exposure came two years later, in 1974, when he and Leonard co-authored the best-selling book *Live Longer Now*.⁴¹ The book proposed a strict diet—similar to the Pritikin plan outlined above—entitled the 2100 Plan. The authors’ claim that their program was the product of collaboration between twenty scientists was fictive.⁴² Regarding the purpose of their diet plan, Leonard said that people were “not afraid of the now, but of the future. They confuse living a long time with being debilitated a long time. That’s what we’re avoiding.”⁴³ Unlike most diets that emphasized the speed of results—particularly with respect to weight loss—Pritikin advertised his diet as a long-term holistic, preventive lifestyle for those burdened with severe medical (rather than strictly aesthetic) concerns. With the success of the book, Pritikin was granted appearances in magazines, newspapers, national TV spots—most notably two slots on *60 Minutes* from which came his greatest surge in popularity—and with his first solo-authored best-selling book, *The Pritikin Program for Diet & Exercise* in 1979, which sold nearly 2 million copies.⁴⁴

After the release of *Live Longer Now*, Pritikin gave a presentation on his theories at a

³⁹ Barnard, “The Pritikin Legacy,” 67.

⁴⁰ Jon N. Leonard to Nathan Pritikin, 11 August 1972, box 5, folder “Longevity Foundation. Nathan’s Influence Re: Direction of Activities,” Pritikin Papers.

⁴¹ Mary Knoblauch, “Giving up the sweet life for a good life,” *Chicago Tribune*, December 1, 1974, F11.

⁴² Barnard, “The Pritikin Legacy,” 67. Explaining Pritikin’s justification for lying in the book, Robert Pritikin said “My father thought that if he didn’t make up this fiction, and it all came from a guy without any degrees, who’d believe it?”

⁴³ Knoblauch, “Giving up the sweet life for a good life,” F11.

⁴⁴ Jack Jones, “Nathan Pritikin, Crusader for Fitness, Kills Himself,” *Los Angeles Times*, February 23, 1985, A1.

1974 conference for the American Academy of Medical Preventives in Miami, that was, by all accounts, sensational.⁴⁵ His controversial ideas were received with enthusiasm and he began receiving letters in the mail asking him about the finer details of his program, how it could be implemented, broadened, or more thoroughly assessed by medical institutions. Among the flurry of inquiries he received was one from a physician from the Long Beach VA Hospital, John Kern, dated July 27, 1974. Kern became excited at the potential to conduct a study to evaluate the results of Pritikin's diet and exercise program on patients with severe cardiovascular disease using patients from the VA—a program Kern hoped would revolutionize cardiac care at his hospital. In his first letter, Kern said, "We are planning on putting your diet to [the] test at the Long Beach Veterans Hospital. We plan angiography before and after your diet as well as the noninvasive studies. Our patients will be men suffering from atherosclerotic peripheral vascular disease...We are interested to see if we can reverse the atherosclerotic process with your diet."⁴⁶ Excited by the potential to underpin his program with real science, Pritikin enthusiastically accepted the offer and began making plans to design and execute the study in cooperation with staff from the Long Beach VA Hospital.

The study was to be a preliminary test comparing the American Heart Association's diet (which allowed nearly 40% of daily calories to come from dietary fat) with the Pritikin program in 38 men with advanced cardiac conditions over a period of five months. Because the hospital lacked sufficient facilities to entertain and feed such a large group of men for so long, Pritikin

⁴⁵ According to Pritikin's son Robert, when Pritikin presented at the American Academy of Medical Preventives, most of the other speakers emphasized prostheses, wheelchairs, and other kinds of technical aids to help people cope with age-related disabilities. Pritikin felt like the black sheep for preaching disease reversal instead.

⁴⁶ John Kern to Nathan Pritikin, 27 July 1974, box 6, folder "VA Hospital Investigation: Kern's Correspondence in Investigator's File," Pritikin Papers; Transcript from deposition of Nathan Pritikin, p. 551, box 6, Folder "V.A. Hospital Investigation. Deposition of Nathan Pritikin," Pritikin Papers.

rented a house near the VA hospital where men were supposed to come every day to exercise, to have basic measurements taken, and to collect and eat pre-made meals (including taking home doggy bags with late night snacks). Kern, who was supposed to be the lead author of the study, found himself preoccupied with his duties as Acting Chief of General Medicine at the hospital. Yet there was so much work to run everything that Pritikin hired his son, Robert—who took a leave from his research job at a diabetes foundation—to supervise the activities in the house, or as he also once said “to babysit a bunch of older men who acted like children most of the time.”⁴⁷ Pritikin spent much of his time shuttling between the house and the hospital to consult with the medical staff, setting up testing at neighboring hospitals and clinics (like Loma Linda University Medical Center and the Orange County branch of the California Heart Association), and soliciting food donations from local businesses and corporations alike to feed his patients (including, notably, from Erewhon, Michio and Aveline Kushi’s natural food company).⁴⁸

The hard work paid off, from Pritikin’s perspective at least, when the final results were tabulated and they showed substantial improvement in the physical condition of the men on the experimental Pritikin program. Their exercise capacity had increased by a stunning factor of ten, several of them had weaned themselves off of or were taking substantially reduced doses of their medications, and their arterial stenosis (cholesterol blockages) was estimated to have been reduced by more than half.⁴⁹ Pritikin understandably felt vindicated by these results, which were especially important to him as they provided the first evidence (beyond Eula Weaver) that his program could work for more people than himself. His team had difficulty publishing their

⁴⁷ Jahns, “The Crusader,” 10-11.

⁴⁸ Transcript from deposition of Nathan Pritikin, p. 551, box 6, Folder “V.A. Hospital Investigation. Deposition of Nathan Pritikin,” Pritikin Papers.

⁴⁹ Nathan Pritikin et al., “Diet and Exercise as a Total Therapeutic Regime for the Rehabilitation of Patients with Severe Peripheral Vascular Disease,” *Archives of Physical Medicine and Rehabilitation* 56, no. 558 (1975).

spectacular results, however. They submitted their write-up to the American Heart Association (AHA), for instance, but were rebuffed to Pritikin's chagrin; he cynically assumed the AHA was merely buttressing their dietary program against criticism. After a few other rejections from medical journals and conferences, Pritikin was finally accepted to present his findings from the Long Beach VA Study at the 1975 session of the American Congress of Rehabilitation and Medicine in Atlanta.⁵⁰ It was there that "the real fireworks began."⁵¹

In his own telling, Pritikin's presentation was not only honored as the most important paper at the conference, but his presentation also earned him an interview with a local science reporter.⁵² His son later contradicted this version of the story, suggesting that Pritikin himself had "got a few science editors down there and pumped them up," before the presentation to make a splash.⁵³ Regardless, the interview led to the publication of a front-page news story about Pritikin's claims to have reversed heart disease with diet, after which, "[w]ire services picked it up and made it a national rage." Though many had experimented privately with Pritikin and Leonard's 2100 Plan, following the bombshell talk in Atlanta, "Pritikin returned to Santa Barbara to discover hundreds of letters inquiring about where the nutritional treatment could be obtained. He resolved to start such a facility."⁵⁴

The Longevity Center

The crown jewel of Pritikin's operation was to be a magnificent, luxury clinic-cum-health

⁵⁰ The name of this organization has changed several times over the years. For example, it was once known as the American Academy of Physical Medicine and Rehabilitation.

⁵¹ Jahns, "The Crusader," 10-11.

⁵² Nathan Pritikin, *PBS Hawaii*.

⁵³ Barnard, "The Pritikin Legacy," 68.

⁵⁴ Jahns, "The Crusader," 10-11.

resort, called the Longevity Center, but it took several years to come to fruition. The first iteration of the rehabilitation clinic was founded in January 1976 and required that guests stay at a rather lackluster motel, the Turnpike Lodge in Goleta, CA, for the duration of the program.⁵⁵ Pritikin moved his enterprise to its first independent location in Santa Barbara—at the more sophisticated Mar Monte Hotel—shortly thereafter, but Pritikin and the owner of the Mar Monte had a dramatic falling out as the owner put a “financial squeeze” on Pritikin.⁵⁶ In fairness, Pritikin had a reputation for having been a difficult person with whom to work.⁵⁷ Finally, in May of 1978, Pritikin relocated his clinic to its permanent address in Santa Monica, CA, into a newly renovated space designed specifically for his purposes.

Despite the difficulties of moving and scouting locations in these early years of the program, the program proved popular. After finding success in California, the Pritikin Foundation opened two additional locations in Downingtown, Pennsylvania and Surfside, Florida, with unrealized plans for another in Maui. In each center, Pritikin sought to replicate as nearly as he could the program to which he subjected himself. Just as Pritikin detached from his work responsibilities, collected mind-boggling amounts of health data about himself, studied physiology and medical literature, exercised, and strictly monitored his eating, so would his patients—at least approximately. And they would do so in the relative lap of luxury.

Pritikin’s flagship Longevity Center in Santa Monica was similar in function to Kellogg’s Battle Creek Sanitarium, but updated to fit contemporary tastes. It was “an immense building furnished in the plush carpet, natural wood look and stained glass that shouts of California modern,” located on a prime stretch of unspoiled golden beaches. His guests stayed onsite in the

⁵⁵ Barnard, “The Pritikin Legacy,” 69.

⁵⁶ Jones, “Nathan Pritikin, Crusader for Fitness, Kills Himself,” A1.

⁵⁷ Jahns, “The Crusader,” 11.

resort's 107 rooms, while their supervising physicians lived next door in the resort's other 14 rooms. The "tall tinted windows" of the large, quiet dining hall, according to one commentator, overlooked a stand of "palms flapping in a stiff onshore breeze," which "give the impression one is watching a sepia film of the idyllic California beach life."⁵⁸

Would-be Pritikinites from across the country (and the world) signed up to stay with him for an entire month where they attended nutrition and physiology lectures, group exercise classes, and Pritikin-approved dinner parties while their bodies turned back the clock.⁵⁹ Expectedly, this immersive, life-altering Pritikin experience was not cheap. The entry cost to the Center when it opened in 1976 was \$2,750, the equivalent of \$12,000 today adjusted for inflation. Interestingly, patients only paid this fee after having their applications accepted, and the application required an additional \$1,100 panel of medical tests, bringing the total cost of attendance to \$3,850, or about \$17,000 today.⁶⁰ "In return," an article in *Women's Wear Daily* suggested, Pritikin's patients "expect that their future which, before the center, included a certainty of pain, surgery or a lifetime of drugs, will be considerably brighter."⁶¹

Since the program was not initially covered by insurance, the high cost, both financial and temporal, of attending a getaway at the Longevity Center pegs Pritikin's target audience as older, white, and affluent.⁶² Unlike the standard narrative of dieting programs in the twentieth

⁵⁸ Jahns, "The Crusader," 12.

⁵⁹ Elaine Markoutsas, "Nutrition Guru Is No Ordinary Health Nut," *Chicago Tribune*, May 8, 1979, A1.

⁶⁰ By 1985, the costs of attendance had dropped slightly (adjusting for inflation) to \$5,800 for couples and \$4,700 for individuals. "Nutritionist Pritikin, Ill with Leukemia, Kills Self," *Los Angeles Times*, February 22, 1985, A1; Elaine Louie, "The Boom in Health Clubs," *New York Times Magazine*, 7 October 1979, SM20; Judy Klemesrud, "At the Spas: Shedding Holiday Excesses," *New York Times*, 10 May 1984, A20; Pamela Hollie, "Spas Thrive on Diet, Fitness Craze: Profits Mount for Owners," *New York Times*, 6 November 1978, 82; Marian Burros, "Toning up at the Sleekest of Health Spas: The Golden Door Shapes and Coddles," *New York Times*, 27 January 1987, 19.

⁶¹ Stephen Randall, "Healthful Eating: Take it to Heart," *Women's Wear Daily*, April 8, 1977, 10-11.

⁶² Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies, and Fat* (New York: Free Press, 1986), 250.

century, therefore, Pritikin's Longevity Center guests were not overwhelmingly women—especially not young women—nor were many pursuing the plan with weight loss as their primary aim. Rather, Pritikin's most enthusiastic followers were people who had been stricken by unmanageable chronic disease and who reported feeling abandoned by or powerless in the face of mainstream medicine. As one reporter wrote after attending a session himself, most of Pritikin's patients “were suffering from advanced artery disease...They ranged in age from the mid-forties to eighty-four, and most came armed with pills—especially nitroglycerine tablets, used to allay the attacks of severe chest pain known as angina pectoris, which physical exertion produces in many heart patients.”⁶³ But as a biographical article about Pritikin cheerfully argued, “For many, this is far cheaper than the alternatives—bypass surgery, long convalescence in a hospital, extensive treatment by conventional means, or that most costly of options, death.”⁶⁴ Despite the steep entry fee, the Centers had no shortage of customers. In a 1982 PBS interview, Pritikin said that his centers had hosted over 10,000 guests.⁶⁵ By 1986, Pritikin's son and the heir to his foundation, Robert Pritikin, suggested that over 20,000 people had attended either the 13- or 26-day live-in programs at one of the three Pritikin Longevity Centers.⁶⁶

One commentator outlined the benefits he saw in the immersive Pritikin rehabilitation experience: “[T]he launching program...has obvious advantages for those with little willpower. For one thing, at the institute you'd have to go out of your way to cheat. Since you are served eight meals a day, you are not likely to get hungry. There is also the added incentive of having a daily record kept of your improvement in terms of reduced weight, lowered blood pressure,

⁶³ Patrick McGrady, “A Diet-Exercise Program That Could Add Years to Your Life,” *Woman's Day*, November 1976, 158.

⁶⁴ Jahns, “The Crusader,” 11.

⁶⁵ Nathan Pritikin, *PBS Hawaii*.

⁶⁶ Michael Balter, “Pritikin Son Carries on Crusade,” *Los Angeles Times*, September 9, 1986, G1.

increased stamina and the like.”⁶⁷ But this is too pragmatic and cynical an assessment for the exhilarating spiritual experience the Longevity Center provided for many other guests. Attendees found meaningful support and community in the other patrons who had experienced similar struggles with their health and with finding adequate care in regular medicine. They also took solace in being away from their homes and the pressures of their day-to-day lives—and the beautiful subtropical locale did not hurt either.

The main appeal, however, was a far grander kind of transformation: a lifting of the heavy constraints of daily life. By the end of the program, many of Pritikin’s patients “were able to suspend most of their cardiovascular, arthritis, diabetes, and hypertension (high blood pressure)—medications by the thirtieth day. Some were able to go off medication completely.”⁶⁸ Among the most common stories were reports that people who had been confined to their houses from an inability to walk unimpeded by pain found themselves, rather suddenly, much more mobile. Though not every patient became an international-headline-grabbing athlete like Eula Weaver, for many, regaining the capacity to walk empowered them to become independent again, to rejoin the social sphere of their friends and families from which they had been excluded too soon by their declining health.

Indeed, some patients underwent such a dramatic turnaround in their health that they likened their experience to contact with the divine—Pritikin’s own atheism notwithstanding. Some exalted the center as being “the Lourdes of the West”—a reference to the French town known for having water with miraculous healing abilities—while one patient simply referred to

⁶⁷ McGrady, “A Diet-Exercise Program That Could Add Years to Your Life,” 158. Patrick McGrady helped Pritikin write *The Pritikin Program for Diet and Exercise*; Stephen Barrett labels him a quack in his own right.

⁶⁸ McGrady, “A Diet-Exercise Program That Could Add Years to Your Life,” 158.

the center as the “miracle place.”⁶⁹ Guests referred to Pritikin himself as a “medical messiah,” and wrote poetry for him suffused with religious ecstasy.⁷⁰ In this vein, one commentator wrote that, “The spirit at the Longevity Rehabilitation Center here is not unlike the atmosphere at fundamentalist revival. Like their counterparts who find God, the patients at the center are finding cures—or so they believe—and they bounce around the converted seaside hotel in brightly colored jogging suits, anxious to tell you of their mysterious discovery.”⁷¹

The Makings of a Medical Expert

Pritikin was less interested in the revelatory enunciations of his followers as he was in documenting their medical progress to leverage his claims of expertise against the wider world of dietary skeptics. Revealingly, of his transition from amateur engineering to medicine, Pritikin said, “What I’m doing now is no different from what I’ve done all my life. I’m still in research and development. But now I’m working with animate instead of inanimate objects, so I have to be more careful.”⁷² Despite the Longevity Center’s central function as a rehabilitation clinic for patient care, the constant influx of dieteers along with their detailed medical screenings, regular check-ins with Longevity Center medical staff and their general captivity during their stay at the Center made it easy for Pritikin to record and compile patient data. One reporter noted that the Longevity Research Institute kept “thousands of records documenting functional improvement of circulatory problems that often lead to high blood pressure and heart disease; reversal of

⁶⁹ Randall, “Healthful Eating,” 10-11.

⁷⁰ Some prime examples include Rebecca Weiner to Nathan Pritikin, 7 August 1980, box 23, folder “Birthday Book Replies 3,” Pritikin Papers; Sylvia Siegle to Nathan Pritikin, 23 August 1980, box 23, folder “Birthday Book Replies 3,” Pritikin Papers; Maury Leibovitz, “Ode to Nathan,” box 23, folder “Creative Tributes,” Pritikin Papers; William Hermanns, “O Francis,” 23 March 1982, box 23, folder “Creative Tributes,” Pritikin Papers.

⁷¹ Randall, “Healthful Eating,” 10-11.

⁷² Lawson, “Behind the Best Sellers,” 5.

diabetes, hypoglycemia, arthritis, and other degenerative disorders; case histories of angina patients who are set free of pain or physical symptoms; and those who have discarded drugs, vitamins, even insulin.”⁷³ When the Center was first founded, Pritikin even published a monthly newsletter detailing the improvement statistics from each thirty-day session or “class.” The abundance of data enabled Pritikin to utilize his Longevity Center not only to conduct care but to conduct medical research aimed at demonstrating the efficacy of his program to a more discerning medical audience.

Since Pritikin thought he had stumbled on the secret to reversing chronic disease, he was understandably eager to promote his ideas at the highest level. But getting his ideas to the widest possible audience while maintaining credibility meant he would have to avoid the pitfalls of other faddish dietary promoters; he would have to successfully convince the gatekeepers of the nation’s health that his ideas had real merit. The most obvious such gatekeepers were his patients’ own caregivers: the physicians and hospitals with whom they sought treatment. Accordingly, Pritikin carefully built and maintained relationships with his patients’ referring physicians (some of whom worked for such prestigious institutions as the Mayo and Cleveland Clinics), sending supporting documents when requested and even delivering personalized patient progress reports from the data he collected at the Center.⁷⁴ Pritikin also buttressed his claims to expertise by recruiting physicians to work at his Longevity Center, teach classes, review patient records, design treatment protocols, and, perhaps most importantly, to serve on the advisory board of his research institute.

In addition to reaching out to individual physicians, Pritikin began to expand his outreach

⁷³ Markoutsas, “Nutrition Guru Is No Ordinary Health Nut,” A1.

⁷⁴ Nathan Pritikin, *PBS Hawaii*.

to entire institutions. To forge a stronger relationship with hospitals, Pritikin placed his son, Robert, in charge of an outreach program that aimed to connect hospitals interested in modifying their diet programs for patients with chronic diseases with resources about how to institute an approach similar to the Longevity Center. Initially, Pritikin would provide physicians at interested hospitals with copies of favorable medical studies and lecture slides so they could present the Longevity Center approach to their peers. This strategy managed to pique administrators' interest; in 1980, he had interested requests from six hospitals in Utah alone, including the Utah Valley Hospital and the Cottonwood Hospital in Provo.⁷⁵ In 1981, the financially strained Centre City Hospital in San Diego converted an entire 25-bed unit to providing in-house Pritikin therapy, charging patients \$4,000 each for a 10-day stay.⁷⁶ Centre City followed the lead from a different hospital in New Orleans which had made the switch in 1980 to offer the "Pritikin Hospital Plan," under the direction of the New Orleans-based HMO Qualicare, Inc.⁷⁷ Today, the program is known as Pritikin Intensive Cardiac Rehabilitation, and, according to the program's website, it has recruited nearly fifty participating clinics including St. Luke's Hospital, Arkansas Heart Hospital, and Baptist Memorial Health Care.⁷⁸

With the hopes of engaging the medical community more broadly, Pritikin recruited physicians to design, conduct, and publish experimental trials testing his program (or related concepts) to gain visibility in peer-reviewed medical journals.⁷⁹ The trials were mostly self-

⁷⁵ Harold Snow to Nathan Pritikin, 5 August 1980, box 25, folder "Hospital Plan: Using Pritikin Program," Pritikin Papers.

⁷⁶ Keay Davidson, "Troubled Hospital Turns to Weight-Loss Plan," *Los Angeles Times*, April 5, 1983, SD_A1.

⁷⁷ Davidson, "Troubled Hospital Turns to Weight-Loss Plan," SD_A1.

⁷⁸ "Pritikin ICR: Pritikin Intensive Cardiac Rehab," Pritikin Longevity Center, accessed November 11, 2019, <https://www.pritikin.com/your-health/health-benefits/reverse-heart-disease/pritikin-icr.html>.

⁷⁹ Studies conducted by Pritikin's Longevity Center staff include: John A. Hall et al., "Effects of diet and exercise on peripheral vascular disease," *Physician and Sportsmedicine* 10, no. 5 (1982): 90-101; Monroe B. Rosenthal et al., "Effects Of A High-complex-carbohydrate, Low-fat, Low Cholesterol Diet On Levels Of Serum Lipids And Estradiol," *American Journal of Medicine* 78, no. 1 (1985): 23-27, [https://doi.org/10.1016/0002-9343\(85\)90456-5](https://doi.org/10.1016/0002-9343(85)90456-5);

funded (they mostly cost between \$60,000 and \$150,000) or were conducted in full or in part by an allied institution like Loma Linda or Brigham Young. In their experiments, Pritikin's allies essentially sought to identify any practical benefit of the Pritikin program. They searched for effects of the Pritikin diet on a range of conditions beyond hypertension, including diabetes, gout, breast cancer, and colon cancer. Some of the trials (many were not ultimately published) were designed to respond to his critics' complaints that his program was too low in fat, iron, and protein, and too high in fiber. Pritikin was once even appointed "Honorary Nutrition Consultant" on a ship where he conducted an experiment on nine crew members to "emphasize the benefits of Pritikin Nutrition in techniques of survival."⁸⁰ In addition to publishing papers, Pritikin continued to present his results at conferences and to give invited lectures to physicians at prestigious medical institutions from Sloan Kettering and Cornell Medical to the Rockefeller Institute and Mount Sinai.⁸¹

Dietary Goals for the United States

Pritikin's forays into orthodox medical terrain provoked excitement, curiosity, critique,

R. James Barnard et al., "Long-term Use Of A High-complex-carbohydrate, High-fiber Diet And Exercise In The Treatment Of NIDDM Patients," *Diabetes Care* 6, no. 3 (1983): 268-273, <https://doi.org/10.2337/diacare.6.3.268>; R. James Barnard et al., "Effects Of An Intensive Exercise And Nutrition Program On Patients With Coronary Artery Disease: Five-year Follow-up," *Journal of Cardiac Rehabilitation* 3, no. 3 (1983): 183-90; J. A. Hall and R. James Barnard "The Effects Of An Intensive 26-day Program Of Diet And Exercise On Patients With Peripheral Vascular Disease," *Journal of Cardiac Rehabilitation* 2, no. 7 (1982): 569-574; Fran Weber, R. James Barnard, and Douglas Roy, "Effects Of A High-complex-carbohydrate, Low-fat Diet And Daily Exercise On Individuals 70 Years Of Age And Older," *Journal of Gerontology* 38, no. 2 (1983): 155-161; R. James Barnard et al., "Response Of Non-insulin-dependent Diabetic Patients To An Intensive Program Of Diet And Exercise," *Diabetes Care* 5, no. 4 (1982): 370-374, <https://doi.org/10.2337/diacare.5.4.370>; R. James Barnard, J. Hall, and N. Pritikin, "Effects Of Diet And Exercise On Blood Pressure And Viscosity In Hypertensive Patients," *Journal of Cardiac Rehabilitation* 5, no. 4 (1985): 185-190; R. James Barnard et al., "Effects Of A High Complex-carbohydrate Diet And Daily Walking On Blood Pressure And Medication Status Of Hypertensive Patients," *Journal of Cardiac Rehabilitation* 3, no. 12 (1983): 839-850.

⁸⁰ Captain R.W. Ware to Nathan Pritikin, 7 December 1982, box 34, folder "Diet Prepared by Pritikin Research Foundation for Voyage," Pritikin Papers.

⁸¹ Monte, *Pritikin*.

and alarm. But regardless of their opinions about Pritikin or his program, physicians were unable to sideline him altogether; the excitement he generated with his presentation in 1975 caught the attention of Congress at a critical juncture. Pritikin was one of thirty expert witnesses (and the only guru) called to submit testimony to the pivotal Senate Subcommittee Hearing, “Diets Related to Killer Diseases” that partly established the influential 1977 report, “Dietary Goals for the United States.” The report, nicknamed the “McGovern Report” after committee chairman Sen. George McGovern (D-SD), was a major turning point in the federal government’s nutrition recommendations. Though McGovern’s team had originally been tasked in 1968 with investigating hunger and malnutrition in the United States (it was their work that spawned the Food Stamp program), after several years they transitioned to investigating all the nutritional problems of the country, including overnutrition.⁸² Based on years of sprawling subcommittee testimony from esteemed nutritional experts like Harvard’s Mark Hegsted and NHLBI Director Robert Levy, Dietary Goals for the United States became the first government publication to draw an explicit connection between diet and chronic disease—but is also credited with being the first national report of vilifying dietary fat (especially from animal products) and establishing the controversial low-fat paradigm that reigned in American nutrition through the 1980s, 90s, and beyond.⁸³

The hearing for which Pritikin’s testimony was solicited was merely intended to establish causation between poor diet and chronic disease, and Pritikin’s expertise was requested by

⁸² Marion Nestle, *Food Politics: How the Food Industry Influences Nutrition and Health* (Berkeley: University of California Press, 2013).

⁸³ La Berge, “How the Ideology of Low-Fat Conquered America”; Gary Taubes, “What if it’s all been a big fat lie?” *New York Times Magazine*, July 7, 2002, <https://www.nytimes.com/2002/07/07/magazine/what-if-it-s-all-been-a-big-fat-lie.html>. It was also the first report to use the term “complex carbohydrates.”

McGovern himself.⁸⁴ Citing their common aims of reducing preventable death, McGovern said of Pritikin “We became friends, mutual admirers and fellow crusaders.”⁸⁵ Though it was not within his purview, Pritikin attempted to use his moment in the Congressional spotlight (and again in 1980) not only to prove that diet caused disease, but to advertise the success of his program in reversing chronic disease with therapeutic diet and exercise, and to sway national recommendations to reflect his program at the Longevity Center as well.⁸⁶ This was hubris.

Impressed with Pritikin’s claims, in December 1975, Congressman Robert Leggett (D-CA) urged the Director of the National Heart, Lung, and Blood Institute (NHLBI), Robert Levy, to independently investigate him and his center to see if the hype held up. Pritikin’s written testimony was consequently subjected to intense scrutiny by Levy. Levy joined the NIH in 1963 where he directed clinical research, led the Division of Heart and Vascular Diseases from 1973-75, and served as director from 1975-1981. He oversaw the Coronary Primary Prevention Trial, the first study to prove that lowering blood cholesterol reduces heart disease risk, before leaving for academia, eventually becoming Vice President and Dean of Tufts Medical School and, later, Vice President at Columbia University College of Physicians and Surgeons. At the urging of Congressman Leggett, Levy sent a small team to investigate the Longevity Center in Santa Monica to assess the accuracy of its claims and its viability as a model for national nutritional

⁸⁴ Edward J. Boyer, “‘Fellow Crusader’ George McGovern at Rites: Pritikin Eulogized as a Bold Pioneer,” *Los Angeles Times*, March 1, 1985, <https://www.latimes.com/archives/la-xpm-1985-03-01-mn-23924-story.html>. The exact date and circumstances of their meeting is unknown. The *LA Times* only reported that McGovern first met Pritikin in the early 1970s, ambiguously placing Pritikin’s and McGovern’s meeting around the time the senator’s committee began to transition its focus away from hunger toward issues of overnutrition.

⁸⁵ George McGovern, “Tribute to Nathan Pritikin,” *The Center Post* (Longevity Center alumni newsletter), April 1986, box 1, folder “PRF Memorial Newsletter Center Post ‘Tribute,’” Pritikin Papers.

⁸⁶ Pritikin’s testimony was supported by testimony from a British physician, Hugh Trowell, who served on the Longevity Research Institute’s board, and who likened the Pritikin program to the Kikuyu peasant diet he favored from his anthropological research in Kenya (he may also have joined the Pritikin program as a spy to report on his patients’ candid responses to the program).

recommendations. Despite the fact that Pritikin's studies had been designed and executed by respected medical scientists who worked in his clinics or served on the Longevity Center's advisory boards, some of their work was difficult to disseminate through wider medical channels because of the unusual nature of the Longevity Center setup that chafed against more familiar medical study protocols for lack of replicability. These and other irregularities undermined the study results in the peer review process and subsequent review committees were therefore unimpressed with the otherwise impressive results that Pritikin and his allies trumpeted. A prime example, and one that Levy and Pritikin disputed at some length in written testimony before Congress, was the 1974 Long Beach VA Study.

Long Beach VA Study Revisited

Soon after Pritikin's presentation of the Long Beach VA study results at the Atlanta conference in 1975 (the presentation from which he garnered enough public enthusiasm to found his Longevity Center), Pritikin's progress was halted by an internal investigation launched by the VA that threatened to significantly undermine his credibility as a medical authority. Specifically, the national office of the VA claimed that it had never given authorization for Pritikin's study and began officially looking into the operations at the Long Beach branch.⁸⁷ Both Kern and Pritikin were deposed and gave testimony about their involvement with and the overall trajectory of the study they had designed and executed together. Although there were substantial disparities between their narratives, even where their testimonies agreed—on basic information about the study design, for example—there were serious red flags.

⁸⁷ Transcript from deposition of John Kern, pp. 236-340, box 6, folder "V.A. Hospital Investigation Deposition of Dr. John Kern," Pritikin Papers.

The study itself was rife with internal errors, the most egregious of which was the unevenness between the treatment of the experimental and control groups, a fact which rendered the trial's results largely meaningless. Pritikin had rented a private residence near the VA hospital in Long Beach for six months where the experimental group consisting of 18 older, male patients went daily to exercise and to collect all of their pre-prepared meals (including late-night snacks in a doggie bag). The experimental group was monitored at the house daily by Dr. Steven Kaye and Pritikin's son, Robert—who was not a physician but who had nevertheless taken a temporary leave from his position at a diabetes non-profit to live at the house, monitor patients, and prepare all of the meals for the study. Troublingly, another patient read Pritikin's book and executed the program on their own from home but was still counted in the experimental group. Even worse, the fifteen patients in the control group (though the published report listed nineteen) stayed at home, and were allegedly placed on the VA Hospital's recommended diet but were not given prepared meals or even dietary instructions.⁸⁸ They were only told how and when to exercise, but, crucially, they were not expected to visit the house and were not rigorously monitored during the study period like the experimental group. The control group was only monitored at the end of the study when all of the patients were given angiograms at Loma Linda University and plethysmography at the Orange County California Heart Association to track the overall progress of their disease.

As the investigation of the Long Beach VA proceeded, senior officials at the national VA office became increasingly aware of even more glaring concerns about the execution of the

⁸⁸ Another crucial error in the study report that arose from the deposition was the fact that Pritikin was unable to secure the necessary funds and donations to cover the meal costs for the experimental group for nine months, he solicited a \$2 fee from each patient to cover their meals, after which several of them dropped out of the study, a fact that was omitted from the publication itself. Transcript from deposition of John Kern, p. 283, box 6, folder "V.A. Hospital Investigation Deposition of Dr. John Kern," Pritikin Papers.

study. Early in the planning, Kern had had difficulty identifying suitable patients at the hospital within his and Pritikin's target demographic. Perhaps because he was also swamped with his other responsibilities as the Acting Chief of General Medicine, in a serious lapse of judgment, he gave Pritikin direct access to patients' records, instructing him to select and recruit them into his study by himself—a stark violation of medical ethics for which Kern was subjected to a disciplinary hearing.⁸⁹ Bafflingly, at one point in his testimony, Kern claimed to have been unaware that the study had been conducted at all. Kern testified that he had abandoned the project after being unable to recruit patients, although other records showed he had visited the study house Pritikin rented on at least four separate occasions. Kern explained his behavior as the result of being under pressure to get the study underway because their funding—from an obscure organization called the Kirsten Foundation—was only available for a narrow window of time.⁹⁰ Yet even with this funding, Pritikin was responsible for covering a significant portion of the remainder himself, and for soliciting donations from local businesses for the food his patients were supposed to consume daily.

During his own deposition before the national VA investigatory committee, Pritikin claimed to have learned—at the hearings themselves—that Kern had never formally submitted the study to the Long Beach VA Hospital for approval, nor had he obtained permission to allow Pritikin, let alone Pritikin's son, to participate in medical activities for the hospital at all. From the initial letter Kern sent him proposing the study, Pritikin had understandably gotten the impression that he and his son would be formalized members of Kern's medical research group,

⁸⁹ Transcript from deposition of John Kern, pp. 236-340, box 6, folder "V.A. Hospital Investigation Deposition of Dr. John Kern," Pritikin Papers.

⁹⁰ Aside from the fact that it was housed in New York, I was unable to find any information about this funding agent. Pritikin merely said they paid Robert's salary.

and that the study had passed all the necessary channels of approval to be run at the Long Beach VA Hospital. Kern even told Pritikin that he had sought approval for the study from a more senior supervisor at the hospital, Dr. Robert Porter. However, as with the patient records, Kern told VA investigators that he had allowed Pritikin to perform this outreach himself. Oblivious to Kern's negligence in securing adequate approval for the study, Pritikin never performed the necessary outreach either. As the trial progressed, Pritikin reported that he had simply assumed (from casual interactions with Kern's colleagues that took place while Pritikin was in the hospital) that people were generally informed and accepting of their study. What most troubled the VA's investigators was that Pritikin had not only viewed sensitive patient records, but was also regularly in Kern's office and was present for much of the experimental testing done at the Long Beach VA Hospital as well. Ultimately, the VA investigation concluded that the study had not actually been surreptitious because many of the Long Beach Hospital physicians testified that they had known about the study and had even sent patients to participate. Kern, however, was found guilty of using cardiology equipment without the Chief of Cardiology's permission, and when the Chief, Dr. Robert Aronow, learned of Kern's and Pritikin's study, he reported them to VA headquarters in Washington, D.C.⁹¹

The results of the study itself, in Kern's telling at the deposition, were ambiguous at best. During the first few months of the trial, Kern admitted, the results were impressive, "The men lost weight, blood pressures returned to normal, exercise tolerance increased from a few feet to a few miles, and the men felt well," but problems emerged later.⁹² Both the experimental and

⁹¹ Because this was an internal investigation, and Pritikin's papers only hold the deposition transcripts, it is not clear what happened to Kern after his disciplinary hearing, but there are several letters in which he grovels to his superiors to prevent the enactment of a harsher punishment. It is possible he was reprimanded but allowed to keep practicing.

⁹² John Kern to American Heart Association, 6 March 1976, box 6, folder "VA Hospital Investigation. Kern's Correspondence in Investigation File," Pritikin Papers.

control group had a death from myocardial infarction by the end of the study period. The man from the experimental group who died had even had marked improvement in his exercise ability, but he nonetheless developed severe angina several months into his new regimen. According to Kern, after reviewing the man's autopsy, Pritikin insisted his death was the result of him having smoked a corn cob pipe and eaten a hamburger the day of his death. Kern disagreed. Pritikin claimed in his deposition that he had actually attributed the man's death to the fact that he had developed a habit of smoking and eating hamburgers over the last six months, not just on his death day.⁹³ Regardless of these mortalities, Kern said a third of the remaining patients did slightly better, a third had no noticeable improvement, and a third suffered a marked decrease. Further, he conjectured that the benefits he and Pritikin witnessed early on could be explained away by the low sodium content of the experimental diet (the positive results of which were allegedly undone after a single salty meal) and adherence to the incremental exercise routine. In other words, Kern argued that the low fat content was irrelevant to the study results.

Despite Kern's reservations about the study's results and despite his never having seen a single draft of the report while it was being written, Kern was still listed as the study's principal investigator.⁹⁴ Pritikin had written and published the report in its entirety without Kern's input.⁹⁵ Predictably, the report touted the diet's efficacy, even offering it as an alternative to coronary bypass surgery. Further, despite not having had formal approval for the study from the VA, the Long Beach VA Hospital was named as the source of the study's patients in the publication—

⁹³ Nathan Pritikin to John Kern, 20 February 1976, box 6, folder "VA Hospital Investigation. Kern's Correspondence in Investigation File," Pritikin Papers.

⁹⁴ Nathan Pritikin et al., "Diet and Exercise as a Total Therapeutic Regime for the Rehabilitation of Patients with Severe Peripheral Vascular Disease," *Archives of Physical Medicine and Rehabilitation* 56, no. 558 (1975).

⁹⁵ Pritikin to Kern, 20 February 1976, box 6, folder "VA Hospital Investigation: Kern's Correspondence in Investigator's File," Pritikin Papers.

which apparently resulted in substantial “unfavorable publicity” for the hospital into a substantial controversy.⁹⁶

Under the fierce gaze of his interrogators, Kern lamented having ever been involved in Pritikin’s Long Beach VA study and submitted a notarized request to Pritikin to have his name removed from the study and any material Pritikin printed advertising its conclusions.⁹⁷ Kern’s concerns were not unreasonable—even for the standards of the day, the VA study design left much to be desired. For Kern, the investigation held the increased risk of severely damaging his credibility as a researcher and jeopardizing the public reputation of the VA hospital itself.⁹⁸ Though the VA ultimately blamed Kern’s lapses in judgment for the questionable design and conduct of the study, he nevertheless tried to defend himself and salvage his own reputation at his deposition by throwing Pritikin under the bus, stating: “With Mr. Pritikin, the diet is almost a religion and it is above scientific scrutiny and the negatives are overlooked and you only look at the positives which may be the way you do things in business but in medicine you have to look at the things that were unexpected and you have to be able to explain them and therein might lie the key to some important discovery.”⁹⁹

Pritikin was clearly not a disinterested scientific researcher and had a clear vested interest in his study results. He hoped not only to vindicate his dietary ideology, but also to see that his substantial personal investment in the study bore fruit. Then, having felt abandoned by Kern in

⁹⁶ John Kern to Ralph Bodfish, 11 February 1976, box 6, folder “VA Hospital Investigation: Kern’s Correspondence in Investigator’s File,” Pritikin Papers.

⁹⁷ John Kern to Nathan Pritikin, 11 February 1976, box 6, folder “VA Hospital Investigation: Kern’s Correspondence in Investigator’s File,” Pritikin Papers.

⁹⁸ John Kern to American Heart Association, 6 March 1976, box 6, folder “VA Hospital Investigation: Kern’s Correspondence in Investigator’s File,” Pritikin Papers; John Kern to Ralph E. Bodfish, 11 February 1976, box 6, folder “VA Hospital Investigation: Kern’s Correspondence in Investigator’s File,” Pritikin Papers.

⁹⁹ Transcript from deposition of John Kern, p. 254, box 6, folder “VA Hospital Investigation Deposition of Dr. John Kern,” Pritikin Papers.

the study process only to find that he disagreed with Pritikin's interpretation of the study results, Pritikin decided to circumvent him and publish the study anyway, feeling that the results merited the attention of a wider medical audience. Though Pritikin's actions violate contemporary medical ethics, and even skirt the norms of the time, unlike Kern, Pritikin was not a physician and was therefore not bound to enforcing these standards. Accordingly, in his defense at his own deposition, Pritikin pleaded ignorance:

I wasn't aware at first how studies had to be done in the VA and I wasn't aware of our status. I just assumed that we were, that we were given whatever authority we had to have, else I wouldn't ever have wandered into the kitchen to ask them to prepare our diets or made all the other arrangements. The idea that we weren't part of a VA study just slowly came to me after many months...when the Blood Laboratory started to destroy our blood [samples]...[T]he first knowledge I really had clearly that we were an unknown project, was when Aronow called me...either a month or two months [prior to his deposition hearing].¹⁰⁰

Unsatisfied with Pritikin's defense that he was lacking medical literacy, in letters submitted to the Senate Subcommittee on Diets Related to Killer Diseases, Robert Levy took Pritikin to task about his controversy at the VA, pressing him about the details of the study along with other such irregularities in the studies he submitted as proof that his program worked. While Levy was far from antagonistic toward Pritikin—in one letter he wrote, “I would love to see [Pritikin's] studies proven true”—his concerns about the accuracy and credibility of the Long Beach VA Study were enough to warrant further investigation. Levy cautioned against accepting promising trial results prematurely, saying “...we must keep in mind when somebody's cholesterol goes down it doesn't mean he no longer has a diseased heart. And the fact that someone can do more, or walk more, doesn't mean his atherosclerosis has regressed.”¹⁰¹ For

¹⁰⁰ Transcript from deposition of Nathan Pritikin, p. 550, box 6, folder “VA Hospital Investigation Deposition of Nathan Pritikin,” Pritikin Papers.

¹⁰¹ Markoutsas, “Nutrition Guru Is No Ordinary Health Nut,” A1.

Levy, symptomatic improvement was hardly more than an illusion, masking the real likelihood that the underlying disease may be as severe as ever.

Importantly, the study's methodological and ethical problems, though they clearly demonstrated Pritikin's naivete if not a flagrant defiance of medical norms, did not necessarily rule out the promise of his program. For Levy, they merely indicated the need for a more rigorous and earnest trial. Yet when Levy pushed Pritikin to submit his program for review by a federal research agency, Pritikin became defensive, citing bad experiences having his team's abstracts repeatedly rejected from major medical conferences and journals. He was also frustrated by medical critics who dismissed the positive results from his study or his Longevity Center based on the patients' incomplete adherence to his diet after leaving the intensive programs he constructed. In short, Pritikin charged that the federal evaluation mechanisms were systematically biased against his work, understanding this bureaucratic barrier to the acceptance of his work as a disingenuous commitment to pharmaceutical profiteering on behalf of Robert Levy.

Levy's interrogation of the ethical foundation (or lack of foundation) for Pritikin's VA study is illustrative of the longtime love-hate relationship that Pritikin had with the medical profession. While Pritikin's program was never outright rejected by the medical community, the appeal of his program was marred by the self-taught inventor's utter lack of humility. A physician from southern California was quoted in a local paper saying, "I have no doubt [Pritikin's] progress can make people feel better. Any doctor would have to approve of a sensible diet, the elimination of cigarettes, and that sort of thing," but, he continued, "Pritikin acts as if he's reversed coronary artery disease' when no conclusive scientific evidence is in yet."¹⁰²

¹⁰² Jahns, "The Crusader," 14.

Tasteless Critiques, or the Delectability Crisis

Curiously, one of the most pernicious critiques by medical professionals of Pritikin's diet program was not rooted in its scientific merits at all, but centered instead on questions of taste. Despite the medical community's insistence that nutritional recommendations be made with the highest standards of evidence, Pritikin's program (and most other diets for that matter) was judged harshly against a decidedly non-scientific benchmark: the imagined likelihood of people being able to stomach the diet beyond the plush walls of the Longevity Center. Harvard nutritionist Fred Stare opined that "Mr. Pritikin has exaggerated the American Heart Association's recommendations and our National Dietary Goals to a point where the average person in real life (not domiciled in a Pritikin clinic) would find this diet too impractical and rigid."¹⁰³ Stare's colleague and frequent co-author, Elizabeth Whelan, founder of the conservative research and advocacy organization, the American Council on Science and Health—a pro-industry group founded to combat what it called the 'junk science' being deployed by the environmental and consumer advocacy movements—bemoaned Pritikin's diet as "restrictive, austere, and dreary."¹⁰⁴ Driven by this same skepticism, in an exchange of letters submitted to the Senate Select Committee on Nutrition and Human Needs, Robert Levy challenged Pritikin to produce even a single patient who had used his program for a year after leaving the Longevity Center, because he did not believe anyone could sustain such a cumbersome diet for that long.¹⁰⁵

¹⁰³ Fred Stare and Elizabeth Hubbard, "Pritikin, Scarsdale Diets Not Recommended," *Tampa Tribune*, 3 April 1980, 72.

¹⁰⁴ Judith Willis, "Sorting out and understanding today's fad diets," *Chicago Tribune*, July 1, 1982, S_B11; Andy Kroll and Jeremy Schulman, "Leaked Documents Reveal the Secret Finances of a Pro-Industry Science Group," *Mother Jones*, October 28, 2013, <https://www.motherjones.com/politics/2013/10/american-council-science-health-leaked-documents-fundraising/>.

¹⁰⁵ Robert I. Levy to Robert L. Leggett, 30 July 1976, in *Hearings Before the Select Committee on Nutrition and*

This sentiment was echoed colorfully by his rival gurus and in the popular press as well. One observer wrote that Pritikin's was "a diet so severe that calling it bland would be complimentary."¹⁰⁶ A columnist for the *LA Times* and former Pritikinite, having recently attended a Pritikin-themed white-tie dinner at Chasen's, a swanky West Hollywood restaurant, lampooned the diet suggesting that "there is scant allowance for fun...no T-bone orgies or bacchanalian delights of rare prime rib," and that instead it was composed "primarily of rice crackers and of soy beans cooked in rainwater." He skewered the meal served at the dinner itself, sarcastically speculating that "the chicken is actually bred skinless and boneless through a secret Pritikin formula that alters its DNA and renders it tasteless." The writer then quoted his wife as having said, "They will no more offer you a martini at Pritikin than they will serve you a cup of hog fat." And of the raw melon slices that were served for dessert, he joked that "it was probably necessary to handcuff the Pritikin dietitian to prevent him from boiling it."¹⁰⁷

In some respects, these 'tasteless' critiques of Pritikin, who was once quoted as having said that "Mom's apple pie," was "an ingenious way of destroying the food quality of apples" were well-earned.¹⁰⁸ Yet the broader concerns about his diet's restrictiveness were not—from medical professionals at least—purely out of concern for the subjects' taste buds or their quality of life per se, but for the likelihood of recidivism. A cardiologist was quoted in the *Chicago Tribune* as having said, "Whether [Pritikin's] kind of diet and lifestyle can be conducted readily or in significant amount by people outside (of the center) is a serious question. Recidivism runs

Human Needs of the United States Senate—Diet Related to Killer Diseases II, 95th Cong. 122-123 (February 1-2, 1977).

¹⁰⁶ Randall, "Healthful Eating," 10-11. Also see Martha Smilgis, "Pritikin Will Eat No Fat, Atkins Will Eat No Grain—and That Feeds a Fierce Dispute Over Diet," *People*, December 3, 1979, <https://people.com/archive/pritikin-will-eat-no-fat-atkins-will-eat-no-grain-and-that-feeds-a-fierce-dispute-over-diet-vol-12-no-23/>.

¹⁰⁷ Al Martinez, "The Fun Part of Hog Fat," *Los Angeles Times*, October 15, 1988, H2.

¹⁰⁸ Markoutsas, "Nutrition Guru Is No Ordinary Health Nut," A1. Markoutsas reports that his followers called Pritikin a "medical messiah," and says his Center was known as "the Lourdes of the West."

rampant.”¹⁰⁹ Many doctors who took no issue with the essential nutritional structure of the diet still argued that, without the possibility of mass compliance, the diet was useless. Ironically, the preferred diet of the medical profession, the AHA diet, was itself burdensome and difficult to follow. It required dieters to keep detailed logs of their daily food intake and know how to accurately track and compute dietary value through the language of nutritional percentages (e.g. percent of daily calories from saturated fat).

To his critics, Pritikin usually responded that it was Western taste, conditioned by unhealthy, heavily processed industrial foods impeding the widespread adoption of his diet. Pritikin elaborated in one interview, saying “The idea that it is difficult for people to eat like this just isn’t true. This is the way a majority of people on this Earth are eating right now, but tailored to be pleasing to Western tastes.”¹¹⁰ Besides, his dietary program already included several major concessions to flavor. For instance, despite arguing that “Dairy products are not natural to man,” and that the animal protein in milk is “the principal cause of osteoporosis,” Pritikin included non-fat milk and other modified dairy staples in the program because “we don’t want to alienate the whole world.”¹¹¹ Likewise, Pritikin advocated eating grass- or range-fed cattle in the early 1980s, but he really only included beef in his program at all so that people would not feel that the diet was too distant from what they had been used to eating, even though he assumed that people would lose their taste for animal products over time. He insisted, and his followers provide some limited anecdotal support, that it took patients two weeks just to get used to his diet, they would tolerate it for another month, after which compliance allegedly became easy because they had

¹⁰⁹ Markoutsas, “Nutrition Guru Is No Ordinary Health Nut,” A1.

¹¹⁰ Jon Van, “Pritikin’s Diet Philosophy Is Main Course at Conference,” *Chicago Tribune*, June 10, 1984, 4.

¹¹¹ Nathan Pritikin, *PBS Hawaii*.

“trained their palate.”¹¹²

In spite of his faith in the adaptiveness of the human palate, Pritikin highlighted yet other benefits of his program to compensate for its relative flavorlessness. In one interview, when challenged about recidivism, Pritikin replied, “Compliance—that’s a sick question. When people try the diet, they like it. It costs about a third less. Besides if a person knows his diet is destroying him, he’ll change his ways. Most people don’t know what it is to feel optimal—suddenly they have a glorious feeling—less fatigue, more energy, better concentration.”¹¹³ In other places, he doubled down on claims that flavor was less meaningful to those in dire straits with their health. Of diabetics for instance, he proclaimed that “If they could get rid of insulin...they’d eat cardboard and water.”¹¹⁴ While such claims demonstrate Pritikin’s attention to and sympathy for excessive or burdensome medical care, they simultaneously reflect a cold, even crass misunderstanding of the experience of being chronically ill and the importance many patients place on maintaining connections to familiar foods, especially those central to cultural practices and social networks as a matter of preserving their quality of life.

Branching Out

Because taste (or lack thereof) was the chief complaint from Pritikin’s medical detractors, and because his patients had, despite his insistence to the contrary, also complained about their limited options in the complex everyday food environment, adherence became the major thorn in Pritikin’s side. The barriers he encountered with skepticism toward the flavor and adherence components of his dietary program—which, from Pritikin’s perspective, smacked of allegiance

¹¹² Nathan Pritikin, *PBS Hawaii*.

¹¹³ Markoutsas, “Nutrition Guru Is No Ordinary Health Nut,” A1.

¹¹⁴ Nathan Pritikin, *PBS Hawaii*.

with the taste-standardizing, nutrient-pulverizing food industry—pushed Pritikin to circumvent medical channels altogether. In a major concession to these demands, in 1984, he published, with his wife, Ilene, *The Official Pritikin Guide to Restaurant Eating* to give his followers some leverage when dining out.¹¹⁵ Like other books in this genre, the Pritikins' restaurant guide decoded common menu pitfalls, gave suggestions for 'safe' items to order, and armed Pritikinites with stock questions and responses to use in their everyday public encounters with industrialized food peddlers and service workers.

But, as Pritikin himself knew well—even if he would not directly admit it—restaurant dining was not altogether compatible with his lifestyle. On one embarrassing occasion, Pritikin accompanied a Dallas reporter to a local Mexican restaurant, bragging that he could find something suitable to eat at any restaurant in the world—implying that his diet was flexible enough to accommodate any taste anywhere. Yet after repeatedly tussling with the server over the ingredients the restaurant had on offer (including forbidden cheeses, fatty meats, and salt) and their preparation methods (nearly everything was fried in oil)—prompting an exasperated Pritikin to decry the restaurant as a “Spanish McDonalds”—he treated himself and his guest to twelve unseasoned, steamed tortillas topped with nothing but raw diced tomatoes and shredded lettuce.¹¹⁶ To the reporter's chagrin, he even ordered seconds. Pritikin's press coverage includes tales of his having encountered similar hurdles with other regional cuisines as well.¹¹⁷

Frustrated by the incompatibility between his vision of a nutritional utopia and the health-

¹¹⁵ Nathan Pritikin and Ilene Pritikin, *The Official Pritikin Guide to Restaurant Eating* (Indianapolis: Bobbs-Merrill Company, 1984).

¹¹⁶ Marilyn Schwartz, “Nathan Pritikin Gets Picky at a Mexican Restaurant,” *Los Angeles Times*, February 9, 1984, S50.

¹¹⁷ Max Jacobson, “Pritikin Chinese? A Little ‘Diet’ Oil Goes a Long Way,” *Los Angeles Times*, December 27, 1990, OC25; L. N. Halliburton, “Testing Low-Calorie Menu at Vito's,” *Los Angeles Times*, November 7, 1986, 115; Rose Dosti, “Pastas: The ‘light’ food movement has embraced a culinary heavy,” *Los Angeles Times*, April 5, 1990, H1.

destroying business model of food service in America, Pritikin decided to inject his ideology into any food context that would allow it to make it easier for people to adopt his program. For instance, Pritikin was appointed to the first Governor's Council on Wellness and Physical Fitness in 1980 under California Governor Jerry Brown, and started a dairy-free children's lunch program.¹¹⁸ In 1979, he persuaded Edwin Edwards, the governor of Louisiana, to put the entire city of Natchitoches on his program. When the experiment ran in 1981, he failed to recruit the entire city, but over a third of the residents tried the program.¹¹⁹ In an attempt to make vacation more accessible for his followers, he hosted wellness cruises and crafted the menu himself. He had even sponsored designs for a proposed Pritikin Pantry fast casual restaurant getting as far as having a menu, T-shirts, and branded promotional material, but the project never took off.¹²⁰

When plans for his own restaurant crumbled, Pritikin worked with lawyers from his foundation to develop a licensing program so restaurants could have Pritikin-branded selections on their own menus. This was meant to work in favor of both the restaurant and the dieter. Restaurants could advertise their Pritikin-approved items to signal their willingness to accommodate dietary restrictions and attract customers, while dieters would have a more facilitated experience finding acceptable restaurants and/or menu items. Pritikin personally wrote to a number of major food outlets proposing his licensing program. First, he gave them the outline of his diet and asked them to send a reply with a comprehensive list of their products that fit his specifications. Once they had been generally approved, Pritikin's legal team then provided

¹¹⁸ "Founder of Longevity Center is Banquet Speaker," *The Gold Leaf* (newsletter published by the American Academy of Gold Foil Operators), August 1982, <http://www.jopdentonline.org/userimages/ContentEditor/1399312603418/1982%20August.pdf>.

¹¹⁹ Calvin Trillin, "Noble Experiment," *New Yorker*, January 12, 1981, 86-91.

¹²⁰ Nathan and Ilene Pritikin to Members of the Pritikin "Family," 21 September 1981, box 25, folder "Pritikin Pantry," Pritikin Papers.

the restaurants with carefully crafted verbiage they could use to indicate their products' compatibility with the Pritikin program without having Pritikin specifically endorse any of them in case they had been misidentified or improperly prepared to avoid liability.

One of his more ambitious proposals was to contract with airlines to offer in-flight meals based on Pritikin's own recipes and in accordance with his principles on all of their domestic flights. He managed to secure a deal with United Airlines to start providing Pritikin meals in May, 1980.¹²¹ His diet was attractive as a basis for an in-flight meal plan because of its severe restrictions on multiple ingredients so customers wanting low-fat or low-cholesterol options and others wanting low-sodium could both be satisfied by a single dietary meal. When flying United himself, Pritikin ordered from their Pritikin menu, often without success.¹²² He was deeply worried by these failures because he had already advertised his United deal to over 10,000 of his supporters.¹²³ If Pritikin himself had difficulty securing these meals, undoubtedly many of his supporters would be stranded in the air without acceptable fare. After several misfires, the Vice President of Operations at United, Richard Arnold, personally oversaw that Pritikin was provided with dietary meals; the first correct meal he received was a turkey and noodle dish known as "Turkey a la King" on a flight from Chicago to LA. The diet meal rollout was still riddled with errors though, as on his very next flight, Pritikin failed to receive the proper meal yet again.¹²⁴

Letters between Pritikin and senior officials at the airline revealed that the difficulty stemmed

¹²¹ Richard Arnold to Nathan Pritikin, 9 December 1980, box 24, folder "United Airlines Diet," Pritikin Papers.

¹²² Nathan Pritikin to Richard Arnold, 18 November 1980, box 24, folder "United Airlines Diet," Pritikin Papers; Nathan Pritikin to Richard Arnold, 30 September 1980, box 24, folder "United Airlines Diet," Pritikin Papers; Nathan Pritikin to Richard Arnold, 18 December 1980, box 24, folder "United Airlines Diet," Pritikin Papers; Nathan Pritikin to Richard Arnold, 11 June 1980, box 24, folder "United Airlines Diet," Pritikin Papers; Nathan Pritikin to Richard Arnold, 27 May 1980, box 24, folder "United Airlines Diet," Pritikin Papers.

¹²³ Nathan Pritikin to Richard Arnold, 8 August 1980, box 24, folder "United Airlines Diet," Pritikin Papers; Nathan Pritikin to Richard Arnold, 10 January 1981, box 24, folder "United Airlines Diet," Pritikin Papers.

¹²⁴ Nathan Pritikin to Richard Arnold, 18 February 1981, box 24, folder "United Airlines Diet," Pritikin Papers.

from the fact that certain regional kitchens that United Airlines hired to stock their planes initially abstained from preparing Pritikin-type meals.¹²⁵ In response, the airline took Pritikin's diet plan a step further, including his dietary meals in their special "Preventive Medical Diet Program for Crews."¹²⁶ Because many crew members were on diets, and because they ate airline meals more regularly than any given passenger, this ensured that any kitchen stocking United would have to adjust their procedures. Pritikin tried the same maneuver with American Airlines, Delta, Pan Am and others to no avail.

Pritikin also tinkered with his own line of breads, baked foods, and frozen or pre-prepared foods developed through several different companies to be sold at grocery stores around the country. Pritikin was heavily involved in the research and development of novel, Pritikin-branded foodstuffs, essentially giving recipes to bakers, restaurateurs, food scientists and others, asking them if they could make his recipes in relatively large batches. However, legal difficulties frequently arose because companies wanted full profit from his products but still wanted to attach Pritikin's name to advertise their products' compatibility with his diet. For example, in 1981, Pritikin sued a grocery store over the use of his name in their products and promotional materials, despite having given them consent to sell his products in their discount health food section. For this and other reasons, Pritikin Foods and much of the other pre-prepared Pritikin food business ended up being purchased in 1995 by Quaker Oats after which its sales flagged, amounting to a mere \$10 million per year.¹²⁷

The Dieteers' Perspective

¹²⁵ Richard Arnold to Nathan Pritikin, 10 December 1980, box 24, folder "United Airlines Diet," Pritikin Papers.

¹²⁶ Richard Arnold to Nathan Pritikin, 31 December 1980, box 24, folder "United Airlines Diet," Pritikin Papers.

¹²⁷ "North American Brief: Quaker Oats Co.," *Asian Wall Street Journal*, June 29, 1995, 22.

The actions Pritikin took to expand the reach of his program betray his fundamental misconception about how, why, and for whom his program found success. His incessant demands for the absolute, nationwide recognition of his program as a scientifically-proven solution to chronic disease—evidenced by his interactions with Levy during the McGovern Report hearings—blinded Pritikin to his program’s steep cultural limitations. When he finally acknowledged and attempted to remedy this gap, he focused his efforts on making his food available in more places—though not at the expense of his brand name—rather than making his recommendations more flexible or accessible, especially for the different kinds of dieters he hoped to attract. Ultimately, his singular focus on the scientific merits of his program prevented him from recognizing the specific conditions under which his program thrived as well, and as a result, he dramatically underestimated the role that his patients played in the success of his program.

Likewise, the attitudes espoused by nutrition scientists—especially those who were critical of the Pritikin program’s therapeutic potential—revealed an essential contradiction in how medical experts understood dieters’ behavior. Clouded by assumptions that most commercial diets were too difficult, too restrictive, too joyless to maintain for the average American, nutrition scientists failed to recognize that governmental nutritional recommendations, while visibly milder than some of their commercial opponents, were no less difficult to manage—especially when coupled with a lifelong disease management routine. While Pritikin was criticized heavily for his program not being realistic, many of his patients at the Longevity Center were already on extensive health care regimes that required complex and cumbersome lifestyle modifications.

The irony of the accusations that Pritikin’s diet was neither appealing nor manageable for

a broad base of ailing Americans is perhaps best demonstrated by a unique collection of testimonials from Pritikin's patients themselves, whose perspectives offer valuable context and texture through which to understand Pritikin's own perspectives on his program and success. Like other popular health promoters, Pritikin's program accrued hundreds of patient testimonials during its peak, but the most interesting of these is a collection of semi-private letters written to Pritikin directly. For her husband's sixty-fifth birthday and on the occasion of the 100th session at the Longevity Center in 1981, Ilene Pritikin solicited congratulations and well wishes from every living Pritikin alumnus in which they were instructed to recount their health narratives—from woes to triumphs—in the form of personal letters to the guru himself. Unlike typical testimonials for fad diets (which can be solicited selectively, heavily edited, or outright invented), these letters of testimony were not written expressly for public consumption; Ilene Pritikin's stated intention was to bind them together in a book for her husband, so he could appreciate the magnitude of his own accomplishments.

In their letters, Pritikinites report having been weary of taking drugs, disappointed in the limitations—especially the physical immobility—of their ailing and aging bodies, and pessimistic about their futures.¹²⁸ Many of them wrote that they had found difficulty following doctors' orders for the long-term management of their chronic health conditions, and that their quality of life was rapidly waning. They had been shuttled between countless doctor's offices, suffered hospitalizations and surgeries, obsessively monitored their numbers (their blood

¹²⁸ As is typical in testimonials of any sort, the quality of evidence here is necessarily problematic. The authors of these letters have likely employed embellished language in an attempt to praise and flatter Pritikin on his birthday. Regardless of whether they exaggerated their claims of success on the program or not, the call for testimonials in the first place creates a self-selecting crowd. However, while it is possible that Ilene cherry picked the submissions that she let into the archive, there are other folders in his papers where she preserved a significant amount of criticism, so this is unlikely.

pressure, blood glucose, triglycerides, cholesterol...), and navigated complex regimens of medication and medical devices daily with no end in sight. But their physicians, just like those who were critical of Pritikin's regime, failed to recognize that their own recommendations may have been too complicated or interfered with their patients' quality of life.

In these letters, the Pritikinites reported wild success and unbridled enthusiasm for the new lives they credited Pritikin—whom many familiarly called 'Nathan'—for helping them to achieve and thanked him with near religious fervor. To believe their narratives is to believe that Pritikin did not merely change their health, but their entire way of interacting with the world. These writers reported feeling liberated from their bodies and from medications, and feeling more adventurous than ever, taking trips across the globe and showing off to their friends and families.

Yet from their accounts, it becomes clear that Pritikin's program succeeded not because people believed he had cracked the science of nutrition, but because he placed listening to his patients at the heart of his program. The solutions he created, while challenging to implement, took to heart the global concerns that people had with their bodies, and rather than giving his patients coping mechanisms and measured pessimism or small technical fixes to alleviate their daily pain, he helped them to change their entire lifestyles and attitudes, all the while providing them opportunities to motivate and educate themselves, socialize with like-minded people, and find new meaning in their lives. Under this understanding, the Longevity Center functioned less like a health spa and more like a mini-college. His patient-students felt respected (and felt they had earned respect) from the time their applications to the program were accepted through to the graduation ceremony at the end of each session where student-patients donned homemade mortar

boards with parsley tassels.¹²⁹ Further, Pritikin made finding health fun and invigorating for his attendees, a sharp contrast with the depressing, pessimistic and shame-inducing medical science to which they had been subjected before.

Dieteers' stories reveal how Pritikin set himself apart from orthodox medicine. First, the community he built extended beyond the particular Longevity Center session his patients attended. Second, many recount stories of Pritikin's willingness and ability to support patients whenever they called for years afterward; he consistently answered his phone calls directly and made a point to remember everyone's names from every session, along with their detailed medical histories.¹³⁰ Unlike Michio Kushi, Pritikin also responded to all the mail from his prospective and former students himself. Though Pritikin may have understood himself to be keeping track of valuable medical data that would prove his program, it is this element, the personalized touch and socialization, the feeling that Pritikin knew them and cared for them, that was most persuasive to Longevity Center guests.¹³¹ And this was a sentiment that transcended generations of Pritikin alumni through a chain of personal recommendations, new friendships, and shared experiences. Remarkably, even those patients for whom Pritikin's treatment did not work to their expectations reported satisfaction with Pritikin's program and cited themselves and their bodies as outliers.¹³²

¹²⁹ Rebecca Weiner to Nathan Pritikin, 7 August 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers; Philip Philibosian, 22 August 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers.

¹³⁰ Frieda E. London to Nathan Pritikin, 29 August 1980, box 23, folder "Birthday Book Replies IV," Pritikin Papers; Sam S. Becker to Nathan Pritikin, 25 September 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers.

¹³¹ Letters that call this quality out explicitly include Lauren T. Blount to Nathan Pritikin, 19 August 1980, box 23, folder "Birthday Book Replies III," Pritikin Papers; Morris and Pearl Schaffer to Nathan Pritikin, 3 August 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers; Lester G. Abeloff to Nathan Pritikin, 5 August 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers.

¹³² H. Curtis Wood to Nathan Pritikin, 14 August 1980, box 23, folder "Birthday Book Replies III," Pritikin Papers; Frances and Herman Benjamin, 24 September 1980, box 23, folder "Birthday Book Replies 3," Pritikin Papers.

The main discrepancy between Pritikin's idea of the power of his own diet and the dismissal of his claims by physicians comes from the fact that Pritikin believed that his dietary protocols were not overly restrictive because he saw his patients maintain them and thrive. But he failed to realize that his patients were a self-selecting group of people who had already experienced (and become jaded) with medical discipline and who sought a more optimistic sort of care. By seeking the implementation of his ideas into national dietary recommendations, or even into medical protocols for all people suffering from or at risk of developing chronic conditions, Pritikin therefore underestimated the effect his personality—and the generous community he built—had on the success of his own program.

Pritikin's Endgame

In 1985, Pritikin checked into a hospital in Albany, NY. He had had a sudden, severe relapse with his leukemia and his treatment options were dwindling. The doctors treating him were unaware of his identity while he was a patient because Pritikin had checked in pseudonymously as Howard Malmuth, a fictional persona he created and whose medical records he had been fabricating for the previous 20 years.¹³³ This fact alone suggests the staggering pressures he faced about his public image, and Malmuth decided to forego treatment. According to media accounts after the fact, Pritikin had asked a nurse to borrow an X-Acto knife so he could “cut open charts and graphs for a scrapbook he used in keeping track of his experimental method of treating leukemia,” but she gave him a disposable scalpel instead. Soon after she left the room, he committed suicide in his hospital bed, carving deep gashes into his wrists.¹³⁴ It is

¹³³ Susan Yager, *The Hundred Year Diet: America's Voracious Appetite for Losing Weight* (New York: Rodale, 2010), 133.

¹³⁴ Deborah Hastings, “Pritikin Suicide Linked to Scalpel Provided by Nurse,” *Los Angeles Times*, March 11, 1985, OC3.

perhaps a sad irony that Pritikin—known for resisting, thwarting, and earning begrudging acceptance from skeptical physicians—died in a medical institution from a condition he believed had been caused by improper medical treatment. Upon receipt of the news of Pritikin’s death, the Longevity Centers were inundated with sympathetic phone calls as well as requests to enroll in the weeks following Pritikin’s death, over 2,000 calls in two weeks by one estimate.¹³⁵

Because of the suspicious circumstances surrounding his death and the fact that his identity had not yet been recovered, the coroner decided to perform an autopsy without his family’s consent, though the coroner had not known Pritikin’s true identity. Not entirely by coincidence, Pritikin’s family discovered later that Pritikin had, in a moment of posthumous showmanship, included a note in his will requesting an autopsy anyway and, further, that the results be published in the *New England Journal of Medicine* as proof that his diet worked. In July of 1985, the three authors who conducted the exam and published the paper boasted of Pritikin’s extraordinary cardiac youth. They wrote that the 69-year old Pritikin’s arteries showed no evidence of raised plaques and his total serum cholesterol was last measured at 94 (down from 280). They were amazed that such a person could have suffered previously from heart disease, as Pritikin did in his 30s, and called his complete lack of atherosclerosis “remarkable.”¹³⁶ Pritikin was to be vindicated in the medical community: not only had he survived as a result of his diet, but he had actually undone decades of cardiac damage. And it was his autopsy, ironically, that demonstrated the health value of his program.

¹³⁵ Michael Balter, “Pritikin Son Carries on Crusade,” *Los Angeles Times*, September 9, 1986, G1; Michael Balter, “The Continuation of the Pritikin Legacy,” *Baltimore Sun*, March 11, 1985, 9.

¹³⁶ J. D. Hubbard, S. Inkeles, R. J. Barnard, “Nathan Pritikin’s Heart,” *New England Journal of Medicine* 313, no. 1 (1985): 52, <https://doi.org/10.1056/NEJM198507043130119>; “Pritikin: Vindication from the Grave?” *Medical World News*, August 13, 1985, box 4, folder “Autopsy Report,” Pritikin Papers; Jones, “Nathan Pritikin, Crusader for Fitness, Kills Himself,” A1; Hastings, “Suicide of Pritikin Linked to Scalpel Given Him by Nurse,” OC3.

In spite of the incredible claims from his autopsy, however, many diet hopefuls were left unimpressed, since Pritikin—immaculate circulatory system or not—was dead nonetheless. His dietary crusade for total health and longevity was insufficient to ward off his cancer, and what good is a diet that saves your heart, if you die of cancer anyway? On top of the skeptics who found Pritikin's child-like heart to be less-than-convincing of the cardiac benefits of his diet, his worst critics attributed his plaque-free arteries to the cholesterol-fueled nature of his blood cancer rather than his painfully low fat consumption. In this most ironic of scenarios, not only was Pritikin said to have died of cancer, but his cancer was cast as the miraculous agent which cleaned his heart and proved (falsely) the alleged health benefits of his diet. Contending with these criticisms, Pritikin's successors and his supporters argued that Pritikin's diet helped postpone his inevitable death from leukemia for 30 years. Without the dietary innovations Pritikin pioneered, they reasoned, he would have succumbed to cancer much sooner.

Regardless of the specific meaning of Pritikin's autopsy results, the outpouring of support from prominent figures after Pritikin's death signaled his remarkable influence. Years after Pritikin's testimony for the McGovern report hearings, McGovern (and his wife, Eleanor) reportedly enrolled at Pritikin's center in 1983 to get himself into shape for the 1984 presidential election.¹³⁷ When Pritikin died shortly thereafter, McGovern delivered his eulogy, comparing him with other such controversial, yet esteemed inventors and visionaries as Louis Pasteur, Marie Curie, and Thomas Edison. Of Pritikin, he said, "You show me a man who usually lives by the power of his convictions and I'll show you a man with a reputation of a fanatic."¹³⁸

McGovern's original faith in Pritikin—and his decision to ask Pritikin to testify—was

¹³⁷ "McGovern will deliver Pritikin eulogy," *Desert Sun* (CA), 25 February 1985.

¹³⁸ George McGovern, "Tribute to Nathan Pritikin," *The Center Post*, April 1986, box 1, folder "PRF Memorial Newsletter Center Post 'Tribute,'" Pritikin Papers.

motivated by concerns that have proven especially prescient. In a closing statement during one of the 1977 hearings, McGovern praised Pritikin's unconventional approach as necessary for the health of the nation:

[I]t is time that nutrition research receive an emphasis commensurate with its potential. We have been too timid in promoting nutrition research, both in the scale of resources invested and in the breadth of research priorities. It is important to continue the current emphases...But we also need to break out of the old research ruts we have been deepening over the last 10-15 years. We must be more imaginative and more balanced in our approach...I realize that the Pritikin hypertension data is preliminary and is subject to a number of legitimate scientific criticisms. I only use it to make a point. This committee understands there is a way to properly do scientific research in order to obtain valid results, but we don't want to see that used as a guise to denigrate research initiatives, which for whatever reason are not being pursued by the mainstream of scientific thought—be it hypertension, diabetes, heart disease or cancer. We must not limit the great potential of nutrition research. If we had spent as much time and resources on human nutrition research as on livestock nutrition, we would be much closer to solving today's major health problems...we are training our physicians and biomedical research scientists in a way which insufficiently emphasizes nutrition.

McGovern's plea for scientific humility in the face of a national health crisis with few clear answers resonates strongly with testimonies from Pritikin's other patients. When medical science fails to forge a clear path—for the health of individual patients or an entire nation—insistence on methodological purity or theoretical rigor may unnecessarily constrain practical innovation.

McGovern's sentiment was echoed by prominent physicians. In 1984, a physician from Northwestern University, Jeremiah Stamler (who also testified during the 1977 hearings) had described the Pritikin program to the *Chicago Tribune* as “the most advanced wing of nutritional recommendations for promoting health in the United States.”¹³⁹ In another of Pritikin's eulogies, Dr. William Castelli, the influential Harvard physician and director of the Framingham Heart Study, emphasized the importance of medical pragmatism, saying “To his critics, let me say that

¹³⁹ Van, “Pritikin's Diet Philosophy Is Main Course at Conference,” F1.

when you get your patients' cholesterol down to 175, then you can begin to complain about Nathan Pritikin.”¹⁴⁰

For his part, Pritikin merely wanted the nation's chronically ill to feel optimistic and equipped with all the resources available. If there was a way to reverse chronic disease, regardless of whether or not the public would find those recommendations reasonable or manageable, at least they would have the option to decide what course of action to take for themselves without needing to filter their options through the blurry lens of political interference and stringent scientific requirements gatekeeping national nutritional recommendations. Patients could decide for themselves the lengths they would be willing to go to to preserve their own health.

Epilogue: A Plant-Based Legacy

He died prematurely in an ambiguous state of bodily health, but Pritikin's nutritional philosophy maintained relevance and developed a lasting legacy by inspiring a new generation of diet gurus. Interestingly, many of these newcomers were firmly positioned within the medical community (equipped with credentials and credibility that Pritikin only pretended at having). After Pritikin's death, his close friend and fellow diet guru, Dr. John McDougall, wrote to Pritikin's wife, “For me the loss of your husband was more than anyone, I'm sure, realizes. He was the most important person in my medical career. Mr. Pritikin was my teacher, as well as my leader and defender. He was always on the forefront of change; battling for the health care values that care for people in a humane manner. Now I feel exposed to his opponents. I hope I can do a

¹⁴⁰ Boyer, “‘Fellow Crusader’ George McGovern at Rites.”

fraction of the good he accomplished.”¹⁴¹ Like McDougall, other physicians inspired by Pritikin’s work emphasized not the low-fat, high-carb diet or the studies showing its efficacy *per se*, but the ways that Pritikin advocated for his patients and for comparatively humane behavioral changes to be taken seriously as medical therapy.

Perhaps most notable among these testimonials is that of Dr. Michael Greger, a popular and influential diet guru and author of the *New York Times* bestselling book *How Not to Die*.¹⁴² Greger credits Pritikin with inspiring his entire medical career. In a striking parallel to Eula Weaver, Greger’s grandmother, Frances, whom Greger refers to as “one of the death’s door people,” displayed many of the classic symptoms common to Pritikin’s clientele by age 65. She was confined to a wheelchair from the pain of angina and claudication associated with end-stage heart disease. Greger recalls that “she already had too many bypass surgeries, was so scarred up inside, there was nothing more the surgeons could do.” After three weeks at the Pritikin Longevity Center, however, Greger says his grandmother had abandoned her wheelchair and could walk ten miles a day. “Thanks to a healthy diet,” suggested Greger, “[she] was able to enjoy another 31 years on this earth, until age 96.” Greger concludes the introductory video to his popular website, NutritionFacts.org, saying “I hope I can do for your family what Pritikin did for my family.”¹⁴³

Pritikin’s program, his personal evangelism, and his spectacular results inflamed the passions and excited the imaginations of a new generation of physicians who turned their careers

¹⁴¹ John McDougall to Ilene Pritikin, 1 July 1985, box 19, folder “Physicians and Supporters II - John A. McDougall, M.D.,” Pritikin Papers.

¹⁴² Michael Greger and Gene Stone, *How Not to Die: Discover the Foods Scientifically Proven to Prevent and Reverse Disease* (New York: Flatiron Books, 2015).

¹⁴³ Michael Greger, “The Story of NutritionFacts.org,” NutritionFacts.org, accessed April 12, 2020, <https://nutritionfacts.org/video/the-story-of-nutritionfacts-org/>.

toward the promotion of healthy living. These physicians-turned-diet-gurus ultimately championed a shift in the national dietary landscape, fighting for the recognition of dietary choices as a viable path of treatment for patients suffering from chronic disease. Pritikin's specific influence on these guru physicians, however, is challenging to trace as many of his acolytes promoted dietary choices that do not clearly map onto the Pritikin program. Peculiarly, nearly all of the physicians who credit Pritikin as an inspiration, including the aforementioned Greger and McDougall, became staunch advocates of a vegetarian—even vegan—diet. To understand why these shifts occurred, it is important to first understand the general trajectory of the low-fat diet in the years following Pritikin's death.

While Pritikin's interventions were specifically targeted at preventing and recovering from chronic disease, his legacy is often reduced to or conflated with the low-fat diet more generally. Though it had been the major recommendation of the American Heart Association for decades, and had had the support of the federal government since the 1977 McGovern Report, low-fat saw a resurgence in the late-1980s and early 90s. Historian Ann La Berge attributes some of this renewed energy to Dr. Dean Ornish, a diet guru with an MD (specializing in internal medicine) who, like Pritikin, developed a low-fat, high carb diet aimed at the prevention and treatment of patients with chronic heart disease, and, like Pritikin, conducted medical studies to advocate for the efficacy of his diet program.

Unfortunately, nationwide recognition of the efficacy of a low-fat program proved hazardous, especially when over-simplified. La Berge notes that Ornish's studies were used as justification for the continued onslaught by the food industry to capitalize on the fad diet craze by introducing ever more heavily-processed low-fat or non-fat versions of their products in the early 1990s. But instead of introducing more complex-carbohydrates in accordance with the

Pritikin or Ornish diet plans or even federal nutrition guidelines, many of these companies merely replaced calories from fat with simple carbohydrates like sugar—a trend that misled countless Americans and significantly damaged their health.¹⁴⁴

Though the nutritional composition of Ornish's diet was nearly identical to Pritikin's and operated under the same dietary logic (10% fat, 10% protein, 80% complex carbs), Pritikin is absent from La Berge's account of the low-fat diet. This is likely because Pritikin's medical studies had been plagued with institutional irregularities, whereas Ornish gave a close approximation of Pritikin's diet several favorable (and more credible) tests in the late 1980s and early 1990s.¹⁴⁵ Most notable among these was the 1990 Lifestyle Heart Trial, which suggested, through quantitative coronary angiography, that an extremely low fat diet could potentially reverse atherosclerosis.¹⁴⁶ Despite Ornish's insistence that his ideas were his own, his study vindicated Pritikin as well. The fates of both programs have since continued enmeshed, as evidenced by the 2010 decision to simultaneously allow Medicare to cover both Pritikin and Ornish's programs.¹⁴⁷

Yet, to understand Ornish's dietary program and the success of his trials as important only for helping spur the low-fat craze is to significantly flatten dietary history. Ornish was also notable for emphasizing such lifestyle changes as stress management and emotional support systems in his approach to medicine. While Pritikin's program made similar—albeit more informal—interventions in patient lives through community building at the Longevity Center and

¹⁴⁴ Ann F. La Berge, "How the Ideology of Low-Fat Conquered America," *Journal of the History of Medicine and Allied Sciences* 63, no. 2 (2008): 139-177.

¹⁴⁵ Daniel Goleman, "New Study Says Diet Can Heal Arteries," *New York Times*, November 15, 1988, 1.

¹⁴⁶ Dean Ornish et al., "Can Lifestyle Changes Reverse Coronary Heart Disease? The Lifestyle Heart Trial," *Lancet* 336, no. 8708 (1990): 129-33, [https://doi.org/10.1016/0140-6736\(90\)91656-u](https://doi.org/10.1016/0140-6736(90)91656-u).

¹⁴⁷ "Heart Beat: Ornish, Pritikin Get Medicare Okay for Cardiac Rehab," *Harvard Health Publishing*, December, 2010, https://www.health.harvard.edu/newsletter_article/ornish-pritikin-get-medicare-okay-for-cardiac-rehab.

through Pritikin's interactions with his dieters, Ornish's diet was more explicit about the medical potential of lifestyle changes writ broadly—he even pioneered the idea of making 'Lifestyle Medicine,' a distinct medical specialty. It should be noted, too, that Greger was a founding member of the American College of Lifestyle Medicine in Loma Linda, CA, an organization that is vying to be but has not yet been recognized by the American Board of Medical Specialties.¹⁴⁸ Despite the fact that Pritikin never used the term 'lifestyle medicine,' Greger has hailed Pritikin as "one of our early lifestyle medicine pioneers."¹⁴⁹

While Ornish far surpassed Pritikin in his efforts to secure support for his program from the medical community, Ornish's diet was still plagued by concerns about adherence. However, while the cuisine that Pritikin promoted lacked flavor, flexibility, and internal coherence, Ornish—by highlighting the health benefits not only of a low-fat diet but a *vegetarian* one—helped inspire others to tap into the long, rich food culture American vegetarians had been developing for over a century. By signaling that vegetarian diets—regardless of the specific nutritional composition he advocated—could reverse chronic heart disease and potentially other conditions, Ornish created new enthusiasm for skipping meat, although he was unable to fully capitalize on this cultural wave he helped create. Nevertheless, this transition was critical for the success of a Pritikin-style program in the United States, helping to set the stage for a kind of cultural cohesion that Pritikin's program was never able to realize on its own—despite the fact that Pritikin's program was not, itself, vegetarian.

¹⁴⁸ As of this writing, the American College of Lifestyle Medicine offers a certification in lifestyle medicine that serves as a complement to other formalized board certifications. Notably, the organization has conferred its highest honors on some of the key founders of the WFPB movement. For instance, Dr. John McDougall won their 2018 Lifetime Achievement award and Dr. Neal Barnard won their 2016 Lifestyle Medicine Trailblazer Award.

¹⁴⁹ Michael Greger, "The Story of NutritionFacts.org," NutritionFacts.org, accessed April 12, 2020, <https://nutritionfacts.org/video/the-story-of-nutritionfacts-org/>. Lifestyle medicine is similar in spirit and philosophy to modern osteopathy; consequently, many DOs currently consider themselves practitioners of Lifestyle Medicine. Notably, Pritikin received an honorary doctorate from Kirksville College of Osteopathic Medicine.

Pritikin-esque vegetarianism was different from its American predecessors in its singular pursuit of health and longevity—or at least the manner in which this pursuit was to be conducted and reified. Though previous waves of vegetarians eschewed animal products to derive health benefits, they were inextricably tied to and motivated by other social ends first—human rights, environmentalism, animal rights, world peace. Prior to the 1990s, vegetarians had occupied an uncomfortable interstitial space as cultural outsiders in the United States. Their ranks were filled variously with moral crusaders, political exiles, immigrants, and heterodox healers whose justifications for being vegetarian stemmed mainly from exotic religious or social philosophies. Importantly, though the physicians who practice lifestyle medicine all promote a mostly vegetarian or vegan lifestyle, they have long grappled with the pre-existing social connotations around the terms ‘vegetarian,’ and ‘vegan.’ Especially after the founding of PETA in 1980 and the negative publicity the group garnered from its radical publicity stunts, veganism accrued an extremist, politicized image. There was also concern among the nutrition-class vegetarians that certain other self-avowed vegans and vegetarians who were energized by the animal rights cause were eating foods irrespective of their health value, so long as they contained no animal products. This meant vegans were eating heavily processed foods—like Oreos—that were ‘accidentally’ vegan (designed without vegans in mind, but having no animal products), garnering their reputations as ‘junk food vegans.’

To set themselves apart, and to emphasize the healthful message of their program over other forms of political vegetarianism, practitioners of lifestyle medicine, following the lead of Drs. Caldwell Esselstyn and T. Colin Campbell, tactfully renamed their spin on vegetarianism the Whole Foods, Plant-Based (WFPB) diet. This new wave of vegetarians—though they undoubtedly shared some of the political attitudes of other fellow vegetarians—were primarily

invested in ameliorating their bodies, as Pritikin's patients had been. Just as Pritikin had co-opted medical studies to his own ends, the new vegetarians' justification for their lifestyle was to come from within the bastion of medicine itself. Medical research, long the foe of food faddists, was to become their salvation at last.

Let Them Eat Meat: Dr. Atkins' Diet Revolution

Vivian Coy was 66 years old when she was diagnosed with terminal breast cancer in 1982. For seven exhausting years, she ran the gauntlet of toxic chemotherapy and was at last deemed cancer-free. Four years later tests revealed the cancer to have made a resurgence.¹ She was not eager to resume chemo so, while remaining under the care of her oncologist, Coy searched the medical marketplace for other, more experimental modes of care. On September 14, 1993, Coy—now widowed—traveled two hours from her Long Island home to a narrow 6-story townhouse-turned-clinic on East 55th Street in Manhattan. Instead of submitting herself to another round of chemo, Coy went to the city to receive a different, more controversial kind of intravenous injection: ozone gas, alleged by the clinic's proprietor to dispatch cancer cells. After the treatment, Coy was meant to come back within two months for a "simple blood test" to determine if her cancer had had any further recurrence, at which point she may have had to have another ozone injection.²

As Coy got off the elevator on the third floor and was ushered to a seat in "a sea of reclining chairs," she was given a "hand-held pump to inject herself," with ozone gas.³ Alongside her sat HIV patients, some also self-administering ozone, others with IV bags filled with vitamin concoctions. There were also patients with multiple sclerosis receiving exotic mineral infusions, and yet more cancer patients taking herbal remedies, like essiac.⁴ Accounts of

¹ Michael T. Kaufman, "The Maze of Alternative Medicine," *New York Times*, March 6, 1993, 26.

² Aimee Lee Ball, "The Trials of a Famous Fat Doctor," *Allure*, April 1994.

³ Ball, "The Trials of a Famous Fat Doctor"; Rick Hampson, "Diet Doc's License Suspended Over Unconventional 'Ozone' Cancer Therapy," *Associated Press*, 12 August 1993, <https://apnews.com/cb368dbefa9115b60255d992f76291d3>.

⁴ Essiac is a compound of burdock root, slippery elm, Indian rhubarb, and sheep sorrel pioneered in the 1920s as an alternative cancer therapy.

the incident vary, but shortly after beginning the therapy, Coy reported feeling ill.

Representatives from the clinic said Coy merely felt “a little weak-kneed.”⁵ Other media accounts, however, reported that Coy complained to the clinic’s staff that she was experiencing blurred vision and dizziness but was told to continue the injections. When she tried to walk, Coy “found her legs were weak, her balance poor. She felt clumsy, and had lost some feeling in her left arm.”⁶ After as many as three hours at the clinic, Coy was taken by ambulance to Jacobi Hospital where her attending physician, Paul Gennis, reported that she had developed an embolism in her brain.

Gennis, who was quoted in *New York Newsday*, as having said, “I can't imagine what benefit ozone would have. It sounds like quackery to me,” promptly reported the incident to the New York State Department of Health.⁷ In an interview, State Health Commissioner Mark Chassin labeled the clinic responsible for Coy’s ozone infusion “an imminent danger” to New Yorker’s health, and filed a complaint against Coy’s physician who had his medical license “summarily suspended.”⁸ The perpetrator was none other than Dr. Robert C. Atkins, known nation-wide for the rapid weight-loss program bearing his name.

“The Granddaddy of All Low-Carb Diets”⁹

From the beginning, Atkins was “the conundrum of the American diet in the flesh.”¹⁰

⁵ Ball, “The Trials of a Famous Fat Doctor”.

⁶ Hampson, “Diet Doc’s License Suspended Over Unconventional ‘Ozone’ Cancer Therapy”; Steve Fishman, “The Diet Martyr,” *New York Magazine*, March 5, 2004, https://nymag.com/nymetro/news/people/features/n_10035/.

⁷ Kaufman, “The Maze of Alternative Medicine,” 26.

⁸ Hampson, “Diet Doc’s License Suspended Over Unconventional ‘Ozone’ Cancer Therapy”; Fishman, “The Diet Martyr.”

⁹ Lisa Heldke, Kerri Mommer, and Cynthia Pineo eds., *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche* (New York: Open Court, 2013), 232.

¹⁰ Verlyn Klinkenborg, “Sorting Out an Eating Plan in a Nation Filled with Dietary Confusion,” *New York Times*, May 5, 2003, A22.

Scarcely any diet in American history can claim to have encountered greater public enthusiasm, criticism, or outright skepticism as Atkins' weight loss program. His controversial diet has seen unimaginable volumes of ink spilled by detractors and defenders alike. When Atkins' program was first published under the title *Dr. Atkins' Diet Revolution: The High Calorie Way to Stay Thin Forever* in 1972, his book contradicted virtually all the extant medical evidence, which blamed rising rates of obesity, heart disease, and other metabolic diseases on Americans' penchant for fatty foods. As outlined in the previous chapter, scientists drew evidence from grain-based cultures (or living experiments like the Dutch Hunger Winter, where animal products became scarce) which suggested that the less meat and more grains people ate, the lower overall rates of obesity and chronic disease they would experience. Atkins' thinking flew directly in the face of this received wisdom, salvaging the healthfulness of meats and other fatty foods, and instead pointing the finger at sugar and other refined starches. Atkins insisted that people could lose weight and improve their health by simply avoiding carbohydrates. He posited that by wholly eliminating the consumption of the body's chief source of fuel (glucose, or products that directly metabolize into glucose like complex carbohydrates), a low- or no-carb diet would force the body to mobilize its energy reserves stored in fat deposits through glycolysis leading to a rapid loss in the body's stored fat.

More radically—one might even say heretically—Atkins challenged the fundamental scientific consensus about the centrality of energy balance to maintaining body weight. Since the nutritionist, Dr. Lulu Hunt Peters, first popularized the calorie as a domestic measure of food energy in 1918, scientists and medical professionals had instructed the public that to lose weight, one must merely shift the body's energy balance, that is, to reduce their daily caloric intake

below the number of calories expended (by eating less, increasing physical activity, or both).¹¹

One of Atkins' chief appeals, however, was the promise that people on his program could eat an unlimited number of calories from fat or protein and still lose weight. Using up the body's stores of glycogen instead of glucose meant dieters could theoretically consume as many calories from fat and protein as they wanted without gaining weight, since none of those extra calories from fats or proteins would contribute to the production of new fat cells or the storage of glucose therein. The precise mechanisms Atkins proposed for accomplishing this bit of bodily trickery will be discussed later.

Atkins was hardly the first to suggest limiting carbohydrates to reduce body weight. Both the famed French lawyer and politician Jean Anthelme Brillat-Savarin and British undertaker William Banting had written at length about the benefits of restricting the consumption of starches and sugars in the nineteenth century.¹² In the early twentieth century, Arctic explorer Vilhjalmur Stefansson expressed admiration for the Inuit diet, and, after self-experimenting with the nearly all-meat regimen in 1930, published several books outlining the diet and praising its healthfulness.¹³ Toward the middle of the century, the low-carb idea began to pick up steam after Dr. Alfred Pennington earned notoriety with his low-carbohydrate diet, known popularly as the Dupont Diet, introduced in 1953. Across the ocean, British physician Richard Mackarness published an updated version of the Banting diet called *Eat Fat and Grow Slim* in 1958. That

¹¹ Chin Jou, "The Progressive Era Body Project: Calorie-Counting and "Disciplining the Stomach" in 1920s America," *Journal of the Gilded Age and Progressive Era* 18, no. 4 (2019): 422-440, <https://doi.org/10.1017/S1537781418000348>.

¹² Daniel O'Connell, "Brillat-Savarin's Nineteenth-Century Proto-Atkins Diet: A Case Study in Inductive Inference," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

¹³ Vilhjalmur Stefansson, *The Fat of the Land* (New York: MacMillan, 1946). Also see Agnes Arnold-Forster, "The Pre-History of the Paleo Diet: Cancer in the 19th C." in *Proteins, Pathologies, and Politics: Dietary Innovation and Disease Since the Nineteenth Century*, ed. David Gentilcore and Matthew Smith (London: Bloomsbury, 2018), 15-24.

same year, fellow British nutritionist John Yudkin (famous for his 1972 book decrying sugar *Pure, White and Deadly*) published *This Slimming Business*. 1960—still over a decade before Atkins’ revolution went to press—saw the carb-averse Air Force Diet become popular.¹⁴

American physician Herman Taller then published his own best-selling spin on the plan with his *Calories Don’t Count* in 1961. Unfortunately for Taller, he was later accused by federal authorities of using his diet book to advertise the sale of his own safflower capsules (he advocated taking 84 of them a day!) and was eventually convicted of “mail fraud, violation of drug regulations, and conspiracy.”¹⁵

In his own time, too, Atkins was merely one voice in a veritable crowd of low-carb advocates. After Taller’s fall from grace, the low-carb model was repackaged and resold again just three years later as the *Drinking Man’s Diet* (1964), and again in 1967 as Dr. Irwin Stillman’s popular *Doctor’s Quick Weight Loss Diet*, a book credited (erroneously, it would seem) by the *Chicago Tribune* with “once again making the world safe for fad diets.”¹⁶ Even after Atkins published his record-breaking version of the low-carb idea in 1972, he could hardly have been said to have cornered the market. Just three years later, gastroenterologist Walter Voegtlin published *The Stone Age Diet*, a truly bizarre low-carb program that “recommended the mass slaughter of tigers, dolphins, and other carnivores.”¹⁷ Then in 1978, Dr. Herman Tarnower published his version, *The Complete Scarsdale Medical Diet*, to much fanfare before he was famously—and brutally—murdered in 1980 by an ex-lover.

¹⁴ Rachel Meach, “From John Yudkin to Jamie Oliver: A Short but Sweet History on the War against Sugar,” in *Proteins, Pathologies, and Politics: Dietary Innovation and Disease Since the Nineteenth Century*, ed. David Gentilcore and Matthew Smith (London: Bloomsbury, 2018), 95-108.

¹⁵ Clarence Petersen, “Living off the fat—and fads—of the land with million-dollar diet doctors,” *Chicago Tribune*, September 8, 1981, A1.

¹⁶ Petersen, “Living off the fat—and fads—of the land with million-dollar diet doctors,” A1.

¹⁷ Adrienne Rose Johnson, “The Paleo Diet and the American Weight Loss Utopia, 1975–2014,” *Utopian Studies* 26, no. 1 (2015): 104, <https://doi.org/10.5325/utopianstudies.26.1.0101>.

After a brief dip in the 1980s when Pritikin-style low-fat dieting reigned, low-carb began emerging once again after *Dr. Atkins' New Diet Revolution* was released in 1992 (and again in 1999). Atkins' grand re-emergence was greeted with legions of copycat programs—which *Time* Magazine described as “a series of the most guy-embraced diets ever, regimens with Henry VIII as a role model and beef jerky as a food group”—including, but certainly not limited to *Protein Power* (1996), *NeanderThin* (1999), *The Dukan Diet* (2000), Loren Cordain's *The Paleo Diet* (2001), *Sugar Busters!* (2003), Dr. Arthur Agatston's *South Beach Diet* (2003), and the *Bulletproof Diet* (2014).¹⁸ This trend of grain-avoidance has continued apace with more recent (and more diffuse) trends like eating gluten-free (popular in the early 2010s) and the 2017 resurgence of the Keto Diet.

Despite the great number of lookalikes, Atkins managed to overcome the cacophony becoming, arguably, the most important diet guru in modern American history. In 2005, *NPR* reported that “At its peak in 2003, nearly 10 percent of Americans said they were either on the Atkins diet or had tried it... [T]he phenomenon was strong enough to bankrupt several bread and pasta makers and attract the interest of Wall Street investment bankers.”¹⁹ His name became virtually synonymous with low-carb dieting in the United States, and continues to serve as the standard against which other low-carb programs are judged (or even understood). However, as this chapter will show, Atkins' signature low-carb diet was only a part of his larger ideological agenda, which centered more around his unusual theories of the body and his arsenal of

¹⁸ Joel Stein, “The Low-Carb Diet Craze,” *Time*, October 24, 1999, <http://content.time.com/time/magazine/article/0,9171,33169,00.html>. Atkins' influence can also be seen on programs that are not explicitly low-carb from Barry Sears' *The Zone* (1995), *The New Glucose Revolution* (2003), and *The Maker's Diet* (2004), to the Quick Weight Loss Center program (popularized in 2009 by Rush Limbaugh) and the 2017 Optavia Diet (formerly Medifast).

¹⁹ Jack Speer, “Atkins Nutritionals Files for Bankruptcy,” *NPR*, August 1, 2005, <https://www.npr.org/templates/story/story.php?storyId=4780891>.

complementary medical remedies than on quick weight loss per se.

Atkins Historiography

More than a few scholars (mostly philosophers) have commented on the Atkins empire and his dietary philosophy, but much of this scholarship has centered on the damaging cultural legacies of his signature diet and its unconventional take on weight loss. However, since Atkins is the most iconic modern diet guru, he has often been used as a placeholder (if not a scapegoat) for much of recent American dieting culture. Despite focusing their attention on the Atkins diet nominally, therefore, many of the scholarly analyses of Atkins would apply equally well to any other mainstream diet program.

Several scholars have called attention to the neoliberal slant of Atkins' dietary philosophy, which not only reinforces harmful notions of an ideal body type, it also places an unreasonable burden on individuals to reform their own non-conforming bodies. Yet, the call to reform oneself, these scholars note, typically falls unfairly on the shoulders of fat people and women. As philosopher Corrinne Bedecarre argues, this dilemma raises important questions for feminists as it undermines women's agency in pursuing bodily health through dieting.²⁰

Although Atkins, in part, blamed social structures like the industrialized food system for Americans' weight and the rising costs of healthcare, his dietary solution favored personal discipline over collective action. Philosophers of food and health, Catherine Womack and Abby

²⁰ Corrinne Bedecarre "Tyranny of the Carbohydrate: Feminist Dietary Drama," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013). For a broader historical investigation of gender and dieting, see Nancy Gagliardi, "Dieting in the Long Sixties: Constructing the Identity of the Modern American Dieter," *Gastronomica* 18, no. 3 (2018): 66-81, <https://doi.org/10.1525/gfc.2018.18.3.66>. For a more in-depth exploration of how the Atkins diet reinforces body image and shapes personal responsibility, see Fabio Parasecoli, *Bite Me: Food in Popular Culture* (New York: Berg, 2008); Fabio Parasecoli, "Low-Carb Dieting and the Mirror: A Lacanian Approach to the Atkins Diet," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

Wilkerson, argue that Atkins' efforts would have been better directed toward de-stigmatizing obesity and changing the built environment to encourage healthier choices (rather than blaming those who could not make the 'correct' choice).²¹

Historian Steven Shapin approaches Atkins from the perspective of scientific expertise.²² Shapin first distinguishes messy, complex sciences that impinge on people's lives, like nutrition, from abstract mathematical sciences like particle physics. To succeed in nutrition requires fundamentally different appeals than astronomy, though he argues that these are primarily appeals that credentialed nutrition scientists have never mastered. Atkins on the other hand (like many other public diet experts), rose to success by capitalizing on techniques disfavored by the scientific establishment. Atkins emphasized the lives of particular patients by featuring their testimonials, which allowed readers to project themselves into these narratives in a way they could never relate to cold public health statistics. Shapin emphasizes that Atkins told his own story, highlighting not only his struggles and inevitable triumph, but details about his everyday life, his food choices, and the cultural meaning of food as well. Finally, Atkins interlaced his personal narratives with scientific research befitting his medical degree.

On this point, Shapin says, Atkins was careful to distinguish himself from a diet doctor, instead casting himself as a cardiologist with decades of clinical experience as to what worked and what did not. By crediting his cardiology training for his initial ignorance in nutrition, Atkins was able to create critical distance from the nutrition establishment. Thus, he appeared to have

²¹ Abby Wilkerson, "Bias and Body Size: The Social Contract and the Fat Liberation Movement," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013); Catherine Womack, "The Structure of Atkins's New Diet Revolution: Proposing a Paradigm Shift in Fighting Obesity," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

²² Steven Shapin, "Expertise, Common Sense, and the Atkins Diet," in *Public Science in Liberal Democracy*, eds. Jene Porter and Peter W.B. Phillips (Toronto: University of Toronto Press, 2007), 174-193.

one foot in the door of the cathedral of science, but he was not so heavily indoctrinated in nutrition or metabolic science as to be blinded by academic dogma. His personal touch, scientific credentials, and independence of thought, explain Shapin, predicted his rise in fame and influence above the credentialed experts who reviled him. However, Shapin's analysis does nothing to differentiate Atkins' success as a popular diet expert from other contemporaneous diet gurus—an especially important distinction given the sheer volume of Atkins' low-carb competitors.

Other scholarship on Atkins considers more specific effects of his dietary program, but could apply equally well to any low-carb diet. For example, Atkins (and many other low-carb gurus) claimed to have based their diets off of “primitive” peoples (both prehistoric hunter-gatherers and contemporary indigenous groups) who experience(d) dramatically lower rates of chronic disease than in industrialized societies. STS scholar Christine Knight argues that in doing so, Atkins not only perpetuated harmful colonial attitudes that modern indigenous groups were ‘Noble Savages’ who had been somehow frozen in a ‘pre-modern state,’ but by glorifying and appropriating the healthiness of their diets, he also undermined the health disparities to which these communities are subject.²³ Several more critics hit Atkins (and low-carb generally) for his overreliance on meat. Philosopher and women's studies scholar Bat-Ami Bar On argues that Atkins' carnivory is essentially classist because meats are prohibitively expensive and the diet enables its followers not to grapple with their economic privilege.²⁴ Philosopher David Detmer

²³ Christine Knight, “‘The Food Nature Intended You to Eat’: Low-Carbohydrate Diets and Primitivist Philosophy,” in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

²⁴ Bat-Ami Bar On, “Commodious Diets, or Could a Marxist Do Atkins?” in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

argues that even if Atkins was really the best diet for human health, its benefits would only be marginally better than a well-balanced vegetarian diet, while the costs would be significantly greater because Atkins' program would require a dramatic increase in animal suffering.²⁵

Ecologists Stan Cox and Marty Bender extend Detmer's hypothetical, warning that scaling the Atkins diet for a global audience (even if it was ideal for human health) would dramatically expand the production of feedlots and eventually outpace the world's resources.²⁶

Several scholars have analyzed Atkins on his own terms, though even in this case, they tend to hew close to the mass-market diet. Exploring the specific cultural implications of Atkins' emphasis on meat, food studies scholar Amy Bentley argues that his program in particular signaled a break from previous diets by constructing an image of a dieter that was compatible with traditional masculinity.²⁷ She posits that, on Atkins, men who wanted to lose weight were no longer confined to ordering salads at business dinners or similar social functions with other men who might judge them for their supposed effeminacy. As a result, men bonded over their newfound dietary practices, shared tips with one another and felt comfortable talking about their bodies in new ways without having to sacrifice their privileged position within the social

²⁵ David Detmer, "A Vegetarian's Beef with Atkins," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

²⁶ Stan Cox and Marty Bender, "Warning—This Diet is Not for Everyone: The Atkins Diet's Ecological Side Effects," in *The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche*, ed. Lisa Heldke, Kerri Mommer, and Cynthia Pineo (New York: Open Court, 2013).

²⁷ For other work on male dieting, see Sander Gilman, *Fat Boys: A Slim Book* (Lincoln, NE: University of Nebraska Press, 2004); Fabio Parasecoli, "Feeding Hard Bodies: Food and Masculinities in Men's Fitness Magazines," *Food and Foodways* 13, no. 1-2 (2005): 17-37; Emily Contois, "'Lose Like a Man': Gender and the Constraints of Self-Making in Weight Watchers Online," *Gastronomica* 17, no. 1 (2017): 33-43, <https://doi.org/10.1525/gfc.2017.17.1.33>.

hierarchy.²⁸ This shift in dietary culture among white male businessmen living high-stress lifestyles was a welcome relief from fears of heart disease and obesity that had circulated in public discourse in the 1950s.

Importantly, Bentley concedes, despite Atkins' masculine emphases, the diet's followers were predominantly women. Yet, because Atkins ushered more men than ever into the dieting sphere, his program also opened meat consumption to women in a way that had previously not been accepted before. Bentley argues that permitting women to eat traditionally masculine-coded foods increased their social status and power without sacrificing other characteristics of traditional femininity.²⁹ However, women following more conventional (low-fat) weight reduction programs reported resentment at their husbands' newfound penchant for 'diet foods' high in animal fats.

This chapter uses these various interpretations of the mass-market Atkins diet as a backdrop against which to tell a rather different narrative of Atkins, exploring lesser-known elements of his career as a diet guru, including key elements of his private life and his practice as a physician, to develop a better sense of the purpose behind his life's project. In broad strokes, I posit that Atkins' overarching health philosophy was animated by three interrelated concerns: his impression that traditional calorie-counting diets were difficult and disappointing because they set the threshold for achieving success through self-motivation unreasonably high for most

²⁸ Amy Bentley, "The Other Atkins Revolution: Atkins and the Shifting Culture of Dieting," *Gastronomica* 4, no. 3 (2004): 34-45, <https://doi.org/10.1525/gfc.2004.4.3.34>. For similar arguments on masculinity and modern diets, see Tanfer Emin Tunc, "The 'Mad Men' of Nutrition: *The Drinking Man's Diet* and Mid-Twentieth-Century American Masculinity," *Global Food History* 4, no. 2 (2018): 189-206, <https://doi.org/10.1080/20549547.2018.1434353>; Contois, "'Lose Like a Man,'" 33-43; Jesse Berrett, "Feeding the Organization Man: Diet and Masculinity in Postwar America," *Journal of Social History* 30, no. 4 (1997): 805, <https://doi.org/10.1353/jsh/30.4.805>. For an important exploration of masculinity and food restriction from an earlier time period, see R. Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004).

²⁹ Bentley, "The Other Atkins Revolution," 34-45.

people; his conviction that the food industry was actively poisoning people and that the medical establishment was largely complicit; and his personal observations that orthodox medicine's obsession with laboratory experiments and profit margins came at the expense of clinical medicine and patient wellbeing. The first of Atkins' concerns served as the primary impetus for Atkins' famous diet program, also known as the Atkins Nutritional Approach. Because this was the major public image of Atkins, I use the first half of this chapter to give a full account of the development, release, and critique of the mainstream diet. The latter two concerns, to be developed in the second half of the chapter, provided further justification for the shape of his program, but more importantly, they reveal a crucial context to understand Atkins that has received scant attention—his identity as a practitioner of complementary medicine. I argue that his diet cannot be properly understood outside the context of his unorthodox medical practice. And since Atkins is the best-known diet in modern American (perhaps global) history, interrogating his practice is, thus, critical to understanding the dietary landscape of the past half century.

Dr. Robert C. Atkins

Robert Coleman Atkins was born in Columbus, Ohio on October 17, 1930. In middle school, his family moved to Dayton where his father ran “a few little restaurants and places where people could stay overnight.”³⁰ He was, by all accounts, a bright student, finishing second in the state of Ohio on an annual statewide general scholarship test, but lamented that his peers “only really enjoyed people who were athletes rather than brains.”³¹ By the age of fourteen,

³⁰ D.L. Stewart, “Thin Memories: Author of controversial diet has Dayton roots, but his heart's in NYC,” *Dayton Daily News*, February 20, 2003, C1.

³¹ Stewart, “Thin Memories,” C1.

Atkins had his first job selling shoes, but he longed to become a comedian. He got a taste of the entertainer's life after he graduated from the University of Michigan, when he spent a summer working as a "comic waiter" in the Adirondacks.³²

As the comic dream faded, Atkins discovered new passions in medical school at Cornell Medical College, not the least of which was his admiration for the state of New York, where he would live for the rest of his life. After securing his M.D., he did an internship at the Strong Memorial Hospital in Rochester, followed by residencies at the Bellevue, Goldwater, and Delafield Hospitals, finally completing his medical training as a cardiology resident at St. Luke's Hospital in New York City. Atkins' wife Veronica reported that he "was a blue-blood at first; he believed in medical orthodoxy wholeheartedly."³³ In 1959, he opened his own private practice in cardiology and internal medicine on the Upper East Side. Yet, Atkins quickly became disenchanted with his chosen specialty. He struggled to attract patients, and the few patients he had made him feel like a mere technician. Atkins once saved a patient's life during a house call only to receive no thanks, merely an instruction to call the patient's physician in the morning. He fell into depression.³⁴

By 1963, Atkins' six-foot frame swelled from his waifish high school weight of 135 pounds to a much sturdier 225.³⁵ Atkins reportedly first noticed his body's bulk when he began to work as a medical consultant for AT&T and he was confronted with three chins in his

³² Fishman, "The Diet Martyr."

³³ Fishman, "The Diet Martyr."

³⁴ Douglas Martin, "Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72," *New York Times*, April 18, 2003, D9.

³⁵ Stewart, "Thin Memories," C1.

employee identification badge.³⁶ He was determined to lose weight, and began to research the issue in medical journals where he found two major sources of inspiration for the plan he would follow. The first was a series of papers published in 1953 by Dr. Alfred Pennington, who placed twenty employees from DuPont on a carbohydrate-restricted diet and recorded moderate weight loss (22 pounds) over a three month period.³⁷ The other was a series of papers published in the late 1950s by British metabolic researchers, Alan Kekwick and Gaston Pawan, which suggested that the presence of ketone bodies in the urine of people on carbohydrate-restricted diets indicated that their body fat was being consumed for energy.³⁸ Atkins ate his last doughnut and committed himself to a low-carb regimen, reportedly losing 28 pounds in his first six weeks.³⁹ Atkins claimed his choice in diet was primarily motivated by taste, “It was the only diet that looked like I'd enjoy being on it. I ate a lot of meat, and a lot of shrimp, and a lot of duck, and a lot of fish.”⁴⁰

Excited by his own diminishing figure, in 1964, Atkins ran a larger experiment with 65

³⁶ Pamela Howard and Sandy Treadwell, “Dr. Atkins Says He's Sorry,” *New York Weekly*, March 26, 1973 as cited in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. 68 (April 12, 1973) (enclosed in Item 3—Articles Pertinent to Hearing Pertaining to Dr. Atkins’ “Diet”)

³⁷ The following papers were the basis of the Pennington or Dupont Diet: Alfred W. Pennington, “A Reorientation on Obesity,” *New England Journal of Medicine* 248, no. 23 (1953): 959–964, <https://doi.org/10.1056/NEJM195306042482301>; Alfred W. Pennington, “Treatment of Obesity: Developments of the past 150 years,” *American Journal of Digestive Diseases* 21, no. 3 (1954): 65–69, <https://doi.org/10.1007/bf02880976>; Alfred W. Pennington, “An Alternate Approach to the Problem of Obesity,” *American Journal of Clinical Nutrition* 1, no. 2 (1953): 100–106, <https://doi.org/10.1093/ajcn/1.2.100>; Alfred W. Pennington, “Treatment of Obesity With Calorically Unrestricted Diets,” *American Journal of Clinical Nutrition* 1, no. 5 (1953): 343–348, <https://doi.org/10.1093/ajcn/1.5.343>; Alfred W. Pennington, “Obesity: Overnutrition Or Disease Of Metabolism,” *American Journal of Digestive Diseases* 20, no. 9 (1953): 268–274, <https://doi.org/10.1007/BF02881331>.

³⁸ For examples, see A. Kekwick and G. L. S. Pawan, “Calorie Intake In Relation To Body-weight Changes In The Obese,” *Lancet* 268, no. 6935 (1956): 155–61, [https://doi.org/10.1016/S0140-6736\(56\)91691-9](https://doi.org/10.1016/S0140-6736(56)91691-9); T. M. Chalmers, A. Kekwick, and G. L. S. Pawan, “On The Fat-mobilising Activity Of Human Urine,” *Lancet* 271, no. 7026 (1958): 866–869, [https://doi.org/10.1016/S0140-6736\(58\)91624-6](https://doi.org/10.1016/S0140-6736(58)91624-6); A. Kekwick and G. L. S. Pawan, “Metabolic Study In Human Obesity With Isocaloric Diets High In Fat, Protein Or Carbohydrate,” *Metabolism* 6, no. 5 (1957): 447–460.

³⁹ Megan Rosenfeld, “Going Against the Grain,” *Washington Post*, October 12, 1999, C1; Howard and Treadwell, “Dr. Atkins Says He's Sorry.”

⁴⁰ William Leith, “Robert Atkins: Diet guru who grew fat on the proceeds of the carbohydrate revolution,” *Guardian* (London), April 18, 2003, <https://www.theguardian.com/news/2003/apr/19/guardianobituaries.williamleith>.

company executives at AT&T and “Of 65 patients he treated, he got 64 down to their ideal weights. The 65th made it halfway.”⁴¹ Apparently word had spread about his success to the point that Buddy Hackett mentioned it on *The Tonight Show* with Johnny Carson in 1965.⁴² But Atkins’ controversial dietary formula did not become a true diet until after its debut in women’s luxury fashion magazines—first in *Harper’s Bazaar* in 1966 then in a 1970 issue of *Vogue* as the “Vogue Super Diet.”⁴³

After the first article ran, people began to flock to Atkins’ clinic: “suddenly his practice became full-time weight-control business.”⁴⁴ After the second, “the doctor’s 23-room East Side office complex was handling an average of 350 patients a week,” of which 65 percent were patients making their first visit.⁴⁵ His prices were surprisingly affordable: an initial visit cost \$185, including lab tests, but each subsequent visit was only \$20. Atkins splashed signs of his success all over the walls; one article described his office’s two waiting rooms as “a scaled-down Museum of Modern Art.”⁴⁶ As they waited to be seen, patients encouraged one another with before and after photos, which they flaunted “like identification cards in some secret society.”⁴⁷

Among the influx of new patients was Ruth West, an author of two diet books herself, who introduced Atkins to her publisher, David McKay, Co. West was not uncontroversial; Harvard nutritionist Fred Stare was once quoted saying that she “ranks high on our totem pole of

⁴¹ Martin, “Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72,” D9.

⁴² Martin, “Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72,” D9; Stewart, “Thin Memories,” C1.

⁴³ Natalie Gittelson, “How to Lose Weight Without Hunger,” *Harper’s Bazaar*, January 1966, 130-1; Jean Pierson, “How to S-T-A-Y 10 Lbs. Thinner,” *Vogue*, June 1970, 158-9.

⁴⁴ Howard and Treadwell, “Dr. Atkins Says He’s Sorry.”

⁴⁵ Howard and Treadwell, “Dr. Atkins Says He’s Sorry”; Diane K. Shah, “Critics Choke Over Dr. Atkins’ Diet,” as cited in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate Part 1.—Obesity and Fad Diets*, 93rd Cong. 63 (April 12, 1973) (included in Item 3—Articles Pertinent to Hearing, Pertaining to Dr. Atkins’ “Diet”).

⁴⁶ Shah, “Critics Choke Over Dr. Atkins’ Diet.”

⁴⁷ Shah, “Critics Choke Over Dr. Atkins’ Diet.”

quackery.”⁴⁸ Together, Atkins and West co-wrote *Dr. Atkins’ Diet Revolution*. Atkins said he never expected the book to sell, so he gave West a fifty percent stake in the book’s profits taking forty for himself (the other ten percent went to the book’s recipe creator).⁴⁹ The book’s publishing house instructed Atkins to “aim beyond medical experts,” so he forwent academic trappings and extensive citations and discussed difficult medical concepts in “chatty layman’s language,” instead.⁵⁰ The book was released to the public in September of 1972.

The Birth of a Revolution

Atkins’ message spread like wildfire not for the novelty of his ideas but because of his publisher’s skill at promotion and Atkins’ voracious appetite for work. He was quoted saying, “It has to be damn worthwhile for me to leave my office, and I expect every minute to be filled when I do.” When David McKay, Co. sent him on a ten-day promotional tour in November 1972, he reportedly “visited Los Angeles, San Francisco, Denver, and New York, and gave interviews to 34 newspapers, one magazine, twelve radio stations, appeared on nine local television shows as well as on *The Merv Griffin Show*.” Despite his earlier flirtation with the entertainment business, Atkins had not yet developed his flair for showmanship. When he was rejected for early interview requests by Johnny Carson and Jack Paar, the editor-in-chief at David McKay, Co. blamed it on Atkins’ lack of charisma, saying “I think he is too serious for them,” and “He’s not a character, like Dr. Stillman.”⁵¹

⁴⁸ Freda Aron, “Nutritionist Hits Fads—Advises ‘Eat Less,’” *The Skokie*, February 1, 1973, as cited in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. 61 (April 12, 1973) (enclosed in Item 3—Articles Pertinent to Hearing Pertaining to Dr. Atkins’ “Diet”)

⁴⁹ Howard and Treadwell, “Dr. Atkins Says He’s Sorry.”

⁵⁰ Martin, “Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72,” D9.

⁵¹ Howard and Treadwell, “Dr. Atkins Says He’s Sorry.” Dr. Irwin Maxwell Stillman was already quite well-known as a diet guru and public figure when Atkins entered the scene, having made regular appearances on talk shows since the late 1960s. Between 1970 and 1974, he appeared on *The Tonight Show with Johnny Carson* thirty-one times, and another fourteen times on *The Mike Douglas Show* between 1968 and 1975.

Nevertheless, Atkins' advertising efforts paid off handsomely. According to David McKay, Co., *Dr. Atkins' Diet Revolution* quickly became "the fastest selling book in the history of publishing," though the reported sales figures for the paperback—which sold for \$6.95 at drugstores and supermarkets across the country—vary. Combining different estimates suggest that the book sold roughly 200,000 copies by Christmas in 1972, 660,000 by March, and a staggering 900,000 by April, 1973.⁵² The diet doctor was in and a surprisingly diverse set of Americans were eating it up. Atkins' book was picked up "by sheriffs in North Carolina, by the elderly residents of retirement communities in Florida, by subway passengers in New York, and by the thin and the fat of America."⁵³

The medical establishment had other plans. Physicians were profoundly disturbed by Atkins' flagrant denial of the scientific consensus about the bodily mechanisms pertaining to body weight. On March 8, 1973, the American Medical Association fired the first shot across Atkins' bow with a scathing review sounding a national alarm on the program's alleged backwardness. According to the report, not only was Atkins' diet unoriginal, it was "unscientific and potentially dangerous to health," as well.⁵⁴ Atkins barely mustered a response before the

⁵² *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. vi (April 12, 1973); Howard and Treadwell, "Dr. Atkins Says He's Sorry"; Martin, "Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72," D9.

⁵³ Howard and Treadwell, "Dr. Atkins Says He's Sorry."

⁵⁴ A version of the original warning was published several months later in "A Critique of Low-Carbohydrate Ketogenic Weight Reduction Regimens: A Review of Dr. Atkins' Diet Revolution," *Journal of the American Medical Association* 224, no. 10 (1973): 1415-9, <https://doi.org/10.1001/jama.1973.03220240055018>. For an earlier, albeit more indirect critique, see "Statement on Hypoglycemia," *Journal of the American Medical Association* 223, no. 6 (1973): 682, <https://doi.org/10.1001/jama.1973.03220060056016>. Direct quote from March 10 statement from "Atkins Issues Reply to A.M.A. Criticism," *New York Times*, March 10, 1973, 21.

New York Medical Society issued its own warning.⁵⁵

Within a year of the diet's release, critics from the medical establishment had "chewed the diet to pieces."⁵⁶ Dr. Jules Hirsch, an obesity researcher from Rockefeller University, said Atkins' diet was "the most unutterable nonsense I ever saw in my life," and that it "borders on malpractice for a doctor to recommend almost unlimited amounts of bacon, eggs, heavy cream in coffee, butter sauce on lobster, spareribs, roast duck and pastrami!"⁵⁷ Harvard nutritionist Jean Mayer chimed in, saying "putting yourself on this faddish high-saturated fat, high-cholesterol diet is playing Russian roulette with your heart and your blood vessels."⁵⁸ And the president of the American College of Nutrition, Dr. Seymour Halpern, said "Of all the bizarre diets that have been proposed in the last 50 years, this is the most dangerous to the public if followed for any length of time."⁵⁹ Experts from all corners of medical orthodoxy speculated wildly that Atkins' program would inflict Americans with a range of health problems. Among the many candidate conditions they predicted would ensue from an Atkins regimen were kidney failure, weakness, gout, apathy, dehydration, mineral deficiencies, brain damage, calcium depletion, nausea, increased risk of coronary disease, atherosclerosis, damage to unborn fetuses, and high

⁵⁵ "Diet Doctor Hits Back at AMA Charge," *Dallas Times Herald*, March 9, 1973, as cited in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. 65 (April 12, 1973) (enclosed in Item 3—Articles Pertinent to Hearing Pertaining to Dr. Atkins' "Diet"); "Atkins Issues Reply to A.M.A. Criticism," *New York Times*, March 10, 1973, 21; Jane E. Brody, "Atkins Diet: A 'Revolution' That Has Medical Society Up in Arms," *New York Times*, March 14, 1973, 50; Jean Mayer, "A Review of Dr. Atkins' diet," *Chicago Tribune*, April 19, 1973, S5; Marlene Cimon, "Senate Probes Diet Industry: Dr. Atkins in the Hot Seat," *Los Angeles Times*, April 16, 1973, E1.

⁵⁶ Shah, "Critics Choke Over Dr. Atkins' Diet."

⁵⁷ Aron, "Nutritionist Hits Fads—Advises 'Eat Less.'" Howard and Treadwell, "Dr. Atkins Says He's Sorry."

⁵⁸ Jean Mayer, "Diet Revolution: Basically Old Hat," *Washington Post*, April 14, 1973, F1, ProQuest; Jean Mayer, "A Review of Dr. Atkins' Diet," *Chicago Tribune*, April 19, 1973, S5.

⁵⁹ Shah, "Critics Choke Over Dr. Atkins' Diet."

cholesterol.⁶⁰

Unfortunately for Atkins, critiques in the newspaper were just the beginning of his troubles. In March of 1973, the same month as the AMA's critique was published, Atkins was served with two major lawsuits. The first was a \$1 million class-action lawsuit—filed allegedly on behalf of the 10,000 residents of Cleveland, Ohio estimated to have purchased Atkins' book—to “recover any medical expenses the Ohioans may incur from the diet's side effects.”⁶¹ Then he was sued for malpractice with \$7.5 million in damages by a former patient, 62 year old Joseph Kottler, an actor and Democratic Assemblyman from Brooklyn, who blamed Atkins' diet therapy (which was administered directly through his private practice) for his heart attack.⁶²

To top it all off, two weeks after Kottler announced his lawsuit, Atkins was called to defend his diet publicly before Sen. George McGovern's Select Committee on Nutrition and Human Needs at a hearing about the dangers of fad diets in the treatment of obesity.⁶³ The main task of the committee was to determine whether the FDA or some other federal mechanism should have a formal role in regulating the claims of fad diets. But Atkins' diet was one of just two diets brought before the committee during this branch of its investigation, alongside macrobiotics (which had no representation).⁶⁴ Both the Atkins diet and macrobiotics were under

⁶⁰ Rose Dosti, “More Fad Diets Waiting in Wings,” *Los Angeles Times*, May 3, 1973, J5; Shah, “Critics Choke Over Dr. Atkins' Diet”; Judith Randal, “Doctor Defends Diet,” *Washington Star* (D.C.), April 13, 1973 in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. 76 (April 12, 1973) (enclosed in Item 3—Articles Pertinent to Hearing Pertaining to Dr. Atkins' “Diet”).

⁶¹ Shah, “Critics Choke Over Dr. Atkins' Diet”; Rose Dosti, “More Fad Diets Waiting in Wings,” *Los Angeles Times*, May 3, 1973, J5.

⁶² “Dr. Atkins is Sued for \$7.5-Million,” *New York Times*, March 23, 1973, 17. See also *Gorran v. Atkins Nutritionals, Inc.*, 464 F.Supp.2d 315 (2006), <https://www.leagle.com/decision/2006779464fsupp2d3151749>.

⁶³ *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. (April 12, 1973).

⁶⁴ Atkins complained to McGovern that he felt he had been unfairly targeted because of his recent success, and his recent tangling with the AMA. It was also a matter of timing, as Atkins became a controversial household name just as the committee investigating dietary fraud first convened. Notably, the tenor with which the committee interrogated diet gurus changed over time, evidenced by the tonal shift in the intervening years between the hearing at which Atkins was scrutinized and the hearing at which Pritikin was highlighted as a potential expert.

investigation for the danger they posed to public health.⁶⁵

Atkins sat before the committee with his lawyer, nibbling a piece of cheese, as committee members and expert witnesses took turns berating him. Much of the criticism had been regurgitated from the AMA's initial report. McGovern charged Atkins point blank that his diet "could lead to heart and kidney trouble."⁶⁶ Senator Charles Percy (R-Illinois) quoted a conversation he had had with Harvard nutritionist Fred Stare in which Stare was alleged to have said: "The Atkins diet is nonsense...any book that recommends unlimited amounts of meat, butter and eggs, as this one does, is, in my opinion, dangerous. The doctor who makes this suggestion is guilty of malpractice."⁶⁷ Most damningly, McGovern confronted Atkins with the testimony of British metabolic scientist Gaston Pawan—whom Atkins cited in his book as a primary inspiration for his diet. Pawan disagreed with Atkins' characterization of his own work and assented to the AMA's warning that Atkins' program could be hazardous to public health.

Throughout the Senate hearing, Atkins dismissed the critiques of his medical peers as matters of professional opinion and suggested that any regulatory action against him would violate his First Amendment rights.⁶⁸ But beneath the surface, he seethed that the medical profession was turning a blind eye to what he considered to be the quick and obvious solution to a monumental health crisis. For his part, Atkins had anticipated some skepticism from his colleagues, but he felt that the reaction of the medical establishment to his program in the first few years after his book was published was disproportionate to the dangers—real or imagined—

⁶⁵ Cimon, "Senate Probes Diet Industry," E1; Jane E. Brody, "Senate Nutrition Panel to Focus on Perils of Being Overweight," *New York Times*, April 13, 1973, I8.

⁶⁶ Cimon, "Senate Probes Diet Industry," E1.

⁶⁷ *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. (April 12, 1973).

⁶⁸ This was a regular piece of Atkins' defense in multiple lawsuits.

that his diet actually posed to public health. After all, his critics were keen to point out that Atkins' was certainly not the first best-selling diet book in U.S. history, nor even the first low-carb program to claim the mantle.

But Atkins' lack of novelty raises more questions than it answers. If his program was old news, as many of his critics had claimed, and if low-carb fads inevitably disappeared after people stopped the program and regained their water weight, why then were they so uniquely angered by Atkins? Was the medical establishment really so beholden to bread as the staff of life that they could not imagine going without it for any length of time? Or were they offended because, unlike most other gurus in the marketplace, Atkins was a physician—even a member of the AMA—and they perceived him as betraying their cause? Why then were earlier low-carb advocates (Drs. Irwin Stillman or Herman Taller) not called before the committee? Finally, how could the establishment have even compared Atkins' program with their initial impressions of macrobiotics, on which patients were said to literally starve to death? He and the medical establishment understood the state of America's health in starkly different terms, but to probe the medical reaction to Atkins further, it is necessary to first develop a more detailed understanding of the science and sentiments Atkins mobilized in support of his program and the reputation he garnered as a result.

Fat-Melting Magic

The Atkins Nutritional Approach hinged on what some physicians perceived to be shaky theoretical ground. First, Atkins inverted the prevailing wisdom of the medical establishment that by cutting calories, and specifically calories from fat, people could safely and gradually lose weight and reduce their risk of heart disease at the same time. Fat had been implicated as an

especial villain because of its role in raising cholesterol and triglycerides, two known risk factors for heart disease, and for promoting obesity, a risk factor for a broad set of medical conditions.

Instead of the establishment's familiar demons, Atkins counterintuitively blamed sugar and other simple carbohydrates for Americans' ailing health. His reasoning was simple and seductive; carbohydrates triggered the body to release most of its insulin, while fat triggered almost none (protein only some). Insulin was responsible for delivering the glucose produced by the breakdown of carbohydrates to the body's cells. However, the more insulin the body produced, the greater the likelihood that the body would develop insulin resistance. If the body's cells became insulin resistant, they took in less glucose, which resulted in higher levels of blood sugar and also triggered the body to store more glucose in the form of corporeal fat. As insulin resistance deepened and blood sugar levels continued to rise, the body would produce ever more insulin, compounding the problem of its own resistance and accelerating weight gain until "even the insulin receptors that convert glucose to fat start getting worn out."⁶⁹ The most straightforward result of this intensifying cycle was diabetes, but Atkins also suggested that high levels of insulin were strongly correlated with the creation of atherosclerotic plaques, high levels of triglycerides, low levels of HDL cholesterol, and increased risk of estrogen-linked cancers. Tying hyperinsulinism to the signature risk factors for heart disease and cancer was Atkins' key defense when challenged about the unlimited amounts of saturated fats and cholesterol he allowed his patients to consume.

To counteract the destructive capacity of insulin, Atkins recommended removing all carbohydrates from the diet. Not only would this theoretically stop the body from producing more corporeal fat by circumventing the production of insulin, the subsequent drop in blood

⁶⁹ Robert C. Atkins, *Dr. Atkins' New Diet Revolution* (New York: Harper-Collins, 1992), 51.

glucose levels would trigger the body to start consuming its own energy stores, a process Atkins called ketosis/lipolysis (or ketosis for short). In Atkins' program, the dieter's main goal is to starve the body of glucose indefinitely by reducing carbohydrate consumption to maintain a state of ketosis. As evidence that the body was engaging the proper mechanisms, Atkins advised his readers to purchase Ketostix, at-home urine-testing kits to detect the presence of ketones (the alternative fuel to glucose created by lipolysis), to ensure they were on track (though ketosis had other telltale signs, like breath that smelled of acetone).⁷⁰ Since the body was eating itself, rapid weight loss was fabled to ensue even if the dieter ate as much fat and protein as they wanted. This way, Atkins could guarantee that his patients would feel full—avoiding the unbearable hunger he experienced using traditional dieting methods—and they could eat the foods other diets forbid (although they would have to eat these formerly forbidden foods to the near exclusion of anything else).

There were several frequently cited critiques of the scientific picture Atkins painted in his dieting manuals. The most minor was an apparent confusion that Atkins created by calling his process “ketosis,” which many befuddled critics mistook for the similarly named but much more serious condition ketoacidosis.⁷¹ According to Atkins, ketoacidosis was a condition reserved for diabetics who failed to control their blood sugar by eating excessive amounts of carbohydrates, alcoholics, and those experiencing extreme starvation. Ketosis, on the other hand, was just as described: a normal (evolutionarily) physiologic state of converting energy stored as body fat

⁷⁰ Julie Deardorff, “Skinny but Stinky Thanks to Atkins,” *Chicago Tribune*, January 2, 2004, <https://www.chicagotribune.com/news/ct-xpm-2004-05-02-0405020298-story.html>. Bad breath and other bodily odors are an enduring phenomenon with other low-carb diets. See Martha Cliff, “Forget ‘Keto Crotch,’—Now ‘Keto Breath’ is the Embarrassing Issue Plaguing Women on a Low-Carb Diet,” *Sun* (UK) November 1, 2019, <https://www.thesun.co.uk/fabulous/10261513/keto-breath-embarrassing-issue-plaguing-dieters/>.

⁷¹ There have been more serious concerns regarding the health of ketosis as an extended bodily state, including the suitability of ketones as a fuel for the brain (the body's chief glucose customer), but those are concerns to be developed in future scholarship.

into usable fuel in the absence of glucose. Atkins famously described the process as “one of life’s charmed gifts. It’s as delightful as sex and sunshine, and it has fewer drawbacks than either of them!”⁷² Because diabetic ketoacidosis was the product of consuming excessive carbohydrates and ketosis was the product of consuming very few, Atkins suggested the processes were virtually physiological opposites.

The second major critique centered on the identity of a mysterious compound Atkins pinpointed as being singularly responsible for triggering ketosis: a compound—the mobilization of which Atkins claimed differentiated his program from previous low-carb diets—called the Fat-Mobilizing Hormone (FMH). Nitpicking critics, including Gaston Pawan at the Senate Subcommittee hearing, doubted Atkins’ labeling of the mystery substance as a hormone, when the more conservative (and, thus, preferred) technical term for this entity was Fat-Mobilizing Substance (FMS).⁷³ Others simply rolled their eyes at Atkins’ decidedly unscientific nicknames for FMH; Atkins playfully referred to his unidentified, possibly pseudo-imaginary substance as a “magic bullet,” and “that powerful genie.”⁷⁴

The only magic Atkins’ critics saw in his program was Atkins’ magical ability to stretch flimsy evidence to account for a majority of America’s health problems. Dr. Philip White, secretary of the AMA’s Council on Food and Nutrition, was quoted as saying, “The whole diet is so replete with errors woven together that it makes the regimen sound mysterious and magical.”⁷⁵ Bonnie Liebman from the Center for Science in the Public Interest said of Atkins:

⁷² Atkins, *Dr. Atkins’ New Diet Revolution*, 57; Ball, “The Trials of a Famous Fat Doctor.”

⁷³ At the hearing, Pawan actually predicated his agreement with the AMA’s stance against Atkins on whether the Fat Mobilizing Hormone (FMH) that Atkins credited for burning body fat in the absence of glucose was a true hormone or whether it was merely a Fat Mobilizing Substance (FMS). Tom Zito, “‘Diet Revolution’ Controversy,” *Washington Post*, April 13, 1973, B2, ProQuest.

⁷⁴ Zito, “‘Diet Revolution’ Controversy,” B2; Shah, “Critics Choke Over Dr. Atkins’ Diet.”

⁷⁵ Shah, “Critics Choke Over Dr. Atkins’ Diet.”

“This whole ketosis thing is just a gimmick to make people think there’s something to blame for weight gain and some magic solution to take it off. That’s the beginning and end of it.”⁷⁶ Atkins’ diet was decried in the *Los Angeles Times* as preying on “millions of diet-fetish Americans seeking magic formulas for quick and easy weight loss.”⁷⁷ And Ronald Deutsch, author of the self-published 1977 exposé on quackery *Nuts Among the Berries*, warned physicians to beware of Atkins’ allure lest they “fall prey to the lure of easy solutions to difficult problems,” because such easy solutions constituted “‘nutrition magic’ that promise answers to obesity, cancer, heart disease and every other ill the flesh is heir to.”⁷⁸ As these quotes suggest, critics thought that Atkins’ explanations of nutrition science were jazzed up oversimplifications of something that was, for them, an otherwise complex and sobering subject matter.

The chief complaint leveled against Atkins, however, was his privileging of the insulin pathway over all other physiological explanations of body weight and metabolic sickness. The aforementioned Philip White said “[Atkins] simply lumps together all the medical abnormalities that have been related to the body’s handling of carbohydrates and says this is a problem that all people have. He’s making everyone fit his book.”⁷⁹ Elevating what his contemporaries perceived to be a peculiar physiological quirk—for which there was scant medical evidence anyway—over all other extant science about the underlying mechanisms responsible for producing such major chronic diseases as heart disease and cancer amounted to heresy. Almost vindictively, physicians

⁷⁶ Alex Witchel, “Refighting the Battle of the Bulge: At Lunch with Dr. Robert Atkins,” *New York Times*, November 27, 1996, C7.

⁷⁷ Dosti, “More Fad Diets Waiting in Wings,” J5.

⁷⁸ Jane Skinner, “Nutrition Expert Claims Fad Diets Might Be Damaging,” *Palm Beach News*, March 13, 1973 in *Hearings Before the Select Committee on Nutrition and Human Needs of the United States Senate—Obesity and Fad Diets I*, 93rd Cong. 68 (April 12, 1973) (enclosed in Item 3—Articles Pertinent to Hearing Pertaining to Dr. Atkins’ “Diet”); George Getze, “Food Expert Calls Popular Diet ‘Useless’—Perils Cited,” *Los Angeles Times*, March 26, 1973, B1, ProQuest.

⁷⁹ Marilyn Mercer, “The Atkins Diet: Is It Safe?” *McCall’s Monthly Newsletter for Women*, April 1973.

extended their skepticism of his insulin theory even to the idea that the Atkins' program could result in any tangible long-term weight loss. They preferred to explain the initial success dieters experienced on his program as a loss in "water weight," a temporary and meaningless loss of weight that would rebound when dieters inevitably strayed from the program. Like Pritikin, Atkins' program was charged with enforcing extreme dietary monotony, which undermined the idea that anyone could sustain his program for any meaningful duration of time.⁸⁰ Provocatively, when the diet ran as the *Vogue* Super Diet in 1970, it included a disclaimer that "Not being able to stay on a diet is itself sometimes a symptom of low blood sugar."⁸¹ Beyond merely getting the facts wrong or spreading false hope, critics worried that Atkins' reductionistic view that much of America's chronic disease incidence could be explained as rampant hypoglycemia in disguise would undercut faith in orthodox medicine and sway patients to shirk necessary medical care. The establishment was right to worry; upsetting faith in industrial medicine is exactly what Atkins wanted.

The Great Diet War

Early in his medical career, Atkins grew weary of technocratic solutions to intractable diseases (bypass surgery, chemotherapy, risk-reducing pharmaceuticals, etc.). As I mentioned before, this was one of the major reasons he abandoned cardiology in his practice (despite the fact that he continued, misleadingly, to refer to himself as a cardiologist in his self-promotions). His signature low-carb diet can, in part, be understood as a reaction to the tendency of orthodox

⁸⁰ For examples of prominent followers who had to quit Atkins for this reason, see Linda Lee, "The Man Who Took Their Bread Away," *New York Times*, April 20, 2003, ST2.

⁸¹ Pierson, "How to S-T-A-Y 10 Lbs. Thinner," 159.

medicine toward unnecessary, expensive, and harmful interventions. As an example, one of the first technocratic interventions to earn Atkins' ire was appetite suppressants, a wholly unnecessary (in Atkins' mind) pharmaceutical made popular to combat the hunger associated with ill-designed diet plans. One major aim of his diet revolution was, therefore, to alleviate the hunger associated with weight loss by dietary modification alone.

In general, Atkins understood weight loss as just one positive benefit among many of disrupting the body's tendency toward hyperinsulinism and/or hypoglycemia. By correcting this population-level blood sugar imbalance, Atkins thought of himself as obviating the need for most of the nation's pharmaceuticals and surgeries. His unconventional medical philosophy was frequently mentioned (as an aside) yet never became a major part of the medical or media narratives surrounding his program, and Atkins grew increasingly frustrated with his being reduced to a mere weight-loss guru. He had even planned a dedicated follow-up book to his 1972 diet revolution on his broader philosophy of hypoglycemia and health, but, before he had a chance to publish, the AMA issued its damning report.⁸²

The AMA's report and the avalanche of fallout that followed *Dr. Atkins' Diet Revolution* unnerved him. Instead of publishing his full take on hypoglycemia like he planned, he instead waited several years before publishing a watered-down version called *Dr. Atkins' Super Energy Diet*. While the core of the diet stayed the same, Atkins' new book incorporated some modifications (mainly vitamin pills and supplements) to reverse the tiredness, fatigue, and depressive symptoms associated with carrying extra weight. By branching into psychological terrain, Atkins had clearly wanted the book to serve as a departure from the popular understanding that he was a mere weight-loss guru. Unfortunately, when *Super Energy* came out

⁸² Howard and Treadwell, "Dr. Atkins Says He's Sorry."

in 1977, its publication coincided with the release of the McGovern Report, which changed the landscape of federal nutrition recommendations, tilting the scales heavily toward the medical establishment's preferred low-fat dietary model, and the book was largely passed over.

For the next few years, Atkins spent much time and energy fighting proponents of the low-fat diet. One of Atkins' biggest rivals was Nathan Pritikin. Atkins and Pritikin employed diametrically opposed approaches to nutrition and health (though media outlets focused most of their attention on obesity and heart disease). As explored in the previous chapter, Pritikin was among the first gurus to advocate a low-fat, low-calorie, low-cholesterol diet with a heavy emphasis on complex carbohydrates and vegetables to ameliorate the symptoms of chronic disease. Atkins, on the other hand, focused his attention on curbing the insulin response, though his program—emphasizing high-protein, high-fat foods—was most famous for the promise of rapid weight loss. Where Pritikin fought to restrict his patients from eating as many unhealthy foods as possible while keeping his diet accessible and within the acceptable range of palatability, a major selling point of the Atkins diet was that people could luxuriate by eating notoriously unhealthy foods to satiety without guilt.

Beyond their opposing dietary philosophies and recommendations, the relationships that each guru had with orthodox medicine makes for an instructive comparison. Atkins did not have to pretend at medical expertise, though his claims were arguably more inflammatory. Where Pritikin could criticize the medical profession as a plucky outsider gunning for a seat at the table, Atkins felt he could criticize from within, as a seasoned veteran of the establishment, casting himself as a war-weary renegade. However, despite Atkins having trained and practiced (briefly) as a cardiologist, he was largely shunned by the medical community for blatantly ignoring what was seen then as scientific consensus about the dangers of fat and cholesterol. This dismissal

from the medical community is a clear contrast to Pritikin's long history of attempts at gaining recognition from orthodox medicine for the efficacy of his dietary program.

These myriad, stark differences led to a vitriolic public relationship between the two experts. They had outright fights in print, at conferences, and during television interviews.⁸³ Both gurus traded barbs that each other's programs were unaffordable: Atkins charged Pritikin with bilking patients at his pricey Longevity Center, Pritikin lambasted Atkins for assuming everyone could afford to eat gourmet at every meal. Atkins countered that Pritikin's food was flavorless, and Pritikin found Atkins' diet repulsive. In 1981, during a highly publicized debate between them on the Los Angeles-based TV show *Tomorrow*, Pritikin suggested that people following the Atkins diet had significantly higher risk of developing heart attacks and strokes, dying of heart disease, contracting breast cancer, colon cancer, and prostate cancer and alleged that the diet was a threat to public health.⁸⁴ On air, Pritikin also claimed (and provided evidence) that patients who incurred damage on Atkins' diet sought help and were 'cured' at his Longevity Center in Santa Barbara, which Atkins claimed was false and defamatory.⁸⁵ Pritikin's demure smugness and

⁸³ Paul Jacobs, "Diet Book Authors Trade Charges," *Los Angeles Times*, October 15, 1979, B3, ProQuest; Rose Dosti, "Diet Books Offer the Highs and Lows of Proteins and Carbohydrates," *Los Angeles Times*, May 21, 1981, N33, ProQuest; Martha Smiglis, "Pritikin Will Eat No Fat, Atkins Will Eat No Grain—and That Feeds a Fierce Dispute Over Diet," *People*, December 3, 1979, <https://people.com/archive/pritikin-will-eat-no-fat-atkins-will-eat-no-grain-and-that-feeds-a-fierce-dispute-over-diet-vol-12-no-23/>.

⁸⁴ Nathan Pritikin, interview, *Live at Five*, WNBC-TV, May 27, 1981, broadcast excerpt, box 21, folder "Pritikin-Atkins 'Debate' (Pre-Litigation)," Pritikin Papers; Robert Atkins, interview, *Live at Five*, WNBC-TV, May 28, 1981, broadcast excerpt, box 21, folder "Pritikin-Atkins 'Debate' (Pre-Litigation)," Pritikin Papers; Nathan Pritikin debates Robert Atkins, *Tomorrow*, WNBC-TV, June 9, 1981, broadcast excerpt, box 21, folder "Pritikin-Atkins 'Debate' (Pre-Litigation)," Pritikin Papers.

⁸⁵ Pritikin kept evidence from the supporters he mentioned and showed it in court. Bernard Rosen to Nathan Pritikin, June 19, 1981, box 21, folder "Atkins v. Pritikin Lawsuit: Legal Documents," Pritikin Papers; Nell C. Taylor to Tova Leidesdorf, November 10, 1980, box 21, folder "Atkins v. Pritikin Lawsuit: Legal Documents," Pritikin Papers. For other accounts of their caustic relationship, see Richard MacManus, *Health Trackers: How Technology is Helping Us Monitor and Improve Our Health* (Albany, Auckland (NZ): Rowman & Littlefield, 2015); Susan Yager, *The Hundred Year Diet: America's Voracious Appetite for Losing Weight* (New York: Rodale, 2010); Michael Greger, *Carbophobia: The Scary Truth about America's Low-Carb Craze* (New York: Lantern Books, 2005).

Atkins' pugnacious arrogance were great for ratings; commentators compared their sparring to "the televised encounter between Jerry Falwell and Larry Flynt."⁸⁶ After the interview concluded, Atkins claimed to have been so offended that he sued Pritikin for libel—seeking \$5 million in damages—at the Supreme Court for the State of New York. Atkins expanded his lawsuit to include scathing remarks about high-fat diets from Pritikin's publications as well. Pritikin pleaded not guilty to all accounts of libel and ultimately won the suit.⁸⁷

After Pritikin's death in 1985, Atkins continued to rage against the vegan physician-gurus who took up Pritikin's mantle (featured in Chapter 3), avowing to become "the best enemy [they] ever had."⁸⁸ Atkins pulled no punches, in an interview with the *New York Times*, he said, "It is obviously clear that I am right, and the rest of the world is wrong."⁸⁹ Over the next eighteen years, he waged war against Dr. Dean Ornish.⁹⁰ He sparred against Pritikin's friend, Dr. John McDougall. At the USDA's "Great Nutrition Debate," in 2000 he grappled with both Ornish and McDougall at once (along with a host of other doctors and government representatives).⁹¹ He tangled repeatedly with Dr. Neal Barnard, PETA, and the Physicians Committee for Responsible

⁸⁶ Fishman, "The Diet Martyr."

⁸⁷ Michael Greger claims that Atkins continued trying to sue Pritikin's estate and his "grieving widow," after Pritikin had passed. Greger, *Carbophobia*, 65.

⁸⁸ Fishman, "The Diet Martyr."

⁸⁹ Witchel, "Refighting the Battle of the Bulge," C7.

⁹⁰ "Dr. Robert Atkins and Dr. Dean Ornish: A chat about opposing diet plans," *CNN: Crossfire*, May 30, 2000, <http://www.cnn.com/COMMUNITY/transcripts/2000/5/30/atkins.ornish/>; Teresa L. Ebert and Mas-ud Zavarzadeh, "In Atkins, Ornish Diets, Class Shapes the Outcomes," *Sun Sentinel* (FL), September 10, 2000, <https://www.sun-sentinel.com/news/fl-xpm-2000-09-10-0009070851-story.html>.

⁹¹ USDA Millennium Lecture Series, "Symposium on The Great Nutrition Debate," USDA Center for Nutrition Policy & Promotion, February, 24, 2000, YouTube video, 2:55:11, <https://youtu.be/zJ-2M02ON5E>; Sean Martin, "Diet Gurus Belly Up to the Debate Table," *WebMD*, February 24, 2000, <https://www.webmd.com/diet/news/20000224/diet-gurus-belly-up-to-the-debate-table#1>.

Medicine (PCRM).⁹² And he threatened to sue Dr. Michael Greger.⁹³

While accurate, the public image of Atkins as a brawler for low-carb lifestyles is hardly a complete representation of Atkins' activities through the 1980s because the work to which Atkins devoted his time rarely made headlines. Though his attempt to articulate his broader philosophy of hypoglycemia and holistic health had been initially deterred (and overshadowed) by the 1977 McGovern Report, Atkins nevertheless spent much of the 1980s trying to regain traction for this idea. In 1981, he published *Dr. Atkins' Nutrition Breakthrough: How to Treat Your Medical Condition Without Drugs*, and in 1988, he published *Dr. Atkins' Health Revolution: How Complementary Medicine Can Extend Your Life*, but neither received the attention for which Atkins hungered. Meanwhile, the low-fat paradigm reigned, unleashing a tidal wave of lab-made low-fat or fat-free foods that promised to reduce flab.

Yet, in the early 1990s, the federal government severely damaged its own credibility when it linked hands with the medical establishment to proclaim that the nation's obesity had reached 'epidemic' proportions. Shortly thereafter, the USDA released the Food Pyramid in 1992, which prominently featured grains as its base. That public obesity continued to balloon exponentially—especially as more people than ever claimed to have followed low-fat diets and failed to lose weight—undermined public faith in official recommendations. By the late 1990s, it had become clear to many dieters that low-fat diets of the sort backed by the government and the medical establishment had utterly failed to shrink America's waistline. *Time* magazine covered

⁹² Katharine Mieszkowski, "Vegans vs. Atkins," *Salon*, December 9, 2003, https://www.salon.com/2003/12/08/peta_and_atkins/; Mary Carmichael, "Atkins Under Attack," *Newsweek*, February 22, 2004, <https://www.newsweek.com/atkins-under-attack-131403>; Rome Neal, "A Warning to Atkins Dieters," *CBS News*, November 19, 2003, <https://www.cbsnews.com/news/a-warning-to-atkins-dieters/>; "Group says Atkins diet dangerous," *CNN Health*, November 21, 2003, <http://edition.cnn.com/2003/HEALTH/diet.fitness/11/20/diet.heart.reut/>.

⁹³ Greger, *Carbophobia*, 65.

the aftermath in 1999: “Carb paranoia struck when people discovered that all the fat-free food they loaded up on during the last diet craze was making them fat. Diet plans like the Pritikin Program...caused a run on processed low-fat food like SnackWell's and frozen yogurt. But those treats, it turned out, were chock-full of sugar and a whole mess of calories.”⁹⁴

To Atkins, the impending failure of low-fat had been maddeningly obvious all along, especially since those foods modified to contain fewer calories from fat were often bolstered with sugar, Atkins’ bane. He was finally fed up with what he described as “an industrial conspiracy,” between the members of a “great triumvirate of Evil”: the federal government, the pharmaceutical industry, and the medical establishment (but which should probably have included the food industry as well).⁹⁵ Describing the relationship between these villains, Atkins said “The food industry (with the government’s blessing) knowingly brings us the partitioned, less-than-optimum diet that hastens the development of our modern illnesses. Then the drug industry profits from the sickness our diet engenders. The voice of better nutrition is silenced. Nutrition is not profitable enough. Who loses? All of us. Because all of us must eat.”⁹⁶ In 1992 (and again in 1999), Atkins took matters into his own hands and republished his ultra-successful weight loss program—under the name *Dr. Atkins’ New Diet Revolution*—to recapture the public’s attention and save them from the failure of corrupt public health experts.

Interestingly, when Atkins’ diet rose from its own ashes over the course of the 1990s, he chose to fight fire with fire. To combat the high-sugar landscape brought about by a decade or more of unquestioned low-fat ideology, Atkins courted the food industry for himself, ushering a flood of new low-carb products. To keep with the diet trend, popular chain restaurants from TGI

⁹⁴ Stein, “The Low-Carb Diet Craze.”

⁹⁵ Ball, “The Trials of a Famous Fat Doctor.”

⁹⁶ Atkins, *Nutrition Breakthrough*, 16.

Fridays to Subway reformulated low-carb versions of their signature dishes, grocery stores rebranded such “Appalachian food staples,” as beef jerky and pork rinds as “elite nutraceuticals,” and beverage giant Anheuser-Busch even released the first low-carb beer, Michelob Ultra, in 2002.⁹⁷ Atkins also invested heavily in his own food company, Atkins Nutritionals, which allowed dieters to purchase his signature energy bars (and eventually shakes, frozen meals, and protein powders) from its website, launched in 1996.

The new Atkins reincarnation boasted a veritable who’s who of celebrity endorsers, beginning a trend that continues to the present day. Among the notables rumored to have “gone on Atkins” were Jennifer Aniston, Geri Halliwell, Julia Roberts, Victoria Beckham, Brad Pitt, Matthew Perry, Kim Kardashian, Jennifer Lopez, Courteney Cox, Robbie Williams, Stephen Fry, Demi Moore, Renee Zellweger, Stevie Nicks, Minnie Driver, Davina McCall, and even Vice President Al Gore.⁹⁸ The Atkins Foundation also began recruiting celebrities to serve as official spokespeople: first Courtney Thorne-Smith in 2009, followed by Sharon Osbourne in 2012 who convinced Ozzy and Jack Osbourne to cut carbs alongside her; Alyssa Milano became the third in 2015; and in 2018, Rob Lowe—already famous for his ultra-health-conscious character on the scripted comedy show, *Parks and Recreation*—signed on as Atkins’ fourth official spokesperson.⁹⁹ Importantly, not every celebrity reported in the media had, in fact, done Atkins, however; after being widely reported as an Atkins follower, Catherine Zeta-Jones filed a

⁹⁷ Martin, “Dr. Robert C. Atkins, Author of Controversial but Best-Selling Diet Books, Is Dead at 72,” D9; Julie Dunn, “Restaurant Chains, Too, Watch Their Carbs,” *New York Times*, January 4, 2004, BU3; Jane E. Allen, “Robert Atkins, 72; His Books Launched High-Protein, Low-Carb ‘Diet Revolution,’” *Los Angeles Times*, April 18, 2003, B11, ProQuest; Fishman, “The Diet Martyr.”

⁹⁸ “Who Does What?” *Irish Times*, August 21, 2007, <https://www.irishtimes.com/news/health/who-does-what-1.957066>.

⁹⁹ Jessica Wohl, “Atkins Hires Rob Lowe To Promote Its ‘lifestyle’ (It’s Not Just A Diet),” *AdAge*, January 3, 2018, <https://adage.com/article/cmo-strategy/atkins-hires-rob-low-promote-lifestyle-a-diet/311791>.

lawsuit to remove her name from the gossip columns' rosters.¹⁰⁰

Parallel to the diet's rise in popularity among A-listers was a concern that the Atkins diet was promoting a "skeletal-chic figure"—popularized by such ultra-thin celebrities as Calista Flockhart, Lara Flynn Boyle, and Renee Zellweger—that threatened the health and mental health of a generation of young women, who were particularly drawn to the diet's promise to quickly melt away what they damagingly perceived to be excess body fat.¹⁰¹ During the second Atkins boom, teens started flocking to online forums to share tips about weight loss to achieve the emaciated looks of their celebrity idols. In a startling 2003 article from *ELLEgirl* magazine, reporter Ronnie Carr explained the dark appeal that Atkins held for young women, claiming "It's easier to hide a condition like anorexia behind the excuse 'Well, I can't eat carbs because I'm on Atkins,'" because dieting is "more socially acceptable than saying 'I can't eat carbs because I'm afraid they'll make me fat.'"¹⁰²

Though he had again risen to fame on the (problematic) promise of quick and easy weight loss, Atkins nevertheless tried again in vain (as he had throughout the 1980s) to redirect the conversation about his diet toward the necessity of adopting holistic healing practices. He wrote several more books detailing his unconventional approach to medicine: *Dr. Atkins Vita-Nutrient Solution* (1998), *Dr. Atkins' Age-Defying Diet Revolution* (2000), and the posthumously published *Atkins Diabetes Revolution* (2004).¹⁰³ None of these titles proved as successful as his *Diet Revolution* series. The greater American public, it seemed, was only interested in Atkins for

¹⁰⁰ Nicola Woolcock and Oliver Poole, "My Lawyers Will Eat You for Breakfast Over Atkins Claims, Zeta-jones Warns," *Telegraph* (UK), November 12, 2003, <https://www.telegraph.co.uk/news/worldnews/northamerica/usa/1446508/My-lawyers-will-eat-you-for-breakfast-over-Atkins-claims-Zeta-Jones-warns.html>.

¹⁰¹ "Atkins Exposed," *ELLEgirl* Magazine, Sep-Oct 2003, 96-7, Google Books.

¹⁰² "Atkins Exposed," 96-7.

¹⁰³ The original title of *Atkins Diabetes Revolution* had been *Diobesity*, but was changed after his death. William Leith, "Robert Atkins: Diet guru who grew fat on the proceeds of the carbohydrate revolution," *Guardian* (UK), April 18, 2003, <https://www.theguardian.com/news/2003/apr/19/guardianobituaries.williamleith>.

his hottest weight loss tips, not his medical doomsaying.

Atkins' message of dieting qua holistic health was, ironically, drowned out once and for all by journalist Gary Taubes, whose provocative 2002 *New York Times Magazine* article "What if it's all been a big fat lie?" made a compelling scientific case for Atkins' counterintuitive approach to weight loss. Taubes' article unleashed the most enthusiastic wave of pro-Atkins support yet and Atkins' *New Diet Revolution* rocketed up the *New York Times* bestseller charts again, selling over a million more copies. Where Atkins had once been universally maligned in the medical community—Taubes even quotes a physician saying "I was...trained to mock anything like the Atkins diet"—Taubes' article seemed to have totally vindicated him.¹⁰⁴ Atkins' longtime foe, the American Heart Association, invited him to speak, and Barbara Walters listed him, alongside Dr. Phil, as one of her ten most fascinating people of 2002. Of his miraculous turnaround, *New York Magazine* wrote "[S]uddenly, this aging, beleaguered doctor with the second chin (which he sometimes hid behind a cupped hand) seemed fascinating..."¹⁰⁵

However, Taubes' article was rife with its own scandal, almost eclipsing Atkins himself. There was a swift, yet predictable backlash from nutritionists regretting having been interviewed, or who accused Taubes of misrepresenting their attitudes. Taubes was drawn into a public feud in the pages of *Reason* magazine with Michael Fumento, author of the 1997 book *Fat of the Land*, who called him a "Big Fat Fake."¹⁰⁶ He was taken to task for telling "Big Fat Lies," by

¹⁰⁴ Gary Taubes, "What if it's all been a big fat lie?" *New York Times Magazine*, July 7, 2002, <https://www.nytimes.com/2002/07/07/magazine/what-if-it-s-all-been-a-big-fat-lie.html>.

¹⁰⁵ Fishman, "The Diet Martyr."

¹⁰⁶ Michael Fumento, "Big Fat Fake," *Reason*, March 2003, <https://reason.com/2003/03/01/big-fat-fake-2/>; Gary Taubes, "An Exercise in Vitriol Rather Than Sound Journalism," *Reason*, March 2003, <https://reason.com/2003/03/01/an-exercise-in-vitriol-rather/>; Michael Fumento, "Gary Taubes Tries to Overwhelm the Reader with Sheer Verbiage," *Reason*, March 2003, <https://reason.com/2003/03/01/gary-taubes-tries-to-overwhelm/>. Fumento had published a takedown of the Atkins diet in *Reason* the previous year as well: Michael Fumento, "Hold the Lard!: The Atkins Diet still doesn't work," *Reason*, December 5, 2002, <https://reason.com/2002/12/05/hold-the-lard/>.

the Center for Science in the Public Interest.¹⁰⁷ Taubes was even critiqued in *Newsweek*, by his friend and colleague Ellen Ruppel Shell, in an article titled “It’s not the Carbs, Stupid.”¹⁰⁸ After his “Big, Fat Public Shaming,” Taubes’ public reputation was slowly redeemed in the ensuing decade and a half, not only by the continuing success of grain-averse diets (gluten-free, Paleo, Keto), but also by new research, including the 2016 revelations that the Sugar Research Foundation had paid to obfuscate sugar’s role in heart disease.¹⁰⁹ For his stalwart opposition to mainstream nutritional advice followed by a stunning vindication, famed food journalist Michael Pollan likened Taubes to the Aleksandr Solzhenitsyn of nutrition.¹¹⁰

“The Granddaddy of Complementary Medicine”¹¹¹

While Atkins became most famous for his diet plans, which he termed “Nutrition Medicine,” his practice was certainly not limited to dietary recommendations, as the opening narrative concerning Vivian Coy demonstrated.¹¹² Though his books had been flirting with holistic health concepts since the late 1970s, in 1984, Atkins transitioned his entire private practice away from internal medicine and cardiology and helped transform New York City into

¹⁰⁷ Bonnie Liebman, “The Truth About the Atkins Diet,” *Nutrition Action*, November 2002, 3-7.

¹⁰⁸ Ellen Ruppel Shell, “It’s Not the Carbs, Stupid,” *Newsweek*, August 5, 2002, 41.

¹⁰⁹ For reports on the scandal, see Camila Domonoske, “50 Years Ago, Sugar Industry Quietly Paid Scientists to Point Blame at Fat,” *NPR*, September 13, 2016, <https://www.npr.org/sections/thetwo-way/2016/09/13/493739074/50-years-ago-sugar-industry-quietly-paid-scientists-to-point-blame-at-fat>; Anahad O’Connor, “How the Sugar Industry Shifted Blame to Fat,” *New York Times*, September 12, 2016, <https://www.nytimes.com/2016/09/13/well/eat/how-the-sugar-industry-shifted-blame-to-fat.html>. Several historians have also challenged the existence of the scandal. See David Merritt Johns and Gerald M. Oppenheimer, “Was There Ever Really A “Sugar Conspiracy”?” *Science* 359, no. 6377 (2018):747-750, <https://doi.org/10.1126/science.aag1618>.

¹¹⁰ Gary Taubes, “‘Nutrition Heretic’ Gary Taubes on the Long Road Back from a Big, Fat Public Shaming,” *New York Magazine*, November 23, 2016, <https://nymag.com/vindicated/2016/11/how-a-nutrition-heretic-overcame-a-big-fat-public-shaming.html>; Michael Pollan, *In Defense of Food: An Eater’s Manifesto* (London: Penguin Books, 2009), 49.

¹¹¹ Nina Burleigh, “The New Healers,” *New York Magazine*, April 5, 1999, <https://nymag.com/nymetro/health/features/890/>.

¹¹² Stephen Barrett and William T. Jarvis eds., *The Health Robbers: A Close Look at Quackery in America* (Buffalo, NY: Prometheus Books, 1993).

the new mecca for complementary medicine. An article on the East Coast's complementary medical boom quoted Atkins saying, "New York doctors are at the head of this, because more and more people here are looking for alternative doctors. On the West Coast, the problem is a high density [of practitioners]." ¹¹³ In addition to demand, Atkins highlighted New York's more relaxed approach to medical regulation as a reason for its ascendance in the alternative medical marketplace.

Atkins' approach to New Age medicine differed substantially from the other figures in this dissertation. Atkins himself drew one stark division when he said, "West Coast doctors are more vegetarian, and most of us here are more carnivorous—that's a difference." ¹¹⁴ This relatively minor cosmetic difference between food preferences encoded a range of deeper disparities. "After all," a writer for *New York Magazine* mused, "what self-respecting healer would proselytize for meat?" ¹¹⁵ Whereas many of his competitors had aligned themselves with stereotypically liberal political causes (demilitarization, environmentalism, anti-racism, etc.), Atkins came from a self-consciously conservative direction. As if his emphasis on expensive, luxury meats—credited widely with reinforcing stereotypically heterosexual masculine norms—were not enough evidence of his political slant, Lisa Rogak, a popular press biographer, claims direct evidence that Atkins was a registered Republican of a libertarian bent, who sought reduced government regulation in the medical marketplace. ¹¹⁶ As we have already seen Atkins was vehemently opposed to the government banning substances, medicinal or not, that he thought could be helpful in treating patients, and in that way avidly supported the open market.

¹¹³ Burleigh, "The New Healers."

¹¹⁴ Burleigh, "The New Healers."

¹¹⁵ Fishman, "The Diet Martyr."

¹¹⁶ Lisa Rogak, *Dr. Robert Atkins: The True Story of the Man Behind the War on Carbohydrates* (New York: Chamberlain Bros., 2005), 95.

In 1994, Atkins moved his lucrative practice from the Upper East Side to a six-story townhouse, renamed the Atkins Center for Complementary Medicine, located at 152 East 55th Street in Midtown. At its height, his center was reported to have employed over 90 people and a writer from *New York Magazine* speculated that it “may have been the largest alternative-medicine facility in the world.”¹¹⁷ The architectural difficulties that came with designing and constructing Atkins’s fully customized office-space were highlighted in a feature article in *Interiors* magazine: “The main challenge faced by [Atkins’ architect & designer] Leeds and Feinn was how to program 21 exam/treatment rooms, an on-site lab, a chelation and IV therapy suite, a lobby, reception and waiting areas, and a retail vitamin store within a narrow 25-foot-by-100-foot lot with an overly large core containing two elevators and two staircases and only 10,000 useable square feet.”¹¹⁸ Atkins decorated the space himself with pieces from his private art collection; the paintings he owned were so numerous, in fact, they reportedly eclipsed the walls throughout his home and office. In his new office alone, he had more than 150 pieces.¹¹⁹

With such expensive taste, Atkins had an unsurprisingly lavish lifestyle. From the completion of his residency in the 1950s through the late 1980s, he lived in a rather small apartment with a rotating cast of English sheepdogs, but he loved to entertain and hobnob with New York socialites (he often ran in the same circles as the Trumps) and other minor celebrities.¹²⁰ Atkins was also a notorious bachelor; he “fancied himself to be in [Hugh] Hefner’s league.” In the early 70s, Atkins began renting a large vacation home in the Hamptons for the summers and he would invite young, glamorous people to stay with him, where, according to

¹¹⁷ Fishman, “The Diet Martyr.”

¹¹⁸ Karen Tetlow, “Complementary Design,” *Interiors* 153, no. 10 (1994): 70-1.

¹¹⁹ Tetlow, “Complementary Design,” 70-1.

¹²⁰ Lee, “The Man Who Took Their Bread Away,” ST2; Rogak, *Dr. Robert Atkins*, 67.

interviews conducted by his biographer, they would throw “wild parties fueled with cocaine and sex.”¹²¹ His guests in the summer of 1974 included “the man who wrote the music for *Grease*, an actress who had appeared in the Broadway production of *Jesus Christ Superstar*, the former mistress of the Shah of Iran, and numerous aspiring actresses, models, and flight attendants, all of whom were young, pretty, and single.”¹²²

But Atkins apparently could not resist mixing his business with his demoniac appetite for pleasure. Even before he published his first book, Atkins may have used his wealth as well as his medical practice for sexual ends. In her popular biography of the infamous guru, Rogak claims that Atkins would “hire a particular woman as a nurse or assistant based on her looks,” and then date them—though he also sometimes sent his female employees out during the workday to bid on art for him at Christie’s.¹²³ She also claimed that Atkins had a substantial number of patients who “visited the office and became his patient solely to have sex with him,” and hints that the only reason Atkins’ diet came to be featured in *Vogue* in 1970 was because he had a fling with a young editor.¹²⁴

Atkins lived this way more or less consistently until 1988, when he married his first wife, an octolingual, Russian-born woman named Veronica Luckey, at the ripe age of 57.¹²⁵ Thereafter, they moved into a larger apartment together on the 20th floor of a high-rise overlooking the East River—though the place was still flooded with moderately priced modern art. Yet, for all his philandering, Atkins’ sense of self had become significantly overinflated and he was increasingly out of sync with the times. According to several media profiles, he “had

¹²¹ Rogak, *Dr. Robert Atkins*, 96.

¹²² Rogak, *Dr. Robert Atkins*, 97.

¹²³ Rogak, *Dr. Robert Atkins*, 69.

¹²⁴ Rogak, *Dr. Robert Atkins*, 67.

¹²⁵ Stewart, “Thin Memories,” C1.

never been part of the fancier Hamptons set,” and his home was described as “a sweeping double-towered brick house on the wrong side of Southampton,” in “an area near North Sea Harbor where single-dwelling homes and trailers nestle.”¹²⁶ One woman, a fellow “Hamptons socialite” who saw the home’s interior in the 1990s, described its decor as “So late-seventies,” though, notably, the house was equipped with “a swimming pool holding ozone-enriched water, one of the therapy protocols he swears by.”¹²⁷

Complementary Medicine in Practice

That the image of Atkins as a physician invested primarily in complementary medicine never became part of the cultural zeitgeist should not signal its triviality. Despite his name’s synonymy with weight loss, Atkins nevertheless managed to draw a sizable clientele for his unorthodox therapies. Though he had no hospital admission privileges and was never board-certified, over the course of his complementary medical career, Atkins was estimated to have seen between 50,000 and 60,000 patients (including rock icon Stevie Nicks, who called him a “god among men”).¹²⁸ Whereas his mass-market weight loss programs had attracted patients from all walks of life, and his reputation garnered more than passing curiosity from the elite, his medical practice appealed predominantly to the chronically ill. Aside from obesity, the patients he saw most were either suffering drawbacks in their conventional care for such indistinct conditions as allergies, autoimmune disorders, and gastrointestinal difficulties, or from otherwise

¹²⁶ Fishman, “The Diet Martyr”; Ramin P. Jaleshgari, “Doctor with a Diet Has a New Message,” *New York Times*, April 18, 1999, L125.

¹²⁷ Fishman, “The Diet Martyr”; Jaleshgari, “Doctor with a Diet Has a New Message,” L125.

¹²⁸ Ball, “The Trials of a Famous Fat Doctor”; Burleigh, “The New Healers”; Fishman, “The Diet Martyr”; William Leith, “Robert Atkins: Diet guru who grew fat on the proceeds of the carbohydrate revolution,” *The Guardian*, 18 Apr 2003, <https://www.theguardian.com/news/2003/apr/19/guardianobituaries.williamleith>.

unassailable illnesses like diabetes, heart disease, cancer, multiple sclerosis, and HIV/AIDS.¹²⁹

Atkins' medical philosophy was akin to eclectic practitioners in the 19th century. He said, "If there's a voodoo doctor who is getting good results, I want to know how he's doing it...That's the difference between me and other people. Good results warrant a serious look-see. I don't care if it is voodoo."¹³⁰ In concert with conventional diagnostic methods, Atkins' deployed unconventional testing procedures like glucose tolerance tests to diagnose his signature ailment, hypoglycemia, as well as food allergies, and he used hair analysis to assess patients' mineral levels.¹³¹ His clinic also offered such unproven treatments as acupuncture, prolotherapy (treating injured joints with injections), ozone therapy, and chelation.¹³²

Perhaps the most important remedies in Atkins' toolkit, however, were dietary supplements: "Atkins recommends 30 vitamin and mineral pills a day—he takes 60 himself."¹³³ Atkins' enthusiasm for supplements can be traced in part to his fervent admiration of Carlton Fredericks, another American health guru notable for putting patients on high dose vitamin and mineral supplement regimes.¹³⁴ Atkins created dozens of custom supplement formulas for his patients, which he sold at his clinic where he maintained a fully-outfitted in-house supplement pharmacy though patients could also order his concoctions through the mail.¹³⁵ His book *Dr. Atkins Vita-Nutrient Solution* details his beliefs about the specific therapeutic applications of a wide range of 'natural' ingredients he included in his supplements. Atkins advocated all the major vitamins, minerals, and amino acids (including a few extras like inositol, Co-Q10, creatine,

¹²⁹ Burleigh, "The New Healers"; Ball, "The Trials of a Famous Fat Doctor."

¹³⁰ Ball, "The Trials of a Famous Fat Doctor."

¹³¹ Barrett and Jarvis, *The Health Robbers*, 376.

¹³² Burleigh, "The New Healers"; Barrett and Jarvis, *The Health Robbers*, 376.

¹³³ Rosenfeld, "Going Against the Grain," C1.

¹³⁴ Fredericks was also known for vilifying sugar and over-diagnosing hypoglycemia. Barrett and Jarvis, *The Health Robbers*, 373.

¹³⁵ Barrett and Jarvis, *The Health Robbers*, 376.

Omega-3 fatty acids, and biotin), traditional herbs (e.g. ginseng, ginkgo biloba, garlic, ginger, turmeric, tea tree oil), less familiar herbs (e.g. Venus flytrap, hawthorn, mistletoe, yohimbe), and such staples of alternative medicine as chlorella, spirulina, essiac, royal jelly, bee pollen, bee propolis, wheatgrass juice, and charcoal. Adding to this impressive list, Atkins also trumpeted the benefits of glandular extracts, shark cartilage, and “a camphor compound called 714x.”¹³⁶ When questioned about the necessity of adding supplements to a balanced diet, he responded, “Pollutants in the environment require vitamins to counteract them.”¹³⁷

Atkins did not reserve his use of alternative therapies for his patients; he practiced them on himself. He was regularly seen at meetings sucking on a metal lollipop, which he said would “build his immune system,” and he had also seen an iridologist to have the health information hidden in his irises deciphered.¹³⁸ Atkins took a great degree of pride in his trust in alternative cures: “I keep my mind open, and that little trick makes me almost unique among physicians. I made it a rule never to reject anything out of hand just because it didn't sound logical. I get into a lot of trouble because of my open mind,” he said during one interview.¹³⁹ When he encountered new therapies from alternative practitioners, he eagerly tried them on himself before importing them into his clinic for the benefit of his patients. Despite his enthusiasm for experimenting on his own body with trial and error, this attitude did not extend to larger scale medical trials.

Where Pritikin displayed an eagerness to conduct empirical studies and earn the medical profession's seal of approval, Atkins was apathetic at best. One of the associate medical directors

¹³⁶ Ball, “The Trials of a Famous Fat Doctor.” I do not have the space to delve into the history of nutritional supplements. For more, see Gyorgyi Scrinis, *Nutritionism: The Science and Politics of Dietary Advice* (New York: Columbia University Press, 2013); Catherine Price, *Vitmania: Our Obsessive Quest with Nutritional Perfection* (New York: Penguin, 2015).

¹³⁷ Smiglis, “Pritikin Will Eat No Fat, Atkins Will Eat No Grain.”

¹³⁸ Fishman, “The Diet Martyr.”

¹³⁹ Ball, “The Trials of a Famous Fat Doctor.”

at the complementary clinic, Fred Pescatore, described the clinic's original philosophy to *New York Magazine*: "We weren't so tied to evidence-based medicine...We were into experiential medicine. We tried different things and saw what works with our patients."¹⁴⁰ Atkins gave several distinct reasons for his resistance to conducting medical studies on his diet plan. For one, he felt that structuring medicine around the outcome of research studies negatively impacted the quality of clinical care.¹⁴¹ But his reasoning on this point could be self-contradictory, as an interview in *Allure* magazine revealed in 1994. Atkins opined that nutrition science was so complex, that it simply "does not yield itself to the gold standard of double blind or randomized controlled trials."¹⁴² To drive this point home, he complained that "It's impossible to do the kind of clinical research that constitutes acceptable proof. I'm enough of a scientist to know what it would take to prove something to me, and I know I can't gather that kind of data. So I don't try. That's not my role."¹⁴³ Yet, as a practitioner, he did collect some data on the patients from his clinic, but an interviewer described this data as "a sheaf of papers with some handwritten figures," which "looked like a grade school science project." Further contradicting his ideological opposition to medical research writ large, Atkins lamented that research was too expensive—"a million dollars if you want to do a study"—and that he "just can't get anybody to subsidize a study."¹⁴⁴ When the interviewer prodded that even such obvious corporate investors as Land O' Lakes butter had rejected his requests for funding, his response was circumspect, "I can't even get them to answer my phone calls."¹⁴⁵

¹⁴⁰ Fishman, "The Diet Martyr."

¹⁴¹ Witchel, "Refighting the Battle of the Bulge," C7; Jeanne Lenzer, "Robert Coleman Atkins," *British Medical Journal* 326, no. 7398 (2003): 1090, <https://doi.org/10.1136/bmj.326.7398.1090>.

¹⁴² Ball, "The Trials of a Famous Fat Doctor."

¹⁴³ Atkins, *Nutrition Breakthrough*, 16; Ball, "The Trials of a Famous Fat Doctor."

¹⁴⁴ Ball, "The Trials of a Famous Fat Doctor."

¹⁴⁵ Ball, "The Trials of a Famous Fat Doctor."

Atkins' reticence to use his own money to fund research studies is all the more curious given the amount of money he was making. A 1994 *Allure* article cited figures suggesting that, in 1991 alone, Atkins' private medical practice made \$320,000, the Robert Atkins Professional Corp., made \$3.8 million, and the Atkins Centers topped \$5.3 million. Despite his apparent financial success, Atkins did not use his own money to fund research until the 2000s with the establishment of the Atkins Foundation—a fact his earlier critics were keen to mention.¹⁴⁶ After all, Pritikin used the substantially smaller annual income of his California Longevity Center (around \$750,000) to fund his studies. In interviews, Atkins contended dubiously that his medical practice was not a revenue generating operation: "We don't have a profit margin. What we charge our patients enables us to break even."¹⁴⁷

Sugar Substitutes

Apiece with Atkins' love affair with supplements and his crusade to stem the tide of hypoglycemia ravaging the United States, he also became an ardent supporter of sugar substitutes.¹⁴⁸ In fact, when his co-author Ruth West first floated the idea of publishing a diet book together in 1970, Atkins was reportedly fuming over the recent federal ban of cyclamates and credits his frustration with motivating him to sign on to the book project. As part of his weight loss clinic, Atkins had developed strong ties with Marvin Eisenstadt, the executive vice-president of the Brooklyn-based Cumberland Packing Company, which manufactured cyclamates, in addition to more commercially viable sugar substitutes like Sweet'n Low. Atkins

¹⁴⁶ USDA Great Nutrition Debate, 2000.

¹⁴⁷ The *Geraldo Show* as quoted in Barrett and Jarvis, *The Health Robbers*, 376.

¹⁴⁸ For a broader history of sugar substitutes, see Caroline de la Peña, *Empty Pleasures: The Story of Artificial Sweeteners from Saccharin to Splenda* (Chapel Hill: University of North Carolina Press, 2010).

claimed it was his right as a physician to be able to prescribe a small amount of cyclamates “so a person could make a diet cheesecake.” Though he insisted that Cumberland never made much money from cyclamates, what little money they made was a direct result of Atkins’ clinic and recommendations. Atkins admitted as much when he said, “Marvin [Eisenstadt] would only agree to sell [cyclamates] if I put my name on the labels...I guess I’m an accomplice.”¹⁴⁹

These words, spoken in 1973, were a harbinger of events to come, as in 1974 Atkins was sued by a diabetic patient, Joseph Rizzo, alleging that Atkins did “pack, possess, offer for sale or sell a banned drug and a removed food additive: Cyclamates.”¹⁵⁰ At trial, Cumberland officials testified that Atkins had maintained a special relationship with their company whereby they would continue to sell cyclamates to Atkins’ own patients provided the patients arrived at the Brooklyn plant to purchase the substance in person. However, the small quantities of cyclamates Atkins claimed to advocate were impossible to secure as Cumberland only sold the product in five-pound bags. Through the backdoor, Cumberland sold just over one ton of the product to Atkins’ patients in three years (another 500 pounds were seized by police). Though the court record indicated that even as recently as 1969, physicians had been given special exemption from the federal cyclamate ban to prescribe it to diabetic patients for whom medical benefits outweighed the risks, the ban in 1970 revoked any such exception. Atkins’ defense argued that his prescription of cyclamates may have been immoral but, since he only wrote the prescription, his actions failed to violate the letter of the health code. In response, the judge wrote scathingly that “the defense position is as deficient in substance as cyclamate is lacking in nutritional

¹⁴⁹ Howard and Treadwell, “Dr. Atkins Says He’s Sorry.” Also see Harvey Levenstein, *Paradox of Plenty: A Social History of Eating in Modern America* (Berkeley: University of California Press, 2003), 135-6; Warren Belasco, *Appetite for Change: How the Counterculture Took on the Food Industry* (Ithaca, NY: Cornell University Press, 2014), 140.

¹⁵⁰ *People v. Atkins*, 76 Misc.2d 661 (1974), <https://www.leagle.com/decision/197473776misc2d6611578>.

value.”¹⁵¹ Damningly, Atkins had included recipes for cyclamate products in his 1972 book with footnotes acknowledging the substance’s illegality. For their actions, both he and Cumberland were held to account.

After Atkins republished his *New Diet Revolution* in 1992, the events of 1974 seemed to start playing out all over again. In 1996, Atkins was sued by a patient, Gerry Ballinger, for advocating the use of artificial sweeteners that had damaged his health. Ballinger alleged that after beginning the Atkins diet in 1994, he had ingested large quantities of artificial sweeteners—in this case aspartame sold under the NutraSweet label—in accordance with Atkins’ program. He subsequently experienced “tachycardia, dizziness, anxiety, panic attacks, blurred vision, inability to concentrate, loss of memory, and shooting pains in his left arm.”¹⁵² To support his claim to injury, Ballinger requested the testimony of his personal physician, James Brodsky, and, bizarrely, Barry Sears, the diet guru who created The Zone diet. Both of his witnesses were ultimately barred from testifying because Brodsky could not testify to Ballinger’s injury with a reasonable degree of certainty and Barry Sears had no special relevance to the case or expertise in medicine, ending the case.¹⁵³

Atkins was no minor figure in agitating for American complementary medicine. He served as a board member of the alternative medicine lobbying group, the National Health Federation (which successfully lobbied to keep vitamins and other nutritional supplements beyond the reach of FDA regulation in the 1990s). He was also a founding member of the Foundation for the Advancement of Innovative Medicine (FAIM), which was started in 1986 “as

¹⁵¹ *People v. Atkins*, 76 Misc.2d 661 (1974), <https://www.leagle.com/decision/197473776misc2d6611578>.

¹⁵² *Ballinger v. Atkins*, 947 F. Supp. 925 (E.D. Va. 1996), <https://law.justia.com/cases/federal/district-courts/FSupp/947/925/1453962/>.

¹⁵³ *Ballinger v. Atkins*, 947 F. Supp. 925 (E.D. Va. 1996), <https://law.justia.com/cases/federal/district-courts/FSupp/947/925/1453962/>.

a voice for innovative medicine's professionals, physicians, patients, and suppliers.”¹⁵⁴ One of the organization's most significant successes came from lobbying efforts in the early 90s that set an important precedent for professional misconduct hearings involving alternative practitioners. Specifically, they persuaded New York legislators that the hearing board in such cases would need to include at least one alternative practitioner. FAIM members were especially motivated to insulate themselves against charges of malpractice because several high-ranking members, including Atkins, had witnessed what they perceived to be an unfair prosecution of fellow New York physician Warren Levin in 1991.

Warren Levin was charged with malpractice when one of his patients, a 29-year-old paranoid schizophrenic, committed suicide. A clinical ecologist by training, Levin was found to have emboldened the man's delusions by diagnosing him as a “universal reactor,” and telling him that he must remain in a “pure” environment.¹⁵⁵ Atkins (alongside Nobel-laureate and megavitamin promoter Linus Pauling) testified on behalf of Levin at his trial that his own complementary practice included nearly identical procedures (including supplement cocktails, hair analysis, and vitamin injections). When Atkins was pressed what his supplements were for, he replied “managing nutritional deficiencies.”¹⁵⁶ This case became the subject of a book, *Prime Example*, in which the author credits Levin (and Atkins' impassioned defense thereof) with

¹⁵⁴ Barrett and Jarvis, *The Health Robbers*, 412.

¹⁵⁵ Barrett and Jarvis, *The Health Robbers*, 148. Clinical ecology is a kind of complementary form of allergy diagnosis and treatment. For a more robust account of the difficulties encountered by clinical ecologists, see Matthew Smith, *Another Person's Poison: A History of Food Allergy* (New York: Columbia University Press, 2015).

¹⁵⁶ Stephen Barrett says Atkins' supplements were intended for the treatment of medical conditions, which was illegal, but were thinly disguised using an obvious code i.e. Cardiovascular formula was coded as CV. Atkins managed to skirt the line in part because of a matter of definitions: he considered most chronic diseases to be nutritional deficiencies. Barrett and Jarvis, *The Health Robbers*, 376.

saving alternative medicine in NYC.¹⁵⁷ Ironically, Levin ultimately lost his case, was fined over \$900,000, and lost his medical license.¹⁵⁸ Yet, shortly thereafter, in 1994, complementary medicine secured a huge victory when New York City passed a law accepting any alternative medical practices so long as they were safe.¹⁵⁹

Patient Experiences & Legal Disputes

Since Levin's case is so strikingly similar to situations in which Atkins found himself throughout his career, it is worth revisiting the narrative that opened this chapter—Vivian Coy's ozone injections and the subsequent suspension of Atkins's medical license—from Atkins' (and Coy's) perspective. After Coy was taken to the hospital and diagnosed with an embolism, her attending physician, Paul Gennis, requested her medical records, but Atkins refused to release them. Atkins's failure to comply with this request sparked a larger investigation, and the case ultimately made it to the New York State Supreme Court, where a battle over Coy's subpoenaed medical records ensued.¹⁶⁰ Importantly, after the September 14th incident, Coy returned to Atkins' office to continue her ozone treatments. Further, it was Coy who had asked Atkins to keep her records private, lest the suspension of his license imperil her therapy. In an affidavit she wrote to the court, Coy persuasively defended her right to choose Atkins' unconventional therapy over traditional chemotherapy, and justified the withholding of her medical records from the State's case against him:

I know that despite the miracles of modern science, conventional medicine is limited in

¹⁵⁷ Robert H. Harris, *Prime Example: The True Story of the Case that Saved Alternative Medicine in New York State* (New York: Morgan James Publishing, 2011).

¹⁵⁸ *Gersten v. Levin*, 150 Misc.2d 594 (1991), <https://www.leagle.com/decision/1991744150misc2d5941639>.

¹⁵⁹ Burleigh, "The New Healers."

¹⁶⁰ *Atkins v. Guest*, 158 Misc.2d 426 (1993), <https://www.leagle.com/decision/1993584158misc2d4261521>; *Atkins v. Guest*, 201 A.D.2d 411 (1994), <https://www.leagle.com/decision/1994612201ad2d4111366>.

its ability to control or cure various cancers including breast cancer...Thanks to Dr. Atkins's therapy, I feel great today. CAT scans, bone scans, liver scans, mammograms, barium scans and other tests have all been negative. As an intelligent, autonomous woman, I have exercised my legal rights in choosing Dr. Atkins's therapy. I am particularly concerned that my ozone therapy not be discontinued. Accordingly, I request the Court enforce my legal right, and prevent the State from obtaining my patient records, or otherwise attempting to use me in its investigation of my primary care physician.¹⁶¹

The court was sympathetic to Coy's defense, and subsequently restored Atkins' license, "ruling that the state health commissioner acted unfairly when he suspended it last week."¹⁶² Given what Atkins had seen happen to his colleague Warren Levin just two years prior, throughout his own trial, he maintained that the plaintiff's motivation was "purely political," which is to say that Atkins felt he was unfairly targeted because of his support for alternative medicine.¹⁶³

Many of Atkins' other patients were happy to follow his recommendations and to try out experimental treatments as well. A profile in *New York Magazine* described his appeal to patients as follows: "He understood the consumers on a more personal level...and they returned the favor, treating him like a savior...entire families came to him. Many sought him out as a last resort. They formed a loyal following and, sometimes, called his detractors "pharisees."¹⁶⁴ Another of Atkins' patients, Diane Pinto, reported a positive experience with Atkins' therapies for her multiple sclerosis. "[L]ike a cruel joke," a journalist for *Allure* wrote, Pinto "went numb from the waist down on her honeymoon." Orthodox medicine, the article suggests, offered Pinto only steroids and advice not to get pregnant. With few other options available to her, Pinto sought help beyond the fold of medical orthodoxy, which landed her in Atkins' office. Fortunately, Atkins had a solution for MS. He had imported a controversial therapy involving the infusions of

¹⁶¹ Coy's affidavit was quoted in Kaufman, "The Maze of Alternative Medicine," 26.

¹⁶² "Doctors License Restored," *New York Times*, August 18, 1993, B4.

¹⁶³ Hampson, "Diet Doc's License Suspended Over Unconventional 'Ozone' Cancer Therapy."

¹⁶⁴ Fishman, "The Diet Martyr."

mineral-salts from Germany known as calcium-EAP. After seeing “tremendous improvement in her symptoms and energy,” after her first injection in 1980, Pinto continued the therapy for eight more years. “It gave me hope again and I wasn't getting that anywhere else. You have to get to a point where you're so desperate that you say, What's the worst thing that could happen to me? Nothing.”¹⁶⁵

The same article, however, argues that patient reports can be a mixed bag. Another of Atkins' patients suffering from MS, Edith Furman, underwent identical calcium-EAP injections as had Pinto in 1987. Like Pinto, upon being diagnosed with MS, Furman expressed her desperation, “I tried everything...I was a desperate person. I wasn't going to wait for the MS Society to find a cure.” Yet, after receiving a few injections, Furman went into cardiac arrest. She was taken to a hospital where she went into a coma for two weeks, after which she required a month of physical therapy. Furman eventually sued Atkins for malpractice and the case was apparently settled out of court for a “substantial sum,” as Atkins wanted to protect his reputation and to continue to use calcium-EAP therapy.¹⁶⁶ As a practitioner of experimental medicine, legal disputes like this were an unfortunate, but inevitable part of the process.

A Doctor's Death

The famed diet guru passed away in 2003 at 72 years old. According to his death certificate, he “fell from an upright position,” medical code that he had slipped on a patch of ice outside his Midtown office and cracked his skull, resulting in an epidural hematoma.¹⁶⁷ He died nine days later at the hospital after his wife took him off of life support. Many of his critics were

¹⁶⁵ Ball, “The Trials of a Famous Fat Doctor.”

¹⁶⁶ Ball, “The Trials of a Famous Fat Doctor.”

¹⁶⁷ “Rival Diet Doc Leaks Atkins Death Report,” *Smoking Gun*, February 10, 2004, <http://www.thesmokinggun.com/documents/crime/rival-diet-doc-leaks-atkins-death-report>.

quick to cast aspersions on the official circumstances of his death and wanted proof that the guru had died as the papers (and his relatives) had claimed. Some even called for a detailed investigation of exactly how healthy Atkins was at the time of his death. As Atkins had trained in cardiology, special attention was trained on the post-mortem status of his heart. If Atkins' blasphemous dietary claims had been accurate, his heart should have been clear of obstructions. His detractors were sorely disappointed when Atkins' family, unlike Pritikin's, refused an autopsy, so there was no public report to determine the much-awaited verdict about the health of Atkins' coronary arteries.

As a hugely controversial public figure, Atkins was subjected to unusually intense scrutiny about both his practice and his person even before his death. The fact that he was the mastermind behind a massively popular weight loss regime led dozens of commentators to openly opine about Atkins' body weight and health, searching for contradictions. One feature writer encapsulated this spirit when she wrote "Atkins is 63 and, to put the gentlest spin possible on it, not exactly a walking advertisement for his diet. And most people want their stockbroker to be rich, their hairdresser to have a great cut, and their diet doctor to be a sylph—an issue that occurs to Atkins's patients from time to time."¹⁶⁸ *New York Magazine* reported that "He disguised his weight under layers of clothing."¹⁶⁹ Another article said, "When a photographer arrived to photograph him for *The Observer*, Atkins insisted on standing. When he's photographed sitting down, he explains, it makes him look paunchy."¹⁷⁰ Even fellow low-carb guru Irwin Stillman joined in, saying, "Look, I'm not a diet doctor like Atkins. Incidentally, do

¹⁶⁸ Ball, "The Trials of a Famous Fat Doctor."

¹⁶⁹ Fishman, "The Diet Martyr."

¹⁷⁰ Shah, "Critics Choke Over Dr. Atkins' Diet."

you notice [Atkins is] always a little overweight?”¹⁷¹ Shortly after he died, a startling batch of evidence came to light that appeared to betray the late doctor’s legacy.

When he was first admitted to the hospital after his fall, Atkins’ family had provided forms that listed his height, weight, and notes on his medical history. These documents were then illegally—but accidentally—released to a Nebraska cardiologist, Richard Fleming (an ironic turn of events given the battle over Coy’s medical records). Fleming was a member of the medical activist group, the Physicians Committee for Responsible Medicine (PCRM), who had requested the documents as part of a sting operation to undermine Atkins’ credibility. The PCRM, featured in Chapter 3, was an organization of over 5,000 physicians, founded to advance the agenda of low-fat, plant-based diets from within the medical community. When Fleming received the report from the hospital despite not being Atkins’ physician, he immediately leaked it to the media where it ignited a public frenzy.¹⁷²

The documents showed two major pieces of evidence that contradicted the Atkins’ program. First, Atkins’ weight was listed at nearly 260 pounds at the time of death, giving him a BMI of about 34, enough for him to be declared clinically obese. Secondly, on his medical history chart were notes referring to a history of myocardial infarction, congestive heart failure, and hypertension.¹⁷³ Years before his death, Atkins had had a cardiac event that nearly killed him at a restaurant, and a colleague successfully revived him with CPR. At the time, his family vehemently argued that Atkins’ heart attack was the result of a viral infection which critically weakened the musculature of his heart. Critics, however, interpreted his obesity and history of

¹⁷¹ Theodore Berland, “Best Model for His Own Diet,” *Chicago Tribune*, September 22, 1975, B18.

¹⁷² Joel Stein, “Paging Dr. Fatkins?” *Time*, February 16, 2004, <http://content.time.com/time/magazine/article/0,9171,591316,00.html>.

¹⁷³ “Rival Diet Doc Leaks Atkins Death Report.”

heart disease as evidence of deception: that he had profited from a system that he obviously knew to be mistaken, and which was grossly misleading.

Atkins' family were rightly outraged that the doctor's private medical records had made their way into the public eye, but their fury almost lent credibility to the increasingly popular notion that there was something in Atkins' heart worth hiding. Neal Barnard, the president of the PCRM, which had illegally obtained and released Atkins' records, said he was not interested in proving Atkins' hypocrisy per se, but rather that he was "concerned about the Atkins machine trying to play the card that Atkins was healthy and thin into old age."¹⁷⁴ Another PCRM member, Pritikin's long-time friend Dr. John McDougall, said of Atkins, "I knew the man...He was grossly overweight. I thought he was 40 to 60 pounds overweight when I saw him, and I'm being kind."¹⁷⁵ Importantly, this sentiment that Atkins had been a hypocrite was not limited to his dietary opponents. None other than New York City Mayor Michael Bloomberg, not realizing he was being recorded, was caught on tape making profanity-laced jokes about Atkins' death—implying not only that Atkins' weight (and thus, his diet) were responsible for his death, but that it was obviously so because of the fat-friendly nature of Atkins' program.¹⁷⁶

Those close to Atkins responded to his critics' slanderous claims with venom. Of the PCRM, Veronica Atkins said, "They're like the Taliban. They're the vegetarian Taliban...They're

¹⁷⁴ N.r. Kleinfield, "Just What Killed the Diet Doctor, And What Keeps the Issue Alive?" February 11, 2004, *New York Times*, <https://www.nytimes.com/2004/02/11/nyregion/just-what-killed-the-diet-doctor-and-what-keeps-the-issue-alive.html>.

¹⁷⁵ Kleinfield, "Just What Killed the Diet Doctor, And What Keeps the Issue Alive?"

¹⁷⁶ Jennifer Steinhauer, "Dr. Atkins and the Mayor: The Art of Not Saying Sorry," January 24, 2004, *New York Times*, B3.

nasty.”¹⁷⁷ Her sentiments were echoed by Atkins’ personal physician, colleague, and successor, Dr. Stuart Trager, who said, “Here’s a group of people who compare eating cheese to heroin, feeding children meat to child abuse. They don’t think anyone should eat animal products. And it’s clear they’ll go to any extreme, any extreme, including giving out records, breaking ethical violations to try to convince people.”¹⁷⁸ As for Mayor Bloomberg, Veronica Atkins demanded that he apologize, a request Bloomberg initially ignored but to which he later relented.¹⁷⁹

Despite the wave of popular skepticism targeting the late guru, Atkins’ supporters maintained that his medical records were misleading. Eventually, Veronica Atkins, exhausted from defending her husband’s honor with words alone, released his hospital admission record, which had listed his weight as 195 (still overweight with a BMI of 27 but not clinically obese).¹⁸⁰ As his primary spokesperson, Trager had claimed that Atkins’ cardiomyopathy was caused by a virus, and that he had gained 63 pounds from fluid retention during his hospital stay after his accident. This was supported by Atkins’ attending cardiologist, Dr. Fratellone, who said, somewhat cryptically, “When we did his angiogram, I mean, the doctor who performed it, said it’s pristine *for someone that eats his kind of diet*...Pristine, meaning these are very clean arteries. I didn’t want people to think that his diet caused his heart muscle—it was definitely a documented viral infection. [emphasis added]”¹⁸¹ For low-carb hopefuls, the evidence that Atkins’ had suffered from a viral heart infection at once redeemed his embattled dietary program

¹⁷⁷ John Hockenberry, "Defending Dr. Atkins: Wife of famous diet doctor fights critics' claims," *NBC News*, February 25, 2004, http://www.nbcnews.com/id/4327741/ns/dateline_nbc/t/defending-dr-atkins/#.Xo-MD4hKhPY; Edie Magnus, "Florida man sues Atkins over health problems," *Dateline NBC*, June 6, 2004, http://www.nbcnews.com/id/5137232/ns/dateline_nbc/t/florida-man-sues-atkins-over-health-problems/#.Xo-LeohKhPY.

¹⁷⁸ Hockenberry, "Defending Dr. Atkins."

¹⁷⁹ Steinhauer, "Dr. Atkins and the Mayor: The Art of Not Saying Sorry," B3; Winnue Hu, "Bloomberg Offers an Apology to Atkins' Widow," January 25, 2004, *New York Times*, N36.

¹⁸⁰ Stein, "Paging Dr. Fatkins?"

¹⁸¹ Hockenberry, "Defending Dr. Atkins."

and forgave his weight. So long as his heart condition could be explained by something other than diet, Atkins could remain the renegade authority on heart health after his death—and his product empire could continue to profit accordingly. Critics of Atkins, however, rebuffed Dr. Trager's virus explanation, maintaining that such a rapid gain of 63 pounds from fluid retention was itself evidence of latent heart disease.

Conclusion

Despite being known primarily for his advocacy of a low-carb lifestyle, grain aversion was but one piece of Atkins' larger mission to ameliorate the glaring defects he saw in scientific medicine. Atkins was motivated above all by his patients and the work in his clinic. To serve their needs, he became a leading provider of and advocate for complementary medicine in New York City, helping to transform his city into a heterodox healing haven. That this key feature of Atkins' life has gone relatively unexamined in light of his eminence in the wider dietary world suggests a systematic restructuring of scholarly priorities may be in order. Though Gyorgi Scrinis' concept of nutritionism—by which food values have been reduced to their biochemistry—has helped shift humanistic studies of eating habits away from adjudicating the claims of nutrition science, this logic has not been extended to the dietverse. Diet gurus' cultural value has often been and continues to be reduced to the quality, veracity, or implications of their biochemical or medical claims.

As this chapter has shown, Atkins' low-carb diet was explicitly grounded in his theory that America was overrun with hypoglycemia, though his theory was rarely appreciated as such. Everyone—from the hordes of casual dieters who tried his program and the columnists who advertised it to the critics who eviscerated it and the scholars who have tried to make sense of it—focus mainly on his diet's capacity to induce weight loss. For the most part, Atkins was

happy to oblige such attention as it sold books and raised his public profile, but it also put him in somewhat of a tricky double-bind. Atkins' credibility as a weight-loss guru hinged on his public identity as a practicing cardiologist even though he had not, in actuality, practiced cardiology since shortly after opening his private practice. Aside from this credibility gap, the hypoglycemia theory that laid at the heart of Atkins' ideology, around which he structured the treatments at his clinic, and which fueled his attacks on the medical establishment, were more in line with his identity as a practitioner of complementary medicine (as evidenced by Atkins' multiple failed attempts at converting the public enthusiasm for his weight loss program into support for complementary medical techniques).¹⁸²

By limiting our analysis of Atkins to the surface similarities his diet has with other low-carb models on the market, we deny the richness of Atkins's contra-medical ideology. Granted, it may be fruitful to trace Atkins' legacy to the contemporary low-carb dietary movements, exemplified by the Paleo and Keto trends. Atkins is the clear predecessor of both movements—the contents (both consumable and rhetorical) reflect traditional ideals of masculinity and Americanness; they draw explicitly from Atkins' articulations of the underlying science of ketosis and his exaltations about the value of animal protein and fat and exalt the carnivory of far-flung tribes; and by benefitting from his popularization, each has been popularly understood as weight loss programs above all. But, as I argued in the introduction to this chapter, focusing too intently on one element of Atkins' diet—namely, its low-carb structure—obscures the diet both as a philosophical and a social system. Though Atkins' program was not motivated by

¹⁸² Shapin notes that Atkins did not identify as a diet doctor, but he connects Atkins' denial of his own guru-ness to the near-identical denials of guru-ness from other gurus like him. Shapin rightly notes that it became somewhat of a trope for gurus like Atkins to deny their status as diet docs. Perhaps in his case, though, Atkins was being truthful. Shapin, "Expertise, Common Sense, and the Atkins Diet," 174-193.

problems of a global scope, and he never managed (as did other gurus) to build a mutually supportive community of dieteers, these ‘failures’ should mostly serve as evidence of his fundamental political differences with the rest of the dieting community. The culture Atkins most wanted to support with his program was the kind of freewheeling libertarianism and genteel gluttony that best characterized the New York City high-life he so admired.

After Atkins’ death, several of his disciples, physicians Atkins employed at his Center for Complementary Medicine, waged war against one another in a bid to claim this essential piece of Atkins’ legacy—his emphasis on complementary medicine and the “vital quality to provide a frisson for sophisticated urbanites”—for themselves.¹⁸³ Notably, their competition was not centered on taking the low-carb crown that made Atkins famous. Perhaps the best-known spinoff was Dr. Fred Pescatore’s Hampton’s Diet—an equally decadent program replete with expensive, monounsaturated macadamia nut oil. Pescatore was Atkins’ longest friend and said his program was faithful to the direction Atkins would have gone had he lived longer—evident in Atkins’ last true diet publication *Atkins for Life* (2003) showcasing that Atkins indeed understood that diets had to be lifelong regimens to offer sustainable health benefits. The Hampton’s Diet had a worthy adversary in Dr. Keith Berkowitz, Atkins’ “heir-apparent,” who became the business director of Atkins’ clinic after his death and who poached over 200 of Atkins former patients for his own Center for Balanced Health. Pescatore and another Atkins’ acolyte, Dr. Len Lipson, tried to undermine Berkowitz by opening their own clinic, Partners in Integrative Medicine, on Madison Avenue. There were yet others. As the Chairman for the Atkins Physicians Council and the medical director of Atkins Nutritionals, Dr. Stuart Trager also sought Atkins’ mantle for

¹⁸³ Maxine Frith, “Fighting for a Slice of the Atkins Pie: The Doctors Who Claim to be His Successor,” *Independent* (UK), March 22, 2004, <https://www.independent.co.uk/news/world/americas/fighting-for-a-slice-of-the-atkins-pie-the-doctors-who-claim-to-be-his-successor-756860.html>.

himself. He kept the Atkins' branded product empire afloat and even continued to publish diet books in Atkins' name.¹⁸⁴ Finally, Atkins' personal physician and the Chief of Medicine and Director of Cardiology at his Manhattan clinic, Dr. Patrick Frattelone spun off yet another clinic in Atkins' image, an integrative cardiology clinic, Fratellone Medical Associates.

We might take a note from those closest to Atkins who understood his wider mission to undermine the standards of evidence by which scientific medicine justified negligence toward dying patients. The battle over his low-carb diet was a mere sideshow compared with the grave circumstances facing patients who had been stripped of all hope and therapeutic opportunity. Atkins' friends and family also understood that the quixotism of his central mission amounted more or less to his tilting at windmills. Thus, his stalwart defiance of orthodox medicine was appropriately reflected at his public memorial service, where the theme was 'To Dream the Impossible Dream.'"¹⁸⁵

¹⁸⁴ See Stuart Trager and Collette Heimowitz, *The All-New Atkins Advantage* (New York: St. Martin's Press, 2007).

¹⁸⁵ Fishman, "The Diet Martyr."

Conclusion: The Death, Resurrection, and Future of Diets

Each of the cases studies presented in this dissertation has illustrated a different aspect of the same phenomenon—the total enmeshment of dieting and alternative medicine forged in mutual distaste for the failures of the medical and nutritional establishments and the food industry in preserving public health. The four gurus featured in this project are connected in a number of ways—they entered the public sphere in the same era and tapped into many of the same cultural anxieties. However, each guru mobilized different cultural values and different approaches to diet and nutrition. Rather than diluting each other's projects or competing for market share, these gurus should be understood as contributing collectively to a more diverse and nuanced national dietary landscape. I have examined their myriad careers as evidence of the significant number of patients who sought cheaper, less harmful, and more empowering care than that provided by orthodox medicine. Each diet guru harnessed the widespread hope among patients for radical healing and cultural reform through individual behavior modifications.

Alvenia Fulton's vegetarian fasting program powerfully demonstrates that dieting has never been an activity reserved for white Americans; black communities—and especially black celebrities and public figures—have a long and rich history of dietary modification. By taking her training in slave herbalism and melding it with white healthism to liberate ideas that had been formerly deployed to oppress, Fulton's case demonstrates how porous the boundaries were, even in an age of rampant racial segregation and discrimination, between members of radical and alternative countercultures and healing cultures. Further, her and Dick Gregory's story showcases the importance of community compassion and shared cultural narratives, and opens up possibilities for embodying intersectionality healthfully.

Contrary to Fulton's program, which was based on shared cultural history with her

audience, macrobiotics carried the allure of a foreign culture. Despite its Japanese origins, however, macrobiotics became a thoroughly American program and its followers were mostly white. Unlike Fulton's diet, macrobiotics was stigmatized early by rumors—tinged with racism—of its propensity to kill. Those who found hope in Ohsawa's core message, the allure of universality, peace, of living in harmony with nature, of adopting a slower, more deliberate existence continued with the program anyway.

Where Fulton and Gregory tried to heal and empower black bodies (suffering from heart disease, obesity, starvation, drug addiction) by mobilizing and adapting traditional black wisdom for the civil rights era, macrobiotics tried to mobilize authentic Japanese culture in much the same way. To appeal to the American context, however, macrobiotic leaders drew on Japan's experience healing from nuclear disaster to obviate the need for radiation therapies (and other applications of nuclear technology) then prominent in the treatment of cancer and HIV/AIDS. Both Fulton's program and macrobiotics maintained bases of operations at their homes as well as their own natural health food stores. From these places, each integrated itself into an extant social movement and attempted to expand its influence to the global struggle for peace and wellbeing (they both even tried to run health outreach programs in Africa!).

Unlike the first two programs, Pritikin's diet originated in the white (secular Jewish) suburbs of Chicago where Pritikin found inspiration in the aftermath of the Holocaust. It was pitched at a primarily white audience. In designing his program, Pritikin followed his inventors' instincts, becoming technically proficient and hewing close to (his reading of) science. In that regard, he made vanishingly few specific cultural or political appeals, was not part of a broader social movement, had no celebrity spokespeople, and did not try to expand his reach across the globe. In that way, he was much more similar to the mainstream model of a diet. Except that

instead of halting obesity, Pritikin aimed mainly to rehabilitate the elderly—a laudable goal, but his credentialing and eagerness to circumvent the slow wheels of science worked against him.

Still Pritikin’s program had much in common with the prior two diets. They were all largely grain based (if for different reasons). Both Pritikin and Fulton’s programs were touted for their capacity to boost athletic performance, as evidenced by the impressive running feats of their respective followers Eula Weaver and Dick Gregory. Pritikin and macrobiotics, on the other hand, both had headquarters in California and became emblematic of that West-coast dietary style. There was also clearly awareness and mutual admiration across the aisles between Pritikin and macrobiotics, as Tom Monte, a macrobiotic acolyte who founded the Chicago macrobiotic center, wrote Pritikin’s biography. Critically, they all contributed to the growth of vegetarianism and/or veganism. Though Fulton was the only guru to advocate veganism directly, macrobiotics gurus played a critical role in the introduction and popularization of vegan staples (soy milk, tofu, tempeh, seitan), and Pritikin’s scientific approach inspired a new wave of longevity-oriented physicians to advocate for evidence-based veganism. Over the past 20 years, their philosophical and culinary differences have been slowly congealing into a new, more inclusive and culinarily diverse and creative vegan/vegetarian movement.¹

Running counter to all of this was Atkins, chief of the low-carb movement. His meat-heavy program, while also an explicit rejection of the food industry, was born, not of a wistful return to a simpler, agrarian ideal, but of fast-paced, moneyed, metropolitan (and masculine) gourmandism. Atkins also serves as the black sheep of this dissertation in his unabashed advocacy for lightning-fast weight loss, and for baldly appealing to traditional gender stereotypes

¹ For example, see Dan Hancox, “The Unstoppable Rise of Veganism: How A Fringe Movement Went Mainstream,” *Guardian* (UK), April 1, 2018, <https://www.theguardian.com/lifeandstyle/2018/apr/01/vegans-are-coming-millennials-health-climate-change-animal-welfare>.

and the pressures to be attractive (though Fulton and Gregory dabbled in these tactics as well). Further, Atkins openly embraced his contrariness and levied his renegade persona to become a cash-printing diet industry unto himself.

And yet, if we take Atkins as the exemplar in diet culture, as I have argued we should, even there we find substantial overlap between other dieting cultures, widespread medical disenchantment, and heterodox healing techniques. Like Fulton and Gregory, Atkins designed and sold his own supplements, heavily recruited celebrities, and was involved with the National Health Federation. The mail-order course Fulton completed at Donsbach University may even have used Atkins' book as a core text. The Atkins diet and macrobiotics, on the other hand, were held before the public as the most dangerous diets in the country, and jointly ridiculed at the 1973 McGovern-led Congressional subcommittee hearing. Both Atkins and the Kushis had strongholds on the East coast, treated cancer patients who reported negative experiences and/or outcomes under their respective guru's care, and were sued or otherwise intimidated through legal action. Even Pritikin and Atkins who loathed each other shared some essential characteristics. Despite critiquing each other on the prices and accessibility of each other's programs, Pritikin and Atkins both marketed to a largely white and affluent clientele. Both made appeals to major corporations to create or carry branded, pre-prepared food products that fit their programs. Also, due in no small part to the fact that they were both white men, Pritikin and Atkins were the most successful at operating their programs under the penumbra of medical science and were the only two gurus in this dissertation to operate clinics staffed with licensed medical professionals.

Despite their many differences, there are three important characteristics that all four of these gurus shared, each of which deserves special examination. First, beyond healing others

with food, each guru was their own first patient; after a painful diagnosis, period of study, and eventual self-experimentation, they healed themselves. Between their self-healing narratives and regular public presence, their bodies (in life and death) gained special currency as evidence for (and were, therefore, made to account for) the efficacy of their dietary advice. Second, every guru ran, participated in, or cited medical studies or otherwise appealed to medical expertise to the dismay of academic nutritionists. And third, when each guru died, some of the energy that they had infused in their dietary program died too, yet their spirits have lingered on, albeit in more diffuse Internet-enabled contemporary movements. The following three sections will address each of these characteristics in turn.

Origins: Troubled Bodies and the Risk of Hypocrisy

The narrative arc of the diet guru usually began with a health crisis. This is the guru's origin story. For Fulton, it was ulcers and complications from fibroid tumors, for Dick Gregory and Atkins, it was their weight (and the insufferable hunger of weight loss). George Ohsawa contracted tuberculosis and watched as his entire family was swept away. Pritikin had heart disease and, later, leukemia. When orthodox medical care inevitably proved inadequate (or, as with Pritikin's leukemia, actually created the disease itself), each guru took it upon themselves to conduct independent research. Fulton found enlightenment in the Chicago health lecture circuit, then Gregory found it at Fultonia. Ohsawa stumbled across Ishizuka's dietary manual, Pritikin accessed classified military data, then he and Atkins read copiously in medical literature. As they found the answers they were looking for, each self-experimented with their new knowledge, and recovered from their illnesses.

Importantly, none of these gurus could claim to have pioneered outright the diets they promoted—they had clearly borrowed ideas from their predecessors, and especially the major

leaders of white healthism. Yet, while these gurus staked much of their original claims to credibility on their personal experiences and self-mastery, their sharing of intimate medical details changed their relationship with their followers and the public at-large. Regardless of whether the guru had invented the diet themselves, the gurus provided evidence that they practiced the dietary principles they preached. In doing so, they essentially invited their audience to project their concerns with their own bodies onto the gurus' bodies. The guru's body was made uniquely to stand in as representative of the public body, an exemplar onto which innumerable meanings were inscribed. This kind of self-projection was also the key to testimonials of all kinds, but unlike a standard patient testimonial, the guru's origin story served as a marker of their dual identity blurring the distinctions between their public and private life, between their authority as a healer and their self-identification as a patient, and, in some cases, between their treatment as subject and object.

Because diet gurus occupied a unique position in society as both authority and patient, they were granted more and different powers than traditional physicians. They were also held to different standards of evidence. In the public arena, gurus somewhat resembled celebrities and other public figures in being subjected to greater than usual public scrutiny into their habits, their bodies, their self-contradictions, and their lives.² Their diets appeared in the same magazines in which celebrities were critiqued for their bodies, and they became, through some sort of osmosis, celebrities unto themselves. Though none of these gurus modeled—oily and scantily clad—in the pages of the magazines where their work was featured, they were nevertheless judged by their appearance and health. If the coverage was positive, this could work in their favor, providing

² For a more detailed analysis about public figures who have been heavily scrutinized for their bodies, and especially their medical conditions, see Barron Lerner, *When Illness Goes Public: Celebrity Patients and How We Look at Medicine* (Baltimore: Johns Hopkins University Press, 2006).

special evidence of the potential healthfulness of their programs. For instance, when images of Dick Gregory's fluctuating weight loss and weight gain appeared regularly in the black press, it proved a powerful and visible testimonial to the power of Fulton's program. But when coverage was less positive, media encounters could put substantial pressure on those gurus whose appearances were deemed unfit—evidenced by Atkins' apparent body consciousness in professional photography and on TV.

Some gurus perpetuated this trend by levying damaging bodily critiques against others. During their televised debate, despite being fourteen years older than Atkins, Pritikin insisted to a national audience that he was by far the more handsome and appealing specimen. Pritikin then unabashedly extended his critique to anyone in ketosis, claiming that such people suffered from bad breath and even implied that they were doomed to die.³ Pritikin's followers—after seeing his encounter with Atkins—appealed to his vanity; one wrote flatteringly, "I just want you to know that you look a lot better than Dr. Atkins! (That's not saying much because of his fat Humma-Humma's. However, considering he is 20 years younger, it needs to be communicated.)"⁴ Such ire was not reserved just for competitors, however. Ohsawa would launch critiques at public figures whose bodies were misaligned with the principles of macrobiotics; he habitually diagnosed various celebrities and world leaders as being *sanpaku* before making public predictions that they were nearing death.

Beyond bodily critiques, gurus were subjected to especially intense scrutiny regarding

³ Eleanor Hoover, "Nathan Pritikin's Diet Book Is Selling Like Hotcakes, a Dish He Sure Hopes You Won't Eat," *People*, August 13, 1979, <https://people.com/archive/nathan-pritikins-diet-book-is-selling-like-hotcakes-a-dish-he-sure-hopes-you-wont-eat-vol-12-no-7/>.

⁴ James C. Barks to Nathan Pritikin, 5 August 1980, box 23, folder "Birthday Book Replies III," Nathan Pritikin Papers, Library Special Collections, Charles E. Young Research Library, University of California, Los Angeles (hereafter cited as Pritikin Papers).

matters of their personal health as well as their cause of death, a cultural trend that placed a public premium on their medical records. For Fulton, who lived to 92, and Dick Gregory, 84, this might have been a boon—both Fulton and Gregory had lived long past the peak of their careers and their long lifespans served as proof of the efficacy of their dietary lifestyle. Fulton, who worked at Fultonia until her dying day, bragged about her health relative to her detractors in 1990 (she was then 83) saying “They all criticized me...They're not now. Either they're in a wheelchair or in a nursing home or walking with a walker. They're not like I am anymore.”⁵ For untimely or otherwise suspicious or premature deaths including those of Ohsawa (72), Pritikin (69), and Atkins (73), however, there was a need to protect the guru's and their program's integrity from posthumous claims of fraud or hypocrisy. Ohsawa's heart attack was explained away by his followers as the culmination of his penchant for smoking and the lingering effects from a parasitic infection he had apparently acquired in Gabon on his trip to meet Albert Schweitzer. Pritikin's suspicious hospital pseudonym and suicide (after it became apparent his leukemia treatment was failing) were forgiven in the light of his autopsy, showcasing his immaculate arteries. Longevity was not enough to insulate Michio Kushi from criticism, however. Despite living to 88, Kushi died from pancreatic cancer, for which he—in open contradiction with the core premise of his program—used orthodox medical treatment.⁶ It should be said, however, that the practice of assessing dietary programs by the quality of health and life of the diet guru is not new to this generation of gurus. Organic farming champion Jerome Rodale's reputation took a massive hit when he claimed, during a taping of the *Dick Cavett*

⁵ Dianne Struzzi, “Natural Healer Alvenia Fulton,” *Chicago Tribune*, March 20, 1999, 25.

⁶ Aveline Kushi died, at age 78, from cancer and used radiation therapy. Douglas Martin, “Aveline Kushi, 78, Advocate of Macrobiotic Diet for Health,” *New York Times*, July 23, 2001, B6, <https://www.nytimes.com/2001/07/23/us/aveline-kushi-78-advocate-of-macrobiotic-diet-for-health.html>. The Kushi's daughter Lily Kushi also underwent conventional radiation therapy for her stage four cervical cancer.

Show, that he would live to be 100 years old before suddenly—during that very taping—suffering a fatal heart attack at 72.⁷ The same tragic irony also befell the pioneer of America's running culture, Jim Fixx, who suffered a fatal heart attack while jogging at age 52.⁸

Nutritional Expertise: Shifting Standards and Meanings

For the most part, academic nutritionists were never judged for their bodies, their modes of death, or their lifespans. Neither did they incorporate their own biographies or their own medical narratives into their nutritional advice. Perhaps if they had been more willing to put themselves forward as lifestyle gurus, some of them might have made good role models: Fred Stare died at 92, Bill Darby was 88, Mark Hegsted was 95. Physiologist Ancel Keys, who became somewhat of a guru himself, lived to be 100. It likely never occurred to them to display their bodies in this way, but their failure to feature themselves as exemplars certainly made no inroads toward their missions of increasing public faith in the industrial food system or decoupling diet and disease risk. More importantly, the reason why diet gurus were and academic nutritionists were not judged for their bodies and their medical outcomes speaks to how each group donned the mantle of expertise and to what ends.

In the face of medical experts loudly denouncing the value of their dietary programs and launching legal assaults against their efforts at healing, diet gurus were forced to grapple with the question of how to prove their credibility and how to demonstrate the efficacy of their programs for preventing and/or treating chronic disease. Despite the fact that none of the gurus had formal credentials in nutrition (recall that Atkins' medical training was in cardiology), they all funded or

⁷ Dick Cavett, "When That Guy Died on My Show," *Opinionator*, *New York Times*, May 3, 2007, <https://opinionator.blogs.nytimes.com/2007/05/03/when-that-guy-died-on-my-show/>.

⁸ Jane Gross, "James F. Fixx Died Jogging; Author on Running Was 52," *New York Times*, July 22, 1984, 24.

participated in nutritional studies when they got the chance. Dick Gregory submitted himself for study at the Flint-Goodridge Hospital in Louisiana (while Fulton supervised), and he also helped run trials to determine the suitability of his Formula 4X as a transition food for starving children in Africa. Both Pritikin and Kushi hired their health worker sons to help run studies with them. Pritikin and Atkins, too, were unable to secure funding—federal or otherwise—and had to use their own money to support trials (though Atkins only began funding trials in the early 2000s).

Were academic nutritionists wrong to criticize diet gurus then? While adherence to set standards of evidence are significant in that they denote credibility, there are limits to what counts as a standard and what counts as a barrier to the construction of other forms of expertise. Importantly, diet gurus were largely working off the same scientific foundation as orthodox medicine.⁹ They were not creating new diagnoses, identifying new diseases or trying to revise medical knowledge (again with the ironic exception of Dr. Atkins). The key difference was that gurus were blending that shared scientific foundation with other time-worn alternative medical techniques to create actionable programs.

As I explained in the introduction, industrialized agriculture was the primary mechanism by which the US was to secure an adequate number of calories for its population.¹⁰ It follows that the older model of nutrition to which these academic nutritionists were beholden stressed that obtaining adequate nutrients was the greatest challenge facing the nation, a mission that relied on maintaining strong allies in the food industry, as enrichment and fortification were the primary vehicles to solve this crisis. Academic nutritionists consequently became unwilling to accept new

⁹ Except in the case of Ohsawa, diet gurus regularly used the vocabulary of scientific nutrition (e.g. calories, energy, vitamins). Though I did not include examples of this in the second chapter, it is worth noting that Alvenia Fulton employed scientific concepts in her capacity as a diet columnist.

¹⁰ Nick Cullather, “The Foreign Policy of the Calorie,” *American Historical Review* 112, no. 2 (2007): 337-364.

ecological evidence that the products they had so vehemently promoted as safe were harmful, or indeed that products so key to the American abundance they admired could be dangerous.

Although they claimed that one of their chief priorities was protecting patients, their paternalism was on display when those same patients clamored for change and their complaints were summarily dismissed. In that regard, academic nutritionists had no room to criticize diet gurus.

Gurus had the distinct advantage of not being bound to the same kinds of institutional disinterestedness as were scientists. Academic nutritionists' claims to objectivity led to an attitude of detachment, which in some ways fundamentally limited the warmth, reception, and social utility of scientific knowledge in the public. Beyond not accepting the flaws of orthodoxy, the way they mobilized their alleged disinterestedness also belied an explicit political conservatism. One nutritionist, Howard Appledorf, known colloquially as the 'Junk Food Professor' for his defense of the macronutrient value of fast food, claimed to speak generally for the nutritionists in his orbit when he said "The liberal dilettantes have politicalized nutrition and nutrition scientists. If we speak out against Dietary Goals [a product of the McGovern Report], Vegetarianism, or Health Foods—we are simply branded as right-wing reactionaries. Tis sad but true."¹¹

Conservative nutrition scientists insisted on more conservative standards of evidence, and were generally less willing to account for the practical effects and public consequences of implementing scientific standards as they were more concerned with achieving a more abstract

¹¹ Howard Appledorf to Tom Jukes, 21 July (1982?), series III, box 1, folder 5, William Jefferson Darby Papers, Eskin Biomedical Library Manuscripts Collection, Vanderbilt University (hereafter cited as Darby Papers). Shortly after writing this letter, in a scandal that rocked the world of (conservative) nutrition science, Howard Appledorf was brutally murdered by a pair of male prostitutes he hired to keep him company at a conference. Cheryl McCall, "The Fateful Odyssey of Three Teenage Runaways May Take Them to Florida's Death Row for Murder," *People*, January 10, 1983, <https://people.com/archive/the-fateful-odyssey-of-three-teenage-runaways-may-take-them-to-floridas-death-row-for-murder-vol-19-no-1/>.

kind of theoretical efficiency. Take, for example, a letter Bill Darby wrote to a fellow nutrition scientist “I fear it will be years before the confidence can be restored in the scientific objectivity of much that now is being labeled ‘nutrition.’ It is a sad reversal to see political policies so influencing science rather than science being used as a basis for policy planning.”¹² This letter was written in 1985 about the 10th edition of the Recommended Daily Allowances, the passage of which was stalled by political infighting. At stake was a lowering of the recommended daily allowances of vitamins A and C. Liberal opponents of these lower allowances stressed that they would likely reduce the availability of fruits and vegetables in school lunch programs and other nutrition programs that used governmental recommendations to plan their menus. Conservative scientists favored the lower numbers to protect existing distributors and minimize the cost of the school lunch program more generally. Natural health food advocates repeatedly highlighted as deeply troubling the entanglement between national nutrition recommendations and orthodox medical treatments and the financial interests of industry stakeholders. But academic nutritionists—especially the more conservative, older generation of nutritionists featured in this dissertation—did not seem to recognize the degree to which their knowledge about nutrition may have been systematically biased (toward corporations, toward conservative ideals, against humane treatment for patients, against saving patients money on expensive treatments).¹³

Dieting in the Digital World

Regardless of how popular each guru may have been during their prime, when they died, their dietary movements underwent a significant shift. The waning popularity of these dietary

¹² Bill Darby to M. K. Horwitt, 25 October 1985, series III, box 1, folder 8, Darby Papers.

¹³ It should be noted that there are other traditionally conservative diet gurus that are friendlier to corporate and industrial interests as well, including Dr. Joseph Mercola and the Weston Price Foundation.

programs following the loss of their leaders serves as a testament to the power of the guru's personhood, not merely in terms of their cult of personality as detractors have often assumed, but in the amount of community building and personalized care that the gurus performed for their dieteers. Such labor—frequently underestimated—was necessary to grow and sustain trust, and to ensure followers' commitment to the dietary lifestyle. Although there was some continuity for actual dietary and therapeutic programs beyond the lifespan of the gurus, the zeal that had animated these otherwise dull diet programs into full-blown movements disappeared.

Macrobiotics still has roots in communities scattered all over the world, but has no clear contemporary leadership. The Pritikin Longevity Center and Spa in Miami, Florida is still operational and covered by Medicare, but is not well known.¹⁴ Fultonia is gone, but there have been varying attempts, including by an artist group in her neighborhood of West Englewood in Chicago, to resurrect or honor her legacy.¹⁵ The Atkins Foundation still purports to educate the public about Atkins' ideas, yet almost immediately after his death, the Foundation retreated from Atkins' firebrand-esque defense of unlimited meat consumption to emphasize lean cuts instead.¹⁶ While these activities hardly capture the original energy or intent of their creators, as I signaled at the end of each chapter, the programs' true spirits live on in the other, allied movements they

¹⁴ "Heart Beat: Ornish, Pritikin Get Medicare Okay for Cardiac Rehab," *Harvard Health Publishing*, December, 2010, https://www.health.harvard.edu/newsletter_article/ornish-pritikin-get-medicare-okay-for-cardiac-rehab. Notably, after Donald Trump's Doral Resorts bought out the Pritikin Longevity Center's former landlord, they forced a room rate change for which they were promptly and successfully sued. Jose Lambiet, "Pritikin again wins against Trump National Doral Miami," *Miami Herald*, January 17, 2018, <https://www.miamiherald.com/entertainment/ent-columns-blogs/jose-lambiet/article195228074.html>; Martin Vassolo, "Trump loses appeal to Doral golf resort tenant in room-rate dispute," *Miami Herald*, August 3, 2018, <https://www.miamiherald.com/news/local/community/miami-dade/doral/article216038190.html>.

¹⁵ Eboni Senai Hawkins, Sam Scipio and Michael Tekhen Strode, "Episode #1: Fultonia," 2014, in *Afros & Ceramic Fruit*, WSTS Radio, 55:00, <https://www.mixcloud.com/wstsradio/afros-ceramic-fruit-episode-1-fultonia/>; *Fultonia*, exhibition organized by Propeller Fund at Mana Contemporary, Chicago, October 16, 2014-January 23, 2015, <http://propellerfund.org/693/>.

¹⁶ Marian Burros, "Make That Steak a Bit Smaller, Atkins Advises Today's Dieters," *New York Times*, January 18, 2004, <https://www.nytimes.com/2004/01/18/nyregion/make-that-steak-a-bit-smaller-atkins-advises-today-s-dieters.html>.

helped inspire.

The gurus featured in this dissertation were, in some ways, the first and last of their kind because they were situated at a unique historical juncture between the Second World War and the end of the millennium (a period of scientific and technological abundance but not yet oversaturation). As with many other facets of contemporary life, diets have since spread online where their mythologies are supported by innumerable passionate dieters, bloggers, vloggers, social media influencers, and start-up brands. Atkins was likely the first diet guru with his own website in 1996 (it was little more than a landing page that sold his signature energy bars), but the Internet has changed dramatically since then, and the dietary landscape followed suit. While the barrier to entry in becoming a diet guru has never been prohibitively high, the number of new would-be gurus has multiplied considerably with the accessibility of the Internet. Instead of brick and mortar shops and treatment facilities, the footprint of the contemporary diet guru is largely sequestered to newer digital platforms (for instance, YouTube and Instagram).

Where they still exist, conventional diet gurus have tried to adapt their techniques to meet this changing information environment. Though several, like Pritikin-inspired Dr. Michael Greger, have seen breakout success online, countless others have yielded power and influence to lifestyle bloggers, chefs, and social media influencers who each function as one expertise node in a broader network of micro-gurus. Traditional gurus and micro-gurus alike now commonly unite under shared dietary banners (instantiated in sets of book and article titles, keywords, and hashtags) like ‘Paleo,’ ‘Black Vegan,’ ‘Keto,’ ‘Whole30,’ or ‘Whole Foods Plant-Based,’ to give advice, share recipes, or generally advertise their respective lifestyles, their benefits for the body, and their core values. Though the imprint of Fulton and Gregory, Ohsawa and Kushi, Pritikin, and Atkins can be clearly seen in these emerging diet cultures, the contemporary dietary

landscape has shifted so drastically that to excavate its 21st century history would require a rather different methodology than what I have employed.

Perhaps one of the most major differences between the programs I have outlined in this dissertation and their successors, is that direct contact between consumer-patients and gurus is significantly diminished in digital spaces, but contact between a diet's followers on social media has amplified exponentially. This new digital model, in some ways, resembles a hybridization between the tactics underpinning the macrobiotics and Pritikin programs. One of the chief strengths of the macrobiotics movement was the high volume of trained experts who diffused wisdom from the diet's leaders across a huge network, not unlike the current proliferation of allied micro-gurus. The Pritikin Program, on the other hand, foregrounded the power of letting followers network with one another; the Longevity Center connected dozens of like-minded dieters who went on to study together, support each other, share experiences, struggles, and tips for success, and proselytize. In the absence of the guru's unifying presence, support forums, personal blogs, and social media personalities have created wider and more robust networks of like-minded eaters whose identities micro-gurus help solidify with shared recipes, vocabulary, and aesthetics (fonts, color themes, and even similarly styled and curated food photography). Whereas 20th century gurus had played an integral role in attracting corporate interest to market targeted diet products to make a program more accessible, these newer decentralized movements regularly join forces with small start-up companies who produce foods or other goods that cater to the specific needs of digital dieting communities.

Much of this dietary innovation has been driven (perhaps inadvertently) by the architecture of the digital platforms on which new diet trends are emerging. But aside from building the platforms themselves, Silicon Valley's startup culture (and the financial culture that

has grown to support it) has also been surprisingly influential in the 21st century diet landscape. When Soylent—a mundane-seeming line of nutrient-dense beverages and powders—first reached the market, it was heralded as “the end of food.”¹⁷ Founded on the premise that the problem of human nutrition could be ‘hacked’ (part of the larger trend of ‘lifehacking’ or ‘biohacking’), Soylent combined crowd-sourced data with the principles of bioengineering to eliminate such inefficiencies of modern life as shopping, cooking, and eating. Unlike other such meal-replacement products, Soylent was initially crowd-funded and later attracted the attention of venture capitalists who have since helped the company develop an international supply chain.¹⁸ Venture capitalists have also linked up with biotech firms to produce lab-grown meat and such culinary marvels as the Impossible burger—the now-ubiquitous faux meat product that duplicates the taste and texture of beef and even ‘bleeds.’ The dietary behavior of tech icons themselves has also proven influential, as several early proponents of the cryptocurrency Bitcoin were responsible for pioneering the Atkins-esque movement variously called ‘Zero-Carb,’ ‘ZC’ or the carnivore diet.¹⁹ Importantly, these developments are not simply a product of technological progression or innovation, rather, they are reflective of the changing value-systems driving the adoption of new lifestyles (in the case of Silicon Valley, these values represent a peculiar hybrid of environmentalism with hypermasculine productivity culture).

In addition to their lasting legacy in spawning new food movements, diet gurus instantiated the durability of alternative medicine. Since the 18th century, there has been a steady

¹⁷ Lizzie Widdicombe, “The End of Food,” *The New Yorker*, May 5, 2014, <https://www.newyorker.com/magazine/2014/05/12/the-end-of-food>. Despite the cannibalistic connotations of its name, Soylent is, in fact, vegan.

¹⁸ Soylent was actually founded with the vestiges of the money its three founders had raised for their failed cell tower company. Widdicombe, “The End of Food.”

¹⁹ The connection between Bitcoin and ZC is a philosophical one. Its proponents argue that just as Bitcoin replaced ‘fiat’ currencies, so should meat replace other ‘fiat’ foods. Jordan Pearson, “Inside the World of the ‘Bitcoin Carnivores,’” *Vice*, September 29, 2017, https://www.vice.com/en_us/article/ne74nw/inside-the-world-of-the-bitcoin-carnivores.

American market for alternative medicine. Yet, this steady history has been punctuated with moral panics from medical and government elites alternating between fearing for the public's health and worrying that medicine would lose market share if they ignored patient demands.²⁰ As the previous chapters have shown, after the moral panic of the 1960s and 70s ended, orthodox medicine underwent another rediscovery of alternative medicine. This latest wave of the medical appropriation of medical alternatives resulted in the development of the Office of Alternative Medicine (now the National Center for Complementary and Integrative Health) and has changed the status quo such that even the most orthodox of medical schools recognize Integrative Medicine as a valuable sector of medical practice.²¹ Of course, regardless of whether it has been medically recognized or vilified, alternative medicine has played an important role in the politics of American health all along. Despite the fact that organizations like the NHF have been widely perceived as vehicles for quackery, their influence on the shape of the contemporary American medical landscape should not be overlooked. The NHF's membership was integral to the passage of the Delaney Clause, in shaping the McGovern Report, and in stymieing the regulation of vitamins and supplements—and played a role in other developments in medical practice and policy that I have not had the space to cover. The histories that I have explored here should serve as evidence of how critically important it is that we bring a more diverse range of actors into the historical conversation, broadening our understanding of who shapes medical history.

Despite incredible changes in the delivery and propagation of dietary advice, the overlap

²⁰ These panics have not historically been confined to alternative medicine. Physicians have a long history of capitulating to patient demands when they worried patients would simply seek treatment elsewhere, as with the advent of anesthesia, cosmetic or elective surgery, opioids, or any other non-indicated care.

²¹ James Harvey Young, "The Development of the Office of Alternative Medicine in the National Institutes of Health, 1991-1996" *Bulletin of the History of Medicine* 72, no. 2 (1998): 279-297. Perhaps tellingly, issues of diet have not traditionally been investigated by the major bodies at the NIH, and have instead been relegated to NCCIH.

between alternative medicine and diet in particular is as strong as ever. Even online, diet advice and all manner of heterodox medical therapies still co-mingle throughout the rising wellness industry, via social media and in the blogosphere, picking up political radicals on both sides of the spectrum. Diet trends are also still closely allied with exercise trends, as elite athletes and the devotees of the new gym cults, including yoga, rock climbing, CrossFit, and indoor cycling, eagerly share targeted diet tips among themselves. While the 20th century-style diet guru may no longer exist at the center of American dietary culture, young diet movements are nevertheless finding new ways to interrogate and renegotiate the meanings, boundaries, and behaviors of the healthy, consuming body, just as gurus did before them.

Learning from the Gurus

Among American academics, diets generally have a poor reputation and much of the criticism is well-deserved. After all, prominent academic critiques have demonstrated convincingly that diets play a role in innumerable problematic cultural exchanges. For example, it is clear that food environments replicate and reinforce structural inequalities, yet, as agents of neoliberalism, diets insist upon constant self-policing and vigilance, unfairly saddling the system's victims with ameliorating its failures. Further, diets reinforce classism in that they often require expensive and burdensome lifestyle adjustments that many can ill afford. They are culturally biased in the way they allow or restrict certain food groups, meal times, holiday exemptions, and/or preparation methods. They can be racist in the way they fetishize and exploit the eating habits of indigenous or other non-Western peoples. Diets are sizeist for promoting unattainable bodily ideals then enabling and even encouraging discrimination against those who fail to attain them. They are sexist as well, not only because the advertisements of bodily ideals have been primarily directed toward women, but because they reinforce stereotypical gender

roles and norms—women are more likely to be burdened with crafting new diet-friendly family recipes, more likely to be tasked with cooking multiple meals if family members eat differently from one another, and more likely to be blamed if the health of their family members fails to meet societal expectations. Worst of all, diets hide behind the alleged objectivity of their scientific arguments and cloak themselves in moral righteousness, allowing them to make misleading and unfulfillable promises with impunity.

In this dissertation, I have not attempted to defend dieting cultures from any of these or other legitimate claims to social or physical harm. Instead, by excavating and salvaging select, admirable features of these cultures, I have tried to provide a mirror by which hegemonic medical and scientific authority may better see themselves. That there are still so many people following dietary advice from popular media rather than their primary care providers signals the persistence of a tremendous rift between the provision of nutritional information and medical services, and patient expectations. The dieters in this dissertation were unified in their longing for expert advice in nutrition, a void many hoped would be filled by their physicians. By neglecting this essential component in the maintenance of human health, physicians essentially fueled the public need for the very gurus they decried. And though it can be tempting to write off diet gurus and others who traffic in alternative facts and epistemologies, and who maintain and live within separate information ecosystems, as scientific heretics, this kind of public shaming only deepens the alienation that vulnerable groups feel toward medicine—many of whom are in critical need of care, if not for themselves, then for their communities. As I have shown, for the people who rightfully mistrusted medical science, diet gurus and other unconventional healers offered a beacon of hope and provided a rich community that better fulfilled their perceived needs as patients. If orthodox medicine sought to outcompete these fringe ideologies, it would

need to become a beacon of similar, if not better, quality.

Critically considering what the diet gurus and dietary programs outlined in this dissertation offered patients that orthodox medicine did not reveals a number of potential sites for improvement. First, gurus prioritized a preventative approach to health, providing detailed models of affordable (relative to medical care) lifestyle change aimed at preventing (or postponing) chronic disease. Prevention rooted in robust public health infrastructure and sustained lifestyle changes remains one of the most humane and cost-effective medical interventions—after all, lessening the patient demand for medical services relieves some of the pressure on the healthcare system.²² Importantly, under these gurus, particularly Fulton, prevention was never about securing perfect adherence to the diet plan. Rather, their goal was encouragement: helping their patients see the possibilities for their future and earning their dedication to the pursuit of their own health.

For the medical orthodoxy and the federal government, crafting adequate preventive messaging for the public has been difficult, in large part due to the low quality of data upon which the major conclusions of nutrition science are based. The lack of high-quality experimental evidence with which to craft adequate recommendations to prevent all the various chronic diseases, and the federal government's historical difficulty extricating its recommendations from the interests of high-powered lobbying groups, has resulted in the current USDA standards—exemplified by the MyPlate program—which are weak, culturally biased, and

²² As I am finishing this dissertation during the COVID-19 pandemic, this conclusion feels especially pertinent now.

confusing to implement.²³ Though ideally nutritional recommendations would be based upon the best available scientific evidence, the public confusion that has resulted from the frequent tectonic shifts in nutrition science has carved a hole in its public credibility. And while there have been several attempts at making clearer graphics, bolder recommendations, or more accessible instructions for government programs, these messages are nonetheless infused with the same scientific dispassion and sense of walking bureaucratic tightropes as those that came before. The dieteers featured in this dissertation were largely unmoved by such programs, signaling that efforts to induce widespread patient behavioral change are likely to be wasted if they rely on well-explained scientific facts alone. The diet gurus to which these patients were most drawn employed flatly unscientific modes of description, which made their recommendations more pertinent, not less, to everyday life. By infusing their own voice into their dietary advice, these diet gurus managed to humanize their preventive recommendations, which in turn motivated their followers to see these changes as not only possible, but desirable as well.

Beyond making themselves relatable and their ideologies accessible, the diet gurus I have examined listened closely and carefully to the repeated frustrations their patients/dieteers voiced about the medical system, and designed programs that attended to their specific needs and concerns. While not every diet guru would have recognized their diet as appealing to a specific audience or narrow group of patients, a close examination comparing the followers from

²³ Gyorgi Scrinis, *Nutritionism: The Science and Politics of Dietary Advice* (New York: Columbia University Press, 2015); Marion Nestle, *Food Politics: How the Food Industry Influences Nutrition and Health* (Berkeley: University of California Press, 2013); Charlotte Biltekoff, *Eating Right in America: The Cultural Politics of Food and Health* (Durham, NC: Duke University Press, 2013); Harvard T. H. Chan School of Public Health, “Healthy Eating Plate and Healthy Eating Pyramid,” *Nutrition Source*, January 2015, <https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>.

different dietary programs illuminates the uniqueness of each guru's audience. The simultaneous success of these four distinct (even contradictory) diet programs demonstrates clearly that even Americans united by their medical disillusionment have never been homogeneous in their social or political attitudes—different patient populations require different tactics. These patients did not speak clearly with one voice, and many of their demands were contradictory; it is unsurprising then that the approaches academic nutritionists took to medical care and nutrition that privileged a one-size-fits-all model (even a powerful statistical one) were necessarily unsuitable to significant numbers of Americans.

The tactics successfully and repeatedly deployed by diet gurus to motivate preemptive dietary change remain underutilized. Instead, scientific medicine has provided physicians with powerful tools to investigate the sick body irrespective of patients' self-reported symptoms, lessening the patients' overall role in medical encounters. Indeed, scientific medicine itself is predicated on the basic assumption that regardless of what patients may say about their subjective experiences, the signs of illness inscribed in their bodies are fundamentally alike and that what works for one body will likely work in another, similar body. This assumption laid the groundwork for most of the important scientific advances in medicine from the past century and a half. But this independence from patient voices can stray too far, creating environments where certain classes of patients cannot be believed and where patients' individual, subjective experiences of the benefits of holistic, heterodox care are dismissed as mere placebos. Even the assignation of 'mere' to the effect of placebos ignores the possibility that physiological mechanisms worthy of medical investigation might underpin this well-established experimental phenomenon by which states of belief apparently influence patients' embodied perceptions and health outcomes. And if the placebo effect is, in fact, how diets and other alternative treatments

exert their healing force, perhaps the same force can be harnessed—to greater effect—by a more compassionate medical science. As these case studies have shown, patients must be able to take ownership over public health messaging and, even more importantly, they must trust that the person or organization giving them advice has their best interests in mind. As the critiques of major mainstream diets have shown, messaging targeted at individual behaviors can backfire; placing undue pressure on patients to conform increases the stigma of non-compliance, which may trigger medical avoidance or outright hostility.

Finally, these diet gurus demonstrate the importance of recognizing that whether patients are inside or outside of medical contexts, they are all embedded in complex cultural environments. Each of these gurus connected with their dieteers around sets of common cultural values, and fought alongside them in the trenches of cultural warfare, in some cases helping to structure the battlegrounds themselves. Their diet programs did not focus solely on the science or economics of eating, but embraced the entire experience (and the embedded politics) of procuring, preparing, sharing, and communicating about food. Crucially, these diet gurus did not merely pay lip service to social movements: Fulton and Gregory agitated for civil rights and taught students how to use their bodies in protest; macrobiotics provided the tools for hippies to resist the Cold War and to live in greater harmony with the natural environment; the Pritikin program reinvigorated senior citizens who had been encouraged to give up on their lives; Atkins created spaces where men constrained by gendered expectations of their behavior could feel comfortable performing feminine-coded lifestyle changes. There could be similar opportunities for medical authorities to make major inroads to repairing community trust by, for instance, forming robust public allegiances with food justice or food sovereignty efforts or lending their political strength to the fight against pollution and destruction of the environment. While there

are certainly radical pockets of the medical establishment engaged in similar cultural labor, this kind of on-the-ground work remains the exception rather than the norm. And, as the structure of civil society continues to impinge massively on human health (as evidenced by the current Covid-19 pandemic), it is becoming ever clearer that medicine cannot afford to be neutral, and patients cannot afford a medical system that prioritizes protecting its own moneyed interests.

Taken together, these lessons make it clear that it is those instances where patients' experiences most conflict with the priorities of scientific medicine—even the best evidence-based practices—that could benefit most from a fundamental restructuring. It is worth repeating that the patients featured in this dissertation overwhelmingly complained about their physicians delivering overly pessimistic—if accurate—prognoses and being placed on expensive medications or undergoing unnecessary procedures and experiencing severe side effects. In these circumstances, patients' lived experiences must carry greater weight. While the 20th century gurus I have examined had the distinct advantage of being frustrated patients themselves, empathetic treatment is not contingent upon shared experiences, but rather upon finding the time and the will to listen. Addressing such monumental patient complaints would, admittedly, require a dramatic shifting of medical priorities away from scientific standards and away from the apparent conflicts of interest between medical providers and their industrial partners, and toward a more holistic, humanitarian care model. But what about a healthcare system that is not designed around patients' interests is worth protecting? Such changes would not only improve the patient experience, but would contribute to the broader recognition that medical science is more fundamentally a social enterprise than an objective science.

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