HOW NOT TO DIE

DISCOVER THE FOODS SCIENTIFICALLY PROVEN TO PREVENT AND REVERSE DISEASE

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with Gene Stone
To my grandma
Frances Greger
# Contents

<table>
<thead>
<tr>
<th>Preface</th>
<th>ix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
</tbody>
</table>

## PART 1

1. **How Not to Die from Heart Disease** 17  
2. **How Not to Die from Lung Diseases** 30  
3. **How Not to Die from Brain Diseases** 42  
4. **How Not to Die from Digestive Cancers** 62  
5. **How Not to Die from Infections** 78  
6. **How Not to Die from Diabetes** 100  
7. **How Not to Die from High Blood Pressure** 122  
8. **How Not to Die from Liver Diseases** 141  
9. **How Not to Die from Blood Cancers** 154  
10. **How Not to Die from Kidney Disease** 164  
11. **How Not to Die from Breast Cancer** 178  
12. **How Not to Die from Suicidal Depression** 198  
13. **How Not to Die from Prostate Cancer** 212  
14. **How Not to Die from Parkinson’s Disease** 226  
15. **How Not to Die from Iatrogenic Causes** 239
PART 2

Introduction 255

Dr. Greger’s Daily Dozen 272
   Beans 276
   Berries 288
   Other Fruits 296
   Cruciferous Vegetables 304
   Greens 311
   Other Vegetables 321
   Flaxseeds 338
   Nuts and Seeds 342
   Herbs and Spices 350
   Whole Grains 369
   Beverages 379
   Exercise 392
   Conclusion 399

Acknowledgments 405

Appendix: Supplements 407

Notes 413

Index 563
It all started with my grandmother.

I was only a kid when the doctors sent her home in a wheelchair to die. Diagnosed with end-stage heart disease, she had already had so many bypass operations that the surgeons essentially ran out of plumbing—the scarring from each open-heart surgery had made the next more difficult until they finally ran out of options. Confined to a wheelchair with crushing chest pain, her doctors told her there was nothing else they could do. Her life was over at age sixty-five.

I think what sparks many kids to want to become doctors when they grow up is watching a beloved relative become ill or even die. But for me, it was watching my grandma get better.

Soon after she was discharged from the hospital to spend her last days at home, a segment aired on 60 Minutes about Nathan Pritikin, an early lifestyle medicine pioneer who had been gaining a reputation for reversing terminal heart disease. He had just opened a new center in California, and my grandmother, in desperation, somehow made the cross-country trek to become one of its first patients. This was a live-in program where everyone was placed on a plant-based diet and then started on a graded exercise regimen. They wheeled my grandmother in, and she walked out.

I’ll never forget that.

She was even featured in Pritikin’s biography Pritikin: The Man Who Healed America’s Heart. My grandma was described as one of the “death’s door people”:

Frances Greger, from North Miami, Florida, arrived in Santa Barbara at one of Pritikin’s early sessions in a wheelchair. Mrs. Greger had heart disease, angina, and claudication; her condition was so bad she could no longer walk without
great pain in her chest and legs. Within three weeks, though, she was not only out of her wheelchair but was walking ten miles a day.¹

When I was a kid, that was all that mattered: I got to play with Grandma again. But over the years, I grew to understand the significance of what had happened. At that time, the medical profession didn’t even think it was possible to reverse heart disease. Drugs were given to try to slow the progression, and surgery was performed to circumvent clogged arteries to try to relieve symptoms, but the disease was expected to get worse and worse until you died. Now, however, we know that as soon as we stop eating an artery-clogging diet, our bodies can start healing themselves, in many cases opening up arteries without drugs or surgery.

My grandma was given her medical death sentence at age sixty-five. Thanks to a healthy diet and lifestyle, she was able to enjoy another thirty-one years on this earth with her six grandchildren. The woman who was once told by doctors she only had weeks to live didn’t die until she was ninety-six years old. Her near-miraculous recovery not only inspired one of those grandkids to pursue a career in medicine but granted her enough healthy years to see him graduate from medical school.

By the time I became a doctor, giants like Dean Ornish, M.D., president and founder of the nonprofit Preventive Medicine Research Institute, had already proven beyond a shadow of a doubt what Pritikin had shown to be true. Using the latest high-tech advances—cardiac PET scans,² quantitative coronary arteriography,³ and radionuclide ventriculography⁴—Dr. Ornish and his colleagues showed that the lowest-tech approach—diet and lifestyle—can undeniably reverse heart disease, our leading killer.

Dr. Ornish and his colleagues’ studies were published in some of the most prestigious medical journals in the world. Yet medical practice hardly changed. Why? Why were doctors still prescribing drugs and using Roto-Rooter-type procedures to just treat the symptoms of heart disease and to try to forestall what they chose to believe was the inevitable—an early death?

This was my wake-up call. I opened my eyes to the depressing fact that there are other forces at work in medicine besides science. The U.S. health care system runs on a fee-for-service model in which doctors get paid for the pills and procedures they prescribe, rewarding quantity over quality. We don’t get reimbursed for time spent counseling our patients about the benefits of healthy eating. If doctors were instead paid for performance, there would be a financial incentive to treat the lifestyle causes of disease. Until the model of
reimbursement changes, I don’t expect great changes in medical care or medical education.  

Only a quarter of medical schools appear to offer a single dedicated course on nutrition. During my first interview for medical school, at Cornell University, I remember the interviewer emphatically stating, “Nutrition is superfluous to human health.” And he was a pediatrician! I knew I was in for a long road ahead. Come to think of it, I think the only medical professional who ever asked me about a family member’s diet was our veterinarian.

I was honored to be accepted by nineteen medical schools. I chose Tufts because they boasted the most nutrition training—twenty-one hours’ worth, although this was still less than 1 percent of the curriculum.

During my medical training, I was offered countless steak dinners and fancy perks by Big Pharma representatives, but not once did I get a call from Big Broccoli. There is a reason you hear about the latest drugs on television: Huge corporate budgets drive their promotion. The same reason you’ll probably never see a commercial for sweet potatoes is the same reason breakthroughs on the power of foods to affect your health and longevity may never make it to the public: There’s little profit motive.

In medical school, even with our paltry twenty-one hours of nutrition training, there was no mention of using diet to treat chronic disease, let alone reverse it. I was only aware of this body of work because of my family’s personal story.

The question that haunted me during training was this: If the cure to our number-one killer could get lost down the rabbit hole, what else might be buried in the medical literature? I made it my life’s mission to find out.

Most of my years in Boston were spent scouring the dusty stacks in the basement of Harvard’s Countway Library of Medicine. I started practicing medicine, but no matter how many patients I saw in the clinic every day, even when I was able to change the lives of entire families at a time, I knew it was just a drop in the bucket, so I went on the road.

With the help of the American Medical Student Association, my goal was to speak at every medical school in the country every two years to influence an entire generation of new doctors. I didn’t want another doctor to graduate without this tool—the power of food—in her or his toolbox. If my grandma didn’t have to die from heart disease, perhaps no one’s grandparent did.

There were periods where I was giving forty talks a month. I’d roll into town to give a breakfast talk at a Rotary Club, give a presentation at the medical school over lunch, and then speak to a community group in the evening. I was
living out of my car, one key on my keychain. I ended up giving more than a thousand presentations around the world.

Not surprisingly, life on the road was not sustainable. I lost a marriage over it. With more speaking requests than I could accept, I started putting all my annual research findings into a DVD series, *Latest in Clinical Nutrition*. It’s hard to believe I’m almost up to volume 30. Every penny I receive from those DVDs, then and now, goes directly to charity, as does the money from my speaking engagements and book sales, including the book you’re reading now.

As corrupting an influence as money is in medicine, it appears to me even worse in the field of nutrition, where it seems everyone has his or her own brand of snake-oil supplement or wonder gadget. Dogmas are entrenched and data too often cherry-picked to support preconceived notions.

True, I have biases of my own to rein in. Although my original motivation was health, over the years, I’ve grown into quite the animal lover. Three cats and a dog run our household, and I’ve spent much of my professional life proudly serving the Humane Society of the United States as the charity’s public health director. So, like many people, I care about the welfare of the animals we eat, but first and foremost, I am a physician. My primary duty has always been to care for my patients, to accurately provide the best available balance of evidence.

In the clinic, I could reach hundreds; on the road, thousands. But this life-or-death information needed to reach millions. Enter Jesse Rasch, a Canadian philanthropist who shared my vision of making evidence-based nutrition freely accessible and available to all. The foundation he and his wife, Julie, set up put all my work online—thus, NutritionFacts.org was born. I can now reach more people while working from home in my pajamas than I ever could when I was traveling the world.

Now a self-sustaining nonprofit organization itself, NutritionFacts.org has more than a thousand bite-sized videos on nearly every conceivable nutrition topic, and I post new videos and articles every day. Everything on the website is free for all, for all time. There are no ads, no corporate sponsorships. It’s just a labor of love.

When I started this work more than a decade ago, I thought the answer was to train the trainers, educate the profession. But with the democratization of information, doctors no longer hold a monopoly as gatekeepers of knowledge about health. When it comes to safe, simple lifestyle prescriptions, I’m realizing it may be more effective to empower individuals directly. In a recent
national survey of doctor office visits, only about one in five smokers were told to quit. Just as you don’t have to wait for your physician to tell you to stop smoking, you don’t have to wait to start eating healthier. Then together we can show my medical colleagues the true power of healthy living.

Today, I live right outside Washington, D.C., within biking distance of the National Library of Medicine, the largest medical library in the world. Last year alone, there were more than twenty-four thousand papers published in the medical literature on nutrition, and I now have a team of researchers, a wonderful staff, and an army of volunteers who help me dig through the mountains of new information. This book is not just another platform through which I can share my findings but a long-awaited opportunity to share practical advice about how to put this life-changing, life-saving science into practice in our daily lives.

I think my grandma would be proud.