**THE MEDITERRANEAN DIETS
IN HEALTH AND DISEASE**

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IN
HEALTH AND DISEASE**

Edited by

Gene A. Spiller

Health Research and Studies Center

Los Altos, California

and

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To my father, who inspired me to understand the deep values of the Mediterranean cultures, and to the wise people of the Mediterranean region who chose a protective diet well before today's clinical research proved its value.

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PREFACE

It is difficult to find the moment when the idea for a book is first born. For this book, the basic concept was probably born during conversations I had in Parma, Italy, with Dr. Riccardi of the University of Naples and Dr. Jenkins of the University of Toronto (Canada). Later, in a conference room at the University of Verona (Italy) School of Medicine, I had a day-long meeting with Drs. Bosello and Cominacini of the University of Verona, and Drs. Jenkins and Riccardi and their co-workers. After an intense working day, the general plan of this book was completed.

The title Mediterranean *diets* rather than *diet* was appropriately chosen as there is more than one Mediterranean diet, a point discussed in chapter 1. This chapter focuses on the definition of a Mediterranean diet and no matter what the reader's interest may be, it is imperative that this first chapter be carefully read.

We should always remember that there are—from a preventive medicine point of view—good and poor Mediterranean diets. The best example is probably the difference between the high olive oil, high carbohydrate, low meat diet of southern Italy and the high saturated fat, higher meat diets of the northern Italians. Prevalence of disease parallels these differences.

Chapter 2 covers some ancient history in an easy-to-read manner that is instructional as well as fascinating even for the nonmedical scientist or the nonhistorian.

In part II, chapters 3 to 7 cover some basic foods of the Mediterranean region: cereals, legumes, vegetables and fruits, oils, and dairy products. In the second half of part II cereals, legumes, fruits and vegetables (chapter 8) and monounsaturated oils (chapter 9) are discussed for their physiological effects. These two groups of foods were singled out because they are so typical of good Mediterranean diets.

Part III covers the medical and epidemiological aspects of the Mediterranean diets as they relate to the major degenerative diseases: lipids (chapter 10), hypertension (chapter 11), cardiovascular diseases (chapter 12), diabetes (chapter 13), obesity (chapter 14), and cancer (chapter 15). Some points previously covered in chapters 8 and 9 (physiological as-

pects) are sometimes presented again in part III with a different perspective that helps the reader to grasp the magnitude of the questions that need to be answered.

With the growing interest in North America—both by medical researchers and by the population in general—in diets of Mediterranean type, with the disturbing knowledge that the better Mediterranean diets may be losing ground to other less desirable diets in the very countries where they were born, it is hoped that this book will help to foster an understanding of how valuable to better health these ancient diets can be.

Could it be that all the knowledge we need for better health and disease prevention is there, already tested not by a few months or years of clinical research but by centuries of use? You may be able to answer this question after you have read this book.

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I wish to thank Drs. Ottavio Bosello, Luciano Cominacini, David Jenkins, and Gabriele Riccardi for their assistance and advice as this book evolved from an idea to a finished manuscript.

A special acknowledgment goes to Dr. Ancel Keys, whose work and publications have been the foundation of a better understanding of diet and health and, in particular, of the Mediterranean diet. His name and his work will be quoted frequently in this book, a book that might never have been possible without his research.

Finally, I wish to thank Rebecca Carr and Alethe Echols for their assistance in various phases of manuscript editing and production.

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