

## Food to Avoid

1. Anything with a face or a mother. This includes meat, poultry, fish, and eggs.
2. Dairy Products. That means butter, cheese, cream, ice cream, yogurt, and milk—even skim milk. Plant based milk is ok in moderation.
3. Oils All added oils, including virgin olive oil and canola oil.
4. Refined grains. These, unlike whole grains, have been stripped of much of their fiber and nutrients. You should avoid white rice and "enriched" flour products, which are found in many pastas, breads, bagels, and baked goods.
5. Nuts those who have heart disease should avoid all nuts.

## Food to Eat

1. Vegetables. Sweet potatoes, Yams, potatoes (but never French fried or prepared in any other way that involves adding fats!). Broccoli kale and spinach. Asparagus artichokes eggplant, radishes, celery; onions, carrots. Brussels sprouts, corn, cabbages, lettuces, peppers. Bok Choy, Swiss chard, and beet greens. Turnip's and parsnips. Summer squashes, winter squashes, tomatoes (although strictly speaking, tomatoes are fruit), cucumbers. Almost any vegetable you can imagine is legal on this plan, with **a single exception, for cardiac patients:** avocados, which carry a high fat content unusual for vegetables. Those without heart disease can eat avocados, as-long-as, their blood lipid levels are not elevated.
2. Legumes. Beans, peas, and lentils of all kinds. This is a wide-ranging family of plants, and you are almost certain to discover delicious varieties you may never have encountered before embarking on this nutrition plan.
3. Whole grains. Whole wheat, whole rye, bulgur wheat, whole oats, barley, buckwheat (kasha or buckwheat groats), whole corn, cornmeal, wild rice, brown rice, popcorn, and less well known whole grains, such as couscous, kamut (a relative of durum wheat), quinoa, amaranth, millet, spelt, teff, triticale, grano, and faro-There is a marvelous variety of choices, both familiar and new You can also

eat cereals that do not contain added sugar and oil—old-fashioned oats, for instance (not the quick-cooking variety), shredded wheat, and brand names like Grape-Nuts. Breads should be whole grain, and should not contain added oil. Whole-grain pastas are allowed—those made from whole wheat, brown rice, spelt, and quinoa. (Be careful about restaurant pasta. It is often egg-based and made from white flour, and there may well be oil lurking in the marinara sauce.)

4. **Fruit.** Fruits of all varieties are permitted. A word of caution is in order, however: it is preferable to limit your fruit consumption to three pieces a day (or, for berries and grapes, three servings, each about the size of a modest handful). It is also best to avoid drinking pure fruit juices. Fruit—and juice, especially—carries a high sugar content, and consuming too much of it rapidly raises the blood sugar. The body compensates to the sugar high with a surge of insulin from the pancreas—and the insulin, in turn, stimulates the liver to manufacture more cholesterol. It may also elevate triglyceride levels. Be careful of sugar-laden desserts, which can have the same effect.
5. **Beverages.** Water, seltzer water (try adding a small amount of fruit juice to boost flavor), oat milk, no-fat soy milk, coffee, and tea. And alcohol is just fine, in moderation.

## Supplements

1. **Vitamin B12** I favor 1,000 mcg (micrograms) daily.
2. **Vitamin D3.** Check your blood level. If your blood level is normal, it is not needed. If your blood level is below normal, I suggest 2,000 IU daily until a normal blood level is reached. Adjust dosage then to maintain the low normal range.
3. **Omega-3 fatty acids** You can fulfill your daily requirement by consuming 1-2 tablespoons of flaxseed meal or 1-2 tablespoons of chia seeds each day, perhaps by sprinkling it over cereal. Be sure to refrigerate flaxseed meal.
4. **Cholesterol-lowering drugs** Together, the drug and your new way of eating will usually reduce your total cholesterol level to less than 150 mg/dl in just fourteen days. The goal is a total of 150mg/dl and an LDL of under 80 mg/dl. Monitor your

progress over the first two months. I suggest three or four cholesterol measurements over that two-month period. After two months, it is enough to have your cholesterol measured every two to three months. If you reduce your total cholesterol to well below 150 mg/dl, you may, with your physician's assistance, reduce the drug dosage—and in some cases, eliminate it altogether.