Physician Questions

The physicians who advise Cambridge® Plan patrons are key participants in the diet process. This summary will acquaint those physicians with the Cambridge® Plan, its methods, its history, and the research which led to its development. Worldwide attention is focusing on the Cambridge® Diet, a significant breakthrough in the treatment of obesity and the foundation for long-term balanced nutrition.

- 8 1/2 years of research and clinical testing by British scientists and doctors at the University of Cambridge, England.
- Fat loss comparable to that achieved by starvation without the harmful side effects.
- Nitrogen balance from the precise ratio of carbohydrate to protein to fat so primarily the fatty tissue, not the essential lean body mass, is eliminated.
- 100% of US RDA vitamins and minerals for which requirements have been established.
- 75% of US RDA protein levels.
- All trace elements and electrolytes specified as essential by the National Academy of Sciences.
- All the vital nutrients in only 330 calories so rapid, effective weight loss is assured.
- No harmful side effects reported in any clinical tests.
- No drugs or preservatives as part of its formula.
- So unique, it’s patented!
- In clinical tests average weight loss of 16 to 20 pounds in four weeks for people who could not lose weight with any other low-calorie program.
- Serum cholesterol decreased by 21%.
- Triglycerides reduced by 45%.
- No metabolic or clinical complications with diabetes patients.
- No abnormalities in cardiac function, evaluated by EKG with diabetes patients.
- Weight loss results equal to those from gastroplasty, the radical surgical procedure of stapling the stomach—but without its risks.

In addition:
- Personal encouragement and support by Cambridge® Consultants to complement the professional guidance of physicians.

In all instances, the advice of a physician should be sought. Individuals who have heart and cardiovascular conditions, stroke, kidney disease, diabetes, gout, hypoglycemia, chronic infections, the very elderly, growing children, adolescents, or anyone under medical care for any other condition should diet only under direct medical supervision. Pregnant women and nursing mothers should not be on any weight-loss program.

But, weight loss is just the beginning of the Cambridge® Diet program. Once ideal body weight is attained, the Cambridge® Diet serves as the foundation for a permanent, nutritionally balanced dietary regime which makes maintaining desired body weight as simple as adding balanced calories by selecting from among the delicious pre-planned menus from the Cambridge® Kitchen. Nutritionally balanced ‘food blocks’ of 50, 100, 200, and 400 calories are added to the 330 calories of the three Cambridge® meals until the body’s daily “calorie quotient” is determined. It’s easy. It’s effective. Cambridge® can make a trim, properly nourished, vital body a reality for life.

©1981 THE CAMBRIDGE® PLAN INTERNATIONALA REVIEW AND ANALYSIS
Worldwide attention is focusing on an innovative nutrition program, the Cambridge® Diet, which not only represents a significant breakthrough in the treatment of obesity but also serves as the foundation for long-term balanced nutrition.

THE CAMBRIDGE® DIET - AN OVERVIEW
The rapid weight-loss regimen based on the Cambridge® Diet was first announced in the International Journal of Obesity (1978) 2, 321-332. Developed by a team of British researchers at the University of Cambridge, this very low-calorie formula diet combines a precise balance of carbohydrate (44 grams, including non-digestible carbohydrate for fiber), high-grade complete protein (33
grams), and fat (3 grams), in a powdered form. In its daily total intake of 330 calories, it also contains 100% US RDA vitamins and minerals for which requirements have been determined, 75% of US RDA protein levels, and all trace elements and electrolytes specified as essential by the National Academy of Sciences. Available in a variety of beverages, soups and puddings, which are highly palatable, the Cambridge® Diet is easily mixed with hot or cold water. The formula for the Cambridge® Diet is so unique, it has been granted two US patents and patents in most Western European countries and Australia; additional patents, both domestic and foreign, are pending. The Cambridge® Diet, which is rapidly gaining widespread popularity and acceptance throughout the country among the general public, is currently marketed throughout the United States by Cambridge® Plan International, headquartered in Monterey, California, through a network of independent "Cambridge® Counselors" Overseas distribution is forthcoming.

DEVELOPMENT OF THE CAMBRIDGE DIET™ALAN N. HOWARD, Ph.D., et al. An internationally acknowledged authority on obesity and cardiovascular disease, ALAN N. HOWARD, Ph.D., F.R.I.C. (Fellow, Royal Institute of Chemistry) led the team of scientists and doctors who researched, developed, and clinically tested the Cambridge® Diet. Dr. Howard, who has headed the Lipid Laboratory of the Department of Medicine at the University of Cambridge since 1969, received his B.A., M.A., and Ph.D. from Cambridge. From 1954 to 1960, he was a member of the Scientific Staff of the Medical Research Council, Dunn Nutritional Laboratory, Cambridge, the premier research establishment on nutrition in England. For the next two years he was a member of the External Scientific Staff, Medical Research Council, Department of Pathology, University of Cambridge. During the period of 1962-1969, immediately prior to his present appointment, Dr. Howard held the prestigious Elmore Research Fellowship, and other coveted research fellowships, in the Department of Pathology at the University of Cambridge.

For more than 20 years Dr. Howard's primary areas of research have been coronary heart disease and obesity from the nutritional viewpoint, and he has edited several books and published over 120 highly regarded papers on these subjects. His involvement in professional societies is extensive. He currently serves as Editor of the International Journal of Obesity, is on the Editorial Board of Arteriosclerosis, was secretary of the European Arteriosclerosis Group (1963-1968), and Secretary for the Association of the Study of Obesity (1969-1970). He is also Chairman of the British Food Education Society and was asked by the BBC-TV to participate in its 10-part 1973 Series "Don't Just Sit There." In 1974 he was a member of the organizing committee and editor of the proceedings of the First International Congress on Obesity (London). Among the noted doctors and scientists associated with Dr. Howard in his work was IAN McLEAN BAIRD, M.D., Consulting Physician of West Middlesex Hospital, one of the medical centers where the clinical testing was conducted. Dr. Baird has also had a distinguished professional career, serving as a Clinical Tutor at the University of London; Honorable Senior Lecturer in Clinical Pharmacology at University College Hospital, London; and Senior Medical Registrar at the Royal Infirmary, Sheffield. He was also a Leverhulme Research Scholar in the Medical Department of Therapy at the Royal Infirmary at Sheffield and, in the United States, a Welcome Traveling Fellow at Peter Bent Brigham Hospital, Boston, and Harvard Medical School. He was named a Fellow in the Royal College of Physicians (London) in 1973, and he is a member of the British Society of Gastroenterology and the British Pharmacology Society. He, too, has a long list of publications to his credit.

Dr. Howard and his colleagues spent 8 1/2 years in search of the ultimate, safe, quick weight-loss diet. They knew that the complex chemical balance of the body had to be maintained so that the body and mind can be at their best. Balance was the key to unlocking the secret of the ideal weight-loss formula. One of their major goals was to provide nitrogen balance to assure that the primary tissue the diet would eliminate would be the fatty tissue, not the lean tissue, the protein-built tissue, that is vital to the body. And they succeeded. The precise proportions of carbohydrate, protein, and fat in the Cambridge® Diet achieve this critical balance. In addition, the amount of carbohydrate is exactly what is needed to metabolize the protein and fat of the formula so that the body must then catabolize stored, unwanted fat to meet its additional energy needs. All the essential vitamins and minerals the body needs were then added in the proper amounts and proportions, one to the other, to ensure their maximum potency and effectiveness. Of paramount importance in any reducing regime is the provision of adequate amounts of sodium, potassium, and magnesium, which are essential for normal cardiac function. They are present in the Cambridge® Diet. Because the rate of metabolism varies from one person to another, not everyone loses weight at the same rate. But in his clinical research, including even the most stubborn cases, Dr. Howard recorded an average weight loss of 16 to 20 pounds in four weeks. Other medically supervised case histories show people on the Cambridge® Diet safely losing as much as 15 pounds in one week and 35 pounds in four weeks. Many users have lost much more rapidly. One man, who gained weight on a diet in an Army hospital, has lost 121 pounds in four months on the Cambridge® Diet under doctor's supervision. In addition to proving the efficacy of the Cambridge® Diet as a rapid weight-loss regime, Dr. Howard's study showed its safety, with no subjects involved in the clinical tests experiencing any harmful side effects. Of special significance, however, were the tangential results which showed that, after three weeks: Serum cholesterol was decreased by 21%. Triglycerides were reduced by 45%. Serum lipids in hyperlipaemic patients were normalized. These dramatic achievements, over and above weight loss, demonstrate some of the extra benefits to be derived from the Cambridge® Diet.

RELATED RESEARCH
The Cambridge® Diet and its precepts held the spotlight at the 1980 satellite meeting of the Third International Conference on Obesity held near Rome, Italy. This conference brought together over a thousand of the leading nutritionists in the world, all of whom have a scientific interest in obesity or are practitioners of bariatric medicine. Several papers were presented on scientific
studies which tested the success and safety of the Cambridge® Diet and diets based on its precepts. F. Contaldo, G. DiBiase, P. Mattioli, M. Mancini-Semeiotica Medica, 2nd Medical School, University of Naples, Italy. Glucolipid metabolic control is reached after a few days ... as shown by decreased concentration of serum glucose and normalization of cholesterol and triglyceride. These positive findings have been obtained without any metabolic and clinical complication ... No abnormalities in cardiac function, evaluated by ECG were detected during the whole period of treatment. No major disturbances were detected as: dizziness, hypotension, dry skin, hair loss, etc., which can emerge during drastic calorie restriction in general decrease in body weight was constant and remarkable ... (with an average loss of 32 pounds over approximately 7 weeks). ... Our clinical and laboratory observations reassure also on the safety of this dietary treatment which can be easily performed on an outpatient basis. The Treatment of Obesity with a New Liquid Formula Diet-Noel Hickey, Pierce Runana, Ian Graham, Leslie Daly, Geoffrey Bourke, Ristcard Mulcahy-Department of Community Medicine and Epidemiology, University College, Dublin, and the Cardio Department, St. Vincent's Hospital, Dublin, Republic of Ireland. No significant biochemical changes were recorded, except for serum cholesterol and triglycerides. A mean cholesterol reduction of 24.0mg/dl and triglyceride reduction of 59.0mg/dl was noted over the 8-weekperiod. Ketonuria was not a problem ...The possibility that total starvation may lead to myocardial damage, hyperuricemia, ketosis, and negative nitrogen balance makes this form of treatment unacceptable. Using the present semi-synthetic diet, ketonuria and hyperuricemia did not occur No significant change occurred in blood sugar and bilirubin levels, and serum electrolytes remained unchanged at 4 and 8 weeks. Hunger did not appear to be a major difficulty for the patients. The advantage of using the present diet over starvation is that hospital admission is not necessary and the metabolic consequences of starvation do not result. Compliance with the regime may be better than with total starvation, and weight-loss is closer to that achieved by starvation than by conventional diets of 800-1200 Kcal. The Influence of Low Calorie (240 Kcal/day) Protein-Carbohydrate Diet on Serum Lipid Levels in Obese Subjects -J. A. Schouten, C. Popp-Snijders, E. A. van der Veen of the Department of Internal Medicine, University Hospital, Free University, Amsterdam-, and C. M. van Gent, H. A. van der Voort of the Gauibus Institute, Health Research Organization TNO, Herenstraat 5d, 2313 AD Leiden, The Netherlands. Body weight reduction was obtained in all participants ... (with a mean reduction of) 174 pounds in two weeks... Total cholesterol was significantly reduced accompanied by a similar percentage reduction of HDL-cholesterol.

THE COPENHAGEN PLAFA PROJECT: A Randomized Trial of Gastroplasty Versus Very Low Calorie Diet in the Treatment of Severe Obesity-Teis Andersen, M.D., Ole Backer, M.D., Knud H. Stockholm, M.D., and Flemming Quaade, M.D.-Department of Medicine, Division of Endo- crinology, Hvidovre Hospital, University of Copenhagen, KD-2650 Hvidovre, Denmark, and Surgical Department F, Bispebjerg Hospital, 2400 Copenhagen, Denmark. A drastic reduction of energy intake is the central remedy in the treatment of morbid obesity as well as in preventing regain of an obtained weight loss. Two treatments have recently come into focus for permanent weight control: First, the very low calorie diet (VLCD) and Second, gastroplasty as the least mutilating operation among the new generation of surgical procedures ... Consecutive patients ... suffering from morbid obesity ... (were) randomized to either gastroplasty ... or to a very low calorie diet ... Preliminary results show a substantial weight loss without significant differences between the groups.

SUMMARY The cumulative evidence of these, as well as other, research projects clearly supports the efficacy of the Cambridge® Diet and its precepts and the complete safety for the patients who participated in the studies. Meriting particular attention are the facts that: Weight losses are described as "substantial" or 'constant and remarkable' "No abnormalities in cardiac function, evaluated by ECG," were recorded. Levels of both SERUM CHOLESTEROL AND TRIGLYCERIDES were substantially reduced. Patients who were on the formula diet achieved EQUAL weight loss with those who under- went the extreme treatment of gastroplasty, which carries a mortality rate of 1% to 3%.

FURTHER TESTIMONY Additional supportive testimony has been forthcoming from other eminent authorities... DR. BAIRD, who was the clinician at west Middlesex University Hospital, London, responsible for the medical care of the obese patients on the Cambridge® Diet research program, summarizes his findings as follows: Many patients receiving the Cambridge® Diet were studied for periods of 1-3 months with regular biochemical and electrocardiographic monitoring. Based on the results obtained, it is my professional opinion that this method of losing weight is safe and may be used without medical supervision for periods of up to six weeks except in persons currently under the care of a physician or currently taking prescribed medication. These should consult their physician before undertaking this or any other diet program. The diet should not be recommended for use in children or in lactating or pregnant women, and in old age. No cardiac effects due to the diet were recorded in any patient consuming the Cambridge® Diet or similar low calorie regime used in our studies. In my opinion this distinguishes the Cambridge® Diet from the so-called 'liquid protein' diets, in which several cardiac deaths occurred, but only then after two months after consuming the liquid protein diet (Life Science Research Office Report, 1979) Furthermore, the liquid protein diet consisting of low-grade gelatin most often did not contain essential minerals such as potassium and magnesium. The Cambridge® Diet contains all the recommended and essential minerals and vitamins. One of the objects of the numerous clinical trials I have supervised in the past ten years was to find a suitable alter -native treatment to complete starvation, which was as effective but safe, and posed no danger to the dieter's health. It is my opinion that the Cambridge® Diet has achieved that goal because:
There is no evidence of electrolyte depletion (shortage of sodium, potassium, and calcium) or dehydration which accompanies total starvation. This was confirmed independently (Wilson et al., Amer. J. Clin. Nutr. 321612-1616, 1979). Although there is some loss of nitrogen from the body in the first few weeks on the Cambridge® Diet, this amount is modest and acceptable. Nitrogen equilibrium is achieved within six weeks and there is no evidence of any clinical harm to the patients due to the initial loss of nitrogen. There are no ECG changes induced by the diet. There have been no serious adverse reactions in independent trials carried out in Ireland, Holland, England, Italy and Scandinavia using diets identified with Cambridge® Diet. DENNIS JONES, Ph.D., a nutritional pathologist and chemist from The Netherlands, designed and monitored clinical trials of a diet based on the precepts of the Cambridge® Diet. He states: In my opinion the Cambridge® Diet is a nutritionally balanced diet.

Based on my experience with the diet, it can be just as effective as total starvation in the treatment of obesity, but as safe as normal eating, even on prolonged use.

Based upon my personal experience and my review of medical literature on the subject, it is my opinion that the Cambridge® Diet is an effective weight loss regimen, which may be safely used as the sole source of nutrition without supervision for continuous periods of eight to twelve weeks provided users are advised as follows:

Users who are presently under medical supervision for any reason, or are taking any form of medically prescribed drug, should consult their physician before embarking on this or any other diet.

The following persons, even if not presently under medical supervision, should be advised not to embark on this or any other diet: pregnant or lactating women, growing children or very elderly persons. In my opinion, the Cambridge® Diet, used as specified above, is quite harmless, and does provide a means of significant weight loss and improved health to many persons whose obesity, if it continues, will pose a severe threat to their health and their longevity.

GEORGE A. BRAY, M.D., Professor of Medicine, UCLA School of Medicine, in Los Angeles, California, and Associate Chief, Division of Metabolism and Nutrition, Harbor-UCLA Medical Center, Torrance, California, expresses his professional opinion in this way:

Obesity and overweight are major problems in the United States with 14% of all men and 24% of all women between 18 and 74 years of age being more than 20% overweight. Life insurance data indicate that the hazards associated with being overweight increase significantly with the degree of excess weight...The diets which are available for weight reduction can be divided into those between 800 and 1000 calories, which are commonly referred to as 'low calorie diets' and those between 100 and 800 calories which are referred to as "very low calorie diets." Below 100 calories per day would be equivalent to total fasting. In each of the categories of diets there are balanced and unbalanced diets. A balanced diet is one in which all three major macronutrients (protein, carbohydrate and fat) are present and in reasonable proportions. An unbalanced diet is one in which the percentage of one (or two) of the macronutrients is greatly increased in proportion to the rest.

It is widely agreed that total fasting or the use of diets below 100 calories per day for an extended period of time should only be undertaken under direct medical supervision or in the hospital. Over the periods with total fasting for extended periods is the loss of protein from the body, with the resulting depletion of lean body tissue.

Not to be confused with the liquid protein diets, the diet developed by Dr Alan Howard and his colleagues in Cambridge and London, England, has used high-quality proteins and has been supplemented with carbohydrate as well as most of the vitamins and minerals. Nitrogen losses during this diet have been evaluated in at least two published studies. Protein and carbohydrate in the proportions used in this diet clearly reduce nitrogen loss, and in some individuals nitrogen equilibrium can be achieved. However, small losses of nitrogen, and a small reduction in lean body mass are probably to be expected since an individual loses weight, he no longer needs the larger muscle mass to support the fat which has been lost.

The composition of the Cambridge® Diet is based on the findings of Dr Howard. The protein sources are nonfat milk solids, soy protein and hydrolyzed vegetable protein, and the carbohydrates are lactose, fructose and soy flour. There is nothing apparent in this formulation which should be in any way harmful or deleterious.

THE WEIGHT-LOSS PROBLEM.

The problem of overweight is universal. And, for decades, scientists throughout the world have been searching for the ideal weight-loss diet. Hundreds of less-than-ideal answers have been put forth—the grapefruit diet, the "Drinking Man's Diet," the bran diet, the carbohydrate diet, the high-protein diet—one after the other. These "fad" diets 'trick' the body into losing weight by emphasizing a certain type of food or nutrient while eliminating-or nearly eliminating, another essential nutrient. This "unbalanced" reducing diet can have only a temporary effect. As soon as the diet is over, the body immediately tries to replace the essential nutrients of which it has been deprived. Then, what so frequently happens, is that the just-lost pounds quickly reappear when the unwitting dieter resumes normal eating and satisfies his/her "cravings." This roller-coaster ride between weight loss and weight gain has discouraged
many dieters who lose the "same pounds" over and over again. This does not happen with the Cambridge® Diet. Its balance and sound nutritional principles make long-lasting weight loss results possible.

THE CAMBRIDGE "LONG-TERM NUTRITION PROGRAM"
"Losing weight with the Cambridge® Diet is only the beginning of what can be a life-long nutrition program after desired body weight has been attained.

During the course of the maximum weight-loss program, Cambridge® provides one to two weeks of "maintenance meals" of 800 calories a day, which are placed between four-week periods of the reducing plan. To ensure continued proper nutrition, the Cambridge® Diet is an integral 330-calorie-a-day part of these meals. It continues to serve a vital purpose once regular eating is re-established on a long-term basis. The guesswork about getting adequate nutrients every day is eliminated. They're all there. What is needed for a complete permanent eating program is the addition of the right number of calories to maintain the individual's ideal body weight.

After extensive consultation with Drs. Howard and Bray, Cambridge International developed a variety of main courses, appetizers, side dishes, and "snacks" that also emphasize the proper nutritional balance among carbohydrate, protein, and fat. As traditional foods are added to a person's daily eating regimen, the introduction of 50, 100, 200, or 400-calorie "food blocks" comprised of thoughtfully conceived dishes maintains the proper dietary balance.

With the three Cambridge® formula servings each day at 330 calories, two 400-calorie meals are first added, for a total daily calorie intake of 1130. The individual stays on this program for a week, while keeping track of his/her weight. If weight loss continues, one 200-calorie "mini-meal" or side dish is added for another week of "weight watching" Other food "blocks" ranging from 50 to 100 calories can be added, or subtracted, until the appropriate daily calorie count to maintain weight is achieved.

Because the menus are appetizing, easy to prepare (none takes more than 40 minutes), and visually attractive, sensible, nutritious eating habits become a way of life for people who previously never knew they could escape from the vicious cycle weight loss/weight gain.

CONCLUSION
Of all the weight reduction programs on the market today, only the Cambridge® Diet is so unique, it's patented. That fact alone signifies its extraordinary qualities. In addition, encouragement and support by Cambridge® Counselors complements the professional guidance of physicians and provides personal attention that helps motivate continued compliance with the Cambridge® Program.

The research and testing that resulted in its development have already been discussed extensively and supported by the opinions of eminent medical authorities and nutritional experts. If, after reading this material, you wish additional information, Cambridge® Plan International welcomes your inquiries. Questions may be addressed directly to: Ralph Schulz, President Cambridge Direct Sales2801 Salinas Highway Suite F Monterey, California 93940

IMPORTANT NOTICE-PLEASE READ
Consult your doctor before starting this diet. In particular individuals who have heart and cardiovascular conditions, stroke, kidney disease, diabetes, gout, hypoglycemia, chronic infections, the very elderly, growing children, adolescents, or anyone under medical care for any other condition should diet only under direct medical supervision. Your doctor can advise you whether you have any of the above conditions or for any reason you should not be on this or any other diet pregnant women and nursing mothers should not be on any weight-loss program. The Cambridge® Diet formula is designed for use as a sole source of nutrition for periods of not to exceed four consecutive weeks at any one time. Because the rate of weight loss is dependent upon metabolic factors which vary from individual to individual, not everyone will achieve the same results with the Cambridge® Diet. Clinical tests showed subjects losing up to 15 pounds in one week, up to 35 pounds in four weeks, with the average weightless in four weeks from 16 to 20 pounds for persons who remained on the diet. Prepared by Marilyn LaRocque, BA, MJ, APR 70095 12/81