

CORRESPONDENCE

LCHF: Response to Drs Boyles and Wasserman

To the Editor: In their recent correspondence to the *SAMJ*,^[1] Drs Boyles and Wasserman make four points regarding my survey on low-carbohydrate, high-fat (LCHF) intake published in the November issue of the *SAMJ*.^[2]

First, that my paper suffers from 'major methodological flaws that are irreconcilable with basic scientific practice'. Twice in my paper I declared all the potential methodological weaknesses and made no claims. I did not assert that these findings support my 'well-publicised conclusion' or that they provide a 'scientific basis for that conclusion'.

Second, they imply that neither I, nor these subjects, can be trusted to tell the truth. Rather, the only plausible data are a 'collection of medical cases seen by a doctor under controlled circumstances and reported from the clinical records'. But, neither author has a valid basis for their judgement since neither has seen the 127 'selected and unverified anecdotes' included in my study. My conclusion is that these 'anecdotes' were provided by educated and thoughtful individuals, who wished to share the unexpected and, in some cases, extraordinary benefits they had experienced from the LCHF eating plan. Indeed, a number of the 'selected and unverified anecdotes' were from persons with medical training, including some who have achieved professorial status in medicine or allied disciplines.

Third, the authors are unhappy that I apparently made 'quite stunning outcomes claims for an undefined intervention, even suggesting that "LCHF has the potential to 'cure' some individuals with morbid obesity, [type-2 diabetes mellitus] T2DM, hypertension or metabolic syndrome.'" Again, the question: Why should we not believe the reports of those who have the most intimate knowledge of their personal medical histories? I was trained to listen very carefully to each patient's story. If the patients' memories are correct and they were indeed cured of conditions for which our profession currently provides no cure/s, then perhaps we might learn something by listening more carefully to their stories ('claims').^[3]

Fourth, the authors argue that the burden of proof lies with the proponents of change. Perhaps they are unaware that the revolutionary change in nutritional advice introduced by the US Department of Agriculture in 1977 was based on speculation, not on any definitive scientific proof.^[4-6] Many reputable scientists expressed their grave concerns at the time, as stated in my article.

The conclusion to my article does in fact provide a review of the evidence for the benefits of LCHF diets, with numerous references to support this. It is heartening to see that Boyles and Wasserman, while criticising methodology, at least agree that the LCHF diet may indeed become the new dietary paradigm for the control of T2DM, obesity and metabolic syndrome. Perhaps it is time that more people involved in patient care afforded their patients the information required to successfully follow this way of eating.

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