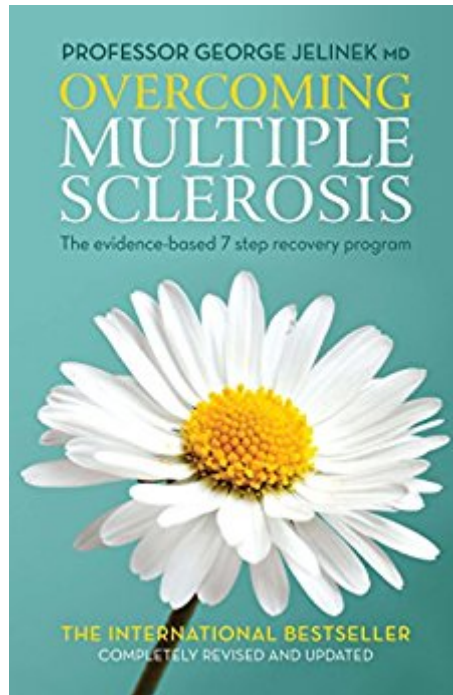




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Overcoming Multiple Sclerosis



Synopsis

Overcoming Multiple Sclerosis is an established and successful program of treatment. Once a diagnosis of MS meant inevitable decline and disability. Now thousands of people around the world are living healthy, active lives on the Overcoming Multiple Sclerosis recovery program. Overcoming Multiple Sclerosis explains the nature of MS and outlines an evidence-based 7 step program for recovery. Professor George Jelinek devised the program from an exhaustive analysis of medical research when he was first diagnosed with MS in 1999. It has been refined through major ongoing international clinical studies under Professor Jelinek's leadership, examining the lifestyles of several thousand people with MS world-wide and their health outcomes. Overcoming Multiple Sclerosis is invaluable for anyone recently diagnosed with MS, living with MS for years, or with a family member with MS. It makes an ideal resource for doctors treating people with MS. 'I would have no hesitation in recommending Overcoming Multiple Sclerosis to my patients, but also to my friends and colleagues.' Professor Gavin Giovannoni, MBBCh, PhD, FCP (S.A., Neurol.), FRCP, FRCPATH, Chair of Neurology, Blizzard Institute, Barts and The London School of Medicine and Dentistry 'Overcoming Multiple Sclerosis combines hard scientific evidence with practical advice and compassion. It will be of benefit to nearly everybody affected by MS and I heartily recommend it.' Dr Peter Fisher FRCP, Physician to Her Majesty Queen Elizabeth II, and Director of Research, Royal London Hospital for Integrated Medicine

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Customer Reviews

I have MS and have been following the author's recommendations for three years, based on the first edition of this book. As I explain below, this review, is based on both my personal experience with the program and on how this second edition presents the plan. George Jelinek's basic argument is that lifestyle choices, particularly dietary decisions, influence the development and progression of multiple sclerosis. The author bases his case on evidence, mostly scientific and scholarly, occasionally anecdotal, and in at least one important instance, a leap of logic. I find much of it persuasive, some of it convincing, and all of it compelling to read. However, I have some problems with both the Overcoming Multiple Sclerosis (OMS) program and how the book sets it forth. The basic premise of the OMS dietary program is based on Dr. Roy Swank's almost-lifelong study of patients with MS. Those who followed Swank's diet (the good dieters) minimizing saturated fat (SF) still deteriorated somewhat but were ambulatory even after 30 years. The more they minimized SF, the better their outcomes. Jelinek presents evidence about why this might be true, and some of the primary source studies he cites make for interesting reading, if you like research as much I do. Jelinek improves on Swank, based on simple logic: Swank's good dieters succeeded but even they declined a little, which must be because that diet still allowed some saturated fat. If SF makes disease progression worse, and you want to prevent any deterioration, SF should be eliminated completely and forever. There is no way to know what a safe level of SF would be (1 gram per day? 5 grams?), and no research study can be designed that would tell us. The best thing to do is to eliminate it altogether. For Jelinek, the easiest way to accomplish this is through a whole foods, plant-based (WFPB) diet that also shuns dairy and oil, eliminating all the most blatant sources of SF in the Western diet. There is, apparently, a strong association between inflammation and the processes of MS; the author shows how an omega 6:omega 3 fat imbalance in the body can lead to inflammation, which either causes or exacerbates MS and its symptoms. The WFPB diet does double duty, then, adjusting the fat balance and eliminating SF. Further, there is specific something about the protein in dairy products that mean even fat-free versions are best avoided. The rest of the program involves stress reduction (meditation is recommended) and the benefit of a positive, take-charge attitude. I started following the OMS program immediately after reading the first edition

of the book. I was years into symptoms but only a month into diagnosis. OMS made sense, and I adopted it, along with an oral medication. I have scrupulously avoided meat, dairy, and oil. That is, I have no SF apart from the small amounts in seafood, avocados, a few nuts, and the recommended intake of flaxseed oil (for the omega 3 benefits). I take 10,000 units of Vitamin D3 daily. I exercise routinely. And while meditation has over and over, throughout my life, proven impossible, I find time daily to decompress in my own way. But after three years of the absolute strictest adherence to the diet, my family subjected me to an intervention of sorts. They sat me down and lectured me: I never complain about having MS, they said, but, apparently, I have been miserable about the diet since about six months after starting it. I realized they were right: The diet has caused me a great deal of continual stress, of the very kind that OMS says is destructive. My family encouraged me to see what, if any, changes I could make and still be consistent with the program. So I read the second edition and did so much more carefully, parsing the author's words and claims to see whether I could make the program work better for me. I was not seeking to rationalize any change but rather looking to see what the plan might allow that had gone unstated. After this reading, I am still convinced that OMS offers, as the author says, the best chance of overcoming the disease (nothing is guaranteed, so his language is necessarily vague) but the plan is not as black and white as it first appeared to me. For one thing, I have become more skeptical about the WFPB diet. Jelinek is convinced that a WFPB lifestyle is "the optimal diet for human health," a conclusion based, at least in part, on the China Study, Colin Campbell's important research that advocates vegetarianism. That study, of course, was based on a limited population in one part of the world. Recent research indicates that different peoples have different group DNA, and thus evolve to absorb their nutrients more efficiently from either plants or meats (or both) depending on their group. In other words, 50 Chinese villagers may or may not be a good basis for dietary recommendations for residents of Kansas, USA. Although the companion website features discussions about animal proteins, the official OMS program says only that all meat (save fish) is prohibited. Chicken, turkey, and other lean meats are not mentioned, that is, there is no evidence presented as to their relationship to SF in general or MS in particular. Can a patient with MS have a piece of lean chicken now and then? No. "Human nature being what it is," the author writes, it's better to avoid even meat with lower fat than an avocado. The slope is slippery. But what if it isn't? There is no evidence to suggest that human nature is what he says it is, and no way for him to know what, for example, my nature is. I am left to suppose that the human nature the author references is his own. Moreover, every dietary

guru presents evidence that their approach is the best. Read a different diet book each month and you'll change your food as often. Get rid of gluten. Eat grass-fed beef. Mind your mitochondria. Eat the way our ancestors did. Consume more carbs. And so on. Maybe there is no optimal diet for all of humanity. There are certainly bad diets, and it seems clear that the Western predilection for sugar, salt, and fat is one of them. It does not follow, though, that the evidence for this (or that) diet is stronger than any other. Dr. Jelinek maintains that only by completely abandoning old habits and enthusiastically embracing the new ones can a person with MS continue to adhere to the diet and reap its benefits. So OMS is not really a plan or a program, and certainly not a diet. It is a lifestyle change and must be embraced as such. He writes in depth about taking charge, not clinging to old ways, about saying not "I can't eat that" but, rather, "I don't eat that." Only this approach will lead to the best outcome. Jelinek tells how when he and others have adopted the OMS program, their MS symptoms stabilized and, in some cases, even reversed. The assumption, then, is that what has worked for the author will work for everyone, and it must be followed the same way. There are two parts to this argument: the positive attitude and the strict nature of the adherence to the WFPB diet. The thinking here is not so much a conclusion based on research as it is a gross supposition about individual psychology, for which the evidence is scant. For me at least, the strict nature of the diet and the positive attitude are in conflict with each other. Yet Dr. Jelinek maintains that the only way to stick to such a program is to be enthusiastic about it because feeling miserable leads to stress. OMSers should embrace the new lifestyle rather than feeling burdened by it. Well, sure, that would be better. But how can you tell someone to like something when they don't? Individual character is key, and the OMS plan does not allow for it. I can say "I don't eat that" but adopting it as a mantra doesn't change how I feel about it. OMSers are supposed to take control of their life, of their disease, and not be controlled by it, and this will enable them to embrace the lifestyle change. Speaking for myself, though, I do feel strongly that I am taking control of my disease but I feel even more strongly that the OMS diet has taken control of me. My family made it clear: I am bitter about it, resentful, and deeply unhappy • not about the MS, and not about myself (I do not suffer from depression) but about how inflexible and difficult the diet is for me, and the stress that adhering to it has put on my family. If, as the author maintains, a positive attitude is necessary for the body to maintain and recover its health, how am I supposed to reconcile the unhappiness the program creates with the happiness it is designed to promote? The author is adamant that, after a time, we will lose our taste for meat, that we will come

to enjoy and appreciate the pescatarian approach. There is no evidence presented to support that assertion. How much time? After three years, I have not lost my taste for meat. I do not enjoy living on vegetables, grains, and legumes, no matter how deliciously and intricately we prepare them. The OMS cookbook and forum have plenty of recipes but the success of any recipe depends on the preference of the person tasting the result. Some things I like, many I don't, and most are boring. There must be others like me who, even after a few years, do not find happiness in the new lifestyle and whose emotions cannot be swayed by logic that they should. And telling me over and over that the food is delicious doesn't make it so for me. After my family's intervention, and a careful reading of the second edition of this book, I decided to allow myself to eat commercial products containing some oil, as long as the saturated fat was listed as zero. While that might mean some SF sneaks in, as long as the portion is controlled, the amount is miniscule. I have also allowed myself two "forbidden" meals each year to look forward to, and one egg or its equivalent (in a baked product, for example) per week. I have been told that my mood and my quality of life have improved substantially, and I can feel the difference. These changes are still in keeping with the evidence presented in the book as they do not increase my overall blood level of saturated fat. You might ask whether I won't be just as frustrated three years from now, and start sliding down the author's slope. But I know me better than you do. My human nature being what it is, that's not a danger, and never has been in my life. One understands why the author must present the program in such black-and-white terms. And defenders of the faith are strongly present on the companion website, where I lurk frequently. Even they, however, note the occasional exception. A long-time OMS adherent once admitted to eating eggs daily. Another liked a favorite commercial bread product, ignoring the trivial amount of oil in it. Those "cheats" were what enabled them to stay with the overall goals of the program. Human nature being what it is, allowing a small exception can help maintain broader adherence at least for them. The OMS motto is "Whatever it takes," suggesting that people with MS charge forward with the new lifestyle, and medication if necessary, Vitamin D supplements, meditation, and exercise. People should do whatever is necessary to overcome MS. But that can be taken another way: they should also do whatever it takes to stick to the OMS program, even if that means modifying it, within reason, to suit the individual's psychology, budget, and family. The slogan, then, really ought to be modified: "Whatever it takes and whatever you can." Finally, although I am not seeking to rationalize a decision to modify the diet, it does occur to me that

Jelinek's logic on Swank is open to question and should be clarified in a third edition. Recall that Swank allowed some SF but even his good dieters deteriorated over 30 years. Therefore, Jelinek says to give up SF so as to avoid all deterioration. However, he does not address the fact that those good dieters were also human beings who got older over those decades. As the body ages, its ability to deal with chronic conditions may weaken. It is possible, even likely, therefore, that Swank's dieters deteriorated not because they had a few grams of saturated fat but simply because they got older. If so, then the small amounts of SF in chicken or turkey (or kangaroo, as Jelinek is Australian) may not be that harmful, and this may be a reason the author omits discussion of them in the book. The OMS program is too new to know what its adherents will experience over 30 years. For me, I am confident that my approach and my newfound happiness will give me the best chance to have the best outcome. I plan to stick with the program, mutatis mutandis, and if I am still around three decades from now, I'll update this review and let you know.

This book is quite simply required reading for anyone with MS or anyone who knows someone with MS. There is also strong evidence suggesting the lifestyle is extremely beneficial for anyone having (or wishing to prevent) any of the 'autoimmune' diseases that are currently so prevalent in the western world. I have been following the OMS lifestyle approach for 7 years now and I couldn't be happier or more grateful. I have gone from a rapidly deteriorating situation to one of complete health without any symptoms - something very unusual according to statistics for those following so-called 'normal' treatment plans. The approach and lifestyle are simple to adapt, and Professor Jelinek provides you with all of the scientific evidence you will need to begin a life-changing health journey. The real life advice on getting started is simple to understand...especially if using the overwhelming backdrop of supporting science.

Good read

This book give PwMS their HOPE back! It outlines a scientific approach to getting your life back and keeping it. I'm ready to jump on a plane to attend a retreat and get started living again.

I gave this to a friend who has Multiple Sclerosis. I liked what I read and I think it will help him in his fight against this difficult physical and mental disorder. It was one of my Christmas gifts to him.

Great book! The author makes it very easy to understand!

Informative facts without the fluff. Easy to read and understand written by doctor.

Lots of info. Do your research into other research and opinions about MS

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