

Bestselling author of *Other People's Money*,
Unlimited Wealth and *God Wants You To Be Rich*

THE NEXT TRILLION

A b r i d g e d V e r s i o n

Why the wellness industry
will exceed the \$1 trillion
health care (sickness) industry
in the next ten years

How the fortunes of the new millennium
will be created in the wellness industry

Paul Zane Pilzer

BUSINESS/HEALTH

THE NEXT TRILLION

- Pilzer exposes the truth about why half the U.S. population is unhealthy and overweight
- Explains why consumers will turn away from consuming more material goods and instead seek to achieve internal self-improvement
- A critical must-read for entrepreneurs who want to know where the greatest opportunities lie ahead in the next two decades
- For businesspeople and consumers wanting to control where one-seventh of their earnings go every year
- Offers an exhilarating vision of health and fitness—true wellness that is far more than skin deep



Paul Zane Pilzer is a world-renowned economist, a multi-millionaire software entrepreneur, a part-time rabbi, a college professor, and the author of three bestselling books.

Visit our web site at www.nexttrillion.com

“The greatest entrepreneurial opportunities will be in distributing rather than in manufacturing wellness products and services.”

—Paul Zane Pilzer

Published by VideoPlus, Inc.
Dallas, Texas

VideoPlus
PZ010-001

U.S. \$12.00
Can. \$16.00

This Abridged Version of *The Next Trillion*
is not for sale to the general public.

For more information contact the individual
from whom you obtained this book.

VideoPlus[®]

Also by Paul Zane Pilzer

Other People's Money

Unlimited Wealth

God Wants You To Be Rich

THE NEXT TRILLION

Abridged Version

Why the wellness industry
will exceed the \$1 trillion
healthcare (sickness) industry
in the next ten years

Paul Zane Pilzer

VideoPlus, Inc. Edition

© 2001 by ZCI, Inc.

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher.

Published by:

VideoPlus[®]

VideoPlus, Inc.

200 Swisher Road

Lake Dallas, TX 75065

Phone: 940-497-9700

Fax: 940-497-9764

www.videoplus.com

VideoPlus is a registered trademark of VideoPlus, Inc. Dallas, TX

To stay up to date with Professor Pilzer's wellness message, please visit our website: www.nexttrillion.com

Designed by Stephanie Elieff

Printed in the United States of America

VPI Part Number: PZ010-001

To J. I. Rodale, 1898–1971

Table of Contents

page

i	Preface: We Have Met the Enemy and He Is Us!
1	Introduction: Today's Heresy Is Tomorrow's Dogma
4	Chapter One: Your Money and Your Life
15	Chapter Two: God Wants You To Be Healthy
24	Chapter Three: The Next Trillion
31	Chapter Four: Demand
43	Chapter Five: Distribution
60	Chapter Six: Epilogue
68	Appendix 1: Food—An Economic Perspective
80	Appendix 2: Fat—What Is It, and How Much Is Too Much?
85	Footnotes
95	Selected Bibliography
98	Acknowledgments
103	About the Author

Preface

**We Have Met the Enemy
and He Is Us!**

Most of the college students I teach today were born after the Vietnam War ended. Having always lived in such peaceful times, they cannot comprehend the depth of the tragedy we have created.

Economically we live in halcyon days that have far surpassed the wildest dreams of our forebears, who fought so hard and lost so much to create what we have today.

And yet, we begin this millennium with more human unhappiness than at any time in our history.

America is, as Disraeli once said of England, “two nations” divided by great want. More than half the U.S. population is not enjoying the fruits of this great economy, and this division is not because of their annual income, the color of their skin, their religion, or the place where they were born.

Fully 61 percent of Americans are trapped within their own prison of being overweight and in ill-health, and almost half of those, about 27 percent, are clinically obese—overweight to a point where they are hopeless and have no idea where to turn for help.

Moreover, a similar situation exists in Western Europe, Japan and most other developed nations.

There is no “Great Satan” to blame for our current situation. As a society, to quote the words of a popular comic strip, “We have met the enemy and he is us.”¹ But as individuals, whether we desire to help ourselves or someone we love, there is much that we can do.

Paul Zane Pilzer
Park City, Utah

Introduction

Today's Heresy Is Tomorrow's Dogma

In 1954, entrepreneur and author J. I. Rodale had a lot to lose. His company, Rodale Press, was just getting his fledgling *Prevention* magazine off the ground. *Prevention* was dedicated to teaching readers how to prevent disease versus just treating the symptoms of disease.

J.I. had concluded, after studying all the available scientific data, that eating large quantities of red meat and dairy products dramatically increased the risk of heart disease, and that physical activity actually decreased the risk of having a heart attack. But this was at a time when the U.S. government was spending millions encouraging Americans to eat more red meat and dairy products at every meal, three meals a day. And doctors were telling patients with heart disease to reduce or eliminate physical activity entirely. No wonder heart disease was the leading cause of death in America!

Rodale wrote about his new findings in two books: *How to Eat for a Healthy Heart* and *This Pace Is Not Killing Us*. He was convinced that this information could save millions of lives. But, like many writers in the 1950s, he was not on an "approved list" drawn up by Senator Joseph McCarthy's House Un-American Activities Committee, so the large New York publishers refused to publish his new books.

This situation forced Rodale to print the books himself and try to sell them through bookstores along with his other Rodale publications. But many booksellers also refused to distribute his new books. Undaunted and convinced that the public needed this information as soon as possible, J.I. took full-page advertisements in national publications and offered his new books together via mail order at a special price.

The Federal Trade Commission ordered Rodale to stop advertising and selling the books, claiming that the medical advice given in his books was unsubstantiated. The FTC had successfully taken similar action against other publishers who had promulgated then-

unconventional medical advice.²

Rodale was furious! He felt that the FTC action was a blatant violation of the First Amendment guaranteeing freedom of the press.

The FTC scheduled hearings in 1955 in which Rodale was ordered to present proof that people who purchased the books and followed their advice would, indeed, reduce their risk of heart disease. Rodale refused to attend, claiming that the First Amendment gave him the right to publish any information he wanted—regardless of its efficacy.³

At these hearings, the nation's most respected medical professionals testified that: (1) there was no correlation between heart disease and eating large quantities of red meat and dairy products; and (2) following Rodale's advice on increasing physical activity to avoid heart disease could be injurious, if not fatal. The FTC ordered Rodale to "cease and desist" from claiming, directly or indirectly, that readers of any of his publications would improve their health.⁴ Rodale appealed the case, mainly on the grounds that the First Amendment prohibited the FTC from regulating information-based products. His legal battles with the federal government dragged on for more than a decade, at times putting his entire personal net worth at risk.

Over the years, the FTC feared at times that they would lose their case on constitutional grounds and attempted to settle with Rodale. But despite financial hardship, Rodale refused to back down unless the FTC agreed to acknowledge that the First Amendment prohibited them from regulating books and printed material. The FTC refused.

During the 1960s, as the case dragged on through the U.S. courts, Rodale's attorney, Abe Fortas, had to withdraw when Fortas was appointed as a Justice of the Supreme Court of the United States. Fortas's law partner Thurman Arnold took on the case.

Thurman Arnold introduced new testimony from some of the same leading medical experts that the government originally used at the initial FTC hearings 15 years earlier. One by one these "experts" refuted their original testimony, claiming they "didn't know back then," and admitted that over the years many of Rodale's original

claims had become established medical facts. Arnold felt that there could never be a better example of what our Founding Fathers had in mind when they made freedom of the press the very first item in the Bill of Rights.

Then, in 1971, while describing his legal problems with the federal government on national television, J. I. Rodale dropped dead. Until he actually stopped breathing and turned blue, everyone watching *The Dick Cavett Show* thought that J.I. was facetiously faking a heart attack in order to make a point about his troubles with the FTC.

The case never reached the Supreme Court. But soon after J.I.'s death, the FTC promulgated a new policy stating that they would no longer require advertisers of information-based products to establish the efficacy of their claims. Perhaps more than any other single action by the U.S. government, this policy allowed the vitamin, nutritional supplement, fitness and alternative medicine industries to grow to the level they are today.

This pioneering, brave action by one man, who risked everything in standing up to the federal government for what he believed, paved the way for the revolution in food and in healthcare that is about to take place.

Prevention magazine currently has 12 million readers and Rodale Press (i.e., Men's Health, Runners World) is now the largest health-oriented publisher in the world. Its book division freely publishes over 100 new titles each year that sell a combined total of 20 million copies per annum.

Chapter 1

Your Money and Your Life

*For the drunkard and the glutton shall come to poverty:
and drowsiness shall clothe a man with rags.*

Proverbs 23:21 (King James Bible)

It was September 7, 1996, at the RCA Dome in Indianapolis. I was getting ready to go onstage as the keynote speaker before 45,000 people. My speaking fee had just been given to me in a sealed envelope—more money for giving a 45-minute speech than I used to make in a full year working at Citibank.

I should have been elated. But instead I felt guilty. As I watched the audience file into the stadium, I felt as if I were about to rip them off.

Like most of America, half of the audience was unhealthy and overweight, a direct consequence of diet and lifestyle evidenced by the fatigued look on their faces and the fat hanging over their waistlines. For many of them, nothing I was about to say about economics was going to improve the quality of their lives until they first learned how to care for their bodies.

A strange urge seized me to scrap my prepared speech and tell my audience that good health was more important than any riches they might acquire, but I chickened out. I didn't want to offend my hosts. And truthfully, I didn't know back then what action most people should take in order to take control of their health. On the flight home the next morning I began to wrestle with this question: Why would intelligent people spend time and money to improve their lives in every area except the most obvious area in which they needed improvement. And, more significant, what should a person who is overweight and unhealthy do to begin taking control of his or her life.

As I began my research, I became excited about why an economist needed to write a book on the subject of food and diet.

I quickly discovered that the major reason so many people were unhealthy and obese had more to do with economics than with medicine—because there were

incredibly powerful economic forces preventing people from taking control of their health and actually encouraging them to gain weight. Indeed, it may even be impossible for some people to take control of their health until they first understand the food and medical industries that represent 30 percent of our national economy.

I also discovered that the effects of obesity and poor health go far beyond just a person's appearance. In our new millennium we have replaced racial and gender discrimination with a new kind of discrimination based on a person's weight and appearance. Whereas in the past poverty was associated with thinness and obesity with wealth, most people who are overweight today occupy the lower rungs of the economic ladder.

Rich fat man has become an oxymoron, and *poor* and *fat* have become synonyms.

And incredibly, despite the fact that we are enjoying the greatest economic prosperity ever known to mankind, 61 percent of the U.S. population is overweight, and an incredible 27 percent are clinically obese. Both of these figures increased 10 percent from just 1994–1999, and obesity has almost doubled since the 1970s.⁵

Weight and appearance now define social and economic opportunities just as family name and birth did in the nineteenth century. When a person is fat—not just 15 pounds overweight but clinically obese—it is hard to find a job, a relationship, or the energy to stay on top of the everyday demands of even a simple life.

Even most people with normal weight are unhealthy, although they often don't know it. Modern medicine tells them to accept headaches, body pain, fatigue, arthritis, and thousands of other common ailments as inevitable symptoms that afflict an aging population. Yet these ailments, like being overweight and obesity, are the direct result of having a terrible diet.

Economics is largely to blame for this state of affairs. A powerful trillion-dollar food industry bombards us with messages calculated to make us eat more and more of the worst possible food. Understanding how the food industry works today is crucial for those seeking to control their diet and, ultimately, their life.

Packaged food companies, such as General Foods and Procter & Gamble, employ some of the best and brightest

minds to study customer psychology and demographics. In trying to decide what sorts of foods to sell us, they invariably apply one of the great unwritten laws of marketing: It is easier to sell more product to an existing customer than to sell that same product to a new customer. In other words, it is easier to influence a regular customer to eat four additional bags of potato chips per month than it is to persuade a new customer, who may never have tasted potato chips before, to buy even one bag of this exotic new substance.

Most processed food sales, products like Hostess Twinkies, Oreo Cookies and McDonald's Happy Meals,⁶ are governed by what those in the business call a "potato chip marketing equation." According to this law, more than 90 percent of product sales are made to less than 10 percent of their customers. In the case of processed foods, that coveted 10 percent consists largely of people weighing more than 200 pounds and earning less than \$20,000 per year.

Each company studies its 10 percent, people known as the "target market," like rats in a laboratory. Customer surveys reveal their likes, dislikes, hopes, dreams, heroes and desires. High-consumption customers are recruited to take part in focus groups, where they are asked to sample new products, view advertising and offer opinions.

No expense is spared to hit every psychological button that matters to the target market. If people in that market like a particular actor or singer, that very celebrity will soon appear on radio or television, praising the product. If a certain look, feel, or lifestyle appeals to people in that market, legions of stylists and designers will descend on the studio to simulate it. Like a deer caught in the telescopic sight of a hunter at close range, the target never has a chance.

Such ruthless tactics used to be restricted to U.S. tobacco companies, which wrote the book on deceptive marketing tactics while getting the world addicted to nicotine. Recent legislation has forced Big Tobacco to curb some of these activities when it comes to promoting cigarettes, especially to children. But, unfortunately, they are not letting their acquired expertise go to waste—they are purchasing the major brands of addictive processed foods. In early 2001 Phillip Morris, the world's largest

tobacco company, purchased some of the most popular children's processed food brands, including Oreo Cookies, Ritz Crackers and Life Savers candies.⁷ This makes Philip Morris the world's second largest food company after Nestle Inc.⁸

At times, the ruthlessness of the process troubles the consciences of the \$200,000-per-year marketing executives in charge of it. Some actually refuse to attend the focus groups. Rather than confront their future victims in person, they prefer to review transcripts in the safety of their offices. Imagine what table talk must be like in the homes of such executives. "Today, I met ten 200-pound women who barely had the energy to participate in the group," they'd report to their families over dinner. "If my team can get each of them up to 210 pounds by April by increasing their consumption of our potato chips, we'll make our first-quarter numbers and I'll get the bonus we need to take that vacation in Barbados."

The executive himself is probably eating a healthy meal, even as he speaks these words.

One of the great scandals of the junk-food culture is the extent to which its most enthusiastic promoters personally avoid the very products they are pushing. Moreover, many of the emotional and medical challenges some people face today, from controlling one's temper to depression and cancer, are as much products of these junk-food companies as are frozen pizza and "low-fat" cookies.

As my research took me to the medical industry, I encountered large multinational companies whose nefarious practices made those of the food companies pale by comparison. It quickly became apparent to me why an economist needed to write about obtaining good medical care along with how to obtain food for a healthy lifestyle.

When a patient goes to see a physician, he or she believes they are receiving a prescription for the best drug or treatment available for their specific ailment. Not likely.

Just as obese consumers represent the "target" market to the food companies, physicians represent the "target" market to the medical and pharmaceutical companies. The patient receives the drug or treatment that is most profitable for the supplier of the treatment, the health insurance company, and in some cases even the individual

physician. This may or may not represent the best medical treatment available. In the United States, doctors typically prescribe completely different treatments for the same ailment depending on which drug company has the dominant market share in their region.

Medical technology and pharmaceuticals change so fast today that what physicians learn in medical school is often obsolete by the time they graduate. In practice, doctors learn about new drugs and treatments from a special type of salesperson called a “detail person” in the medical industry. “Detail person” is actually a euphemism for “a very attractive, highly paid young person of the opposite sex.” Detail people lavishly hand out free samples and handsomely reward physicians and their staff in proportion to the amount of prescriptions they write for their company’s product. Physicians and their families receive expensive dinners and get cruises and tax-free trips to destination resorts where they “learn” more about such products at taxpayers’ expense.

Although the ethical (prescription) pharmaceutical companies around the world justify the very high prices of their drugs with the high cost of research and development, drug companies actually spend much more money marketing their drugs than they do on research and development. Moreover, a considerable amount of the research and development that leads to the creation of new drugs is funded by the federal government through grants to nonprofit entities like research labs at universities and medical schools or by the National Institutes of Health.

When you pay the staggering prices for prescription drugs, you are also paying for the marketing campaign that successfully got the doctor to check the box on the prescription form that reads “DAW”—Dispense as Written. That means the prescription will be filled by the more expensive name brand rather than the cheaper generic, which is available for about ninety percent of all prescriptions. Most drug company profits come from often-outdated name-brand drugs taken by patients on an ongoing basis that were prescribed years ago when the patient first developed the condition. Prescription drug companies limit informing customers and physicians of improved products in cases where they might lose existing

customers to competitive brands when the patient visits the doctor for their revised prescription. Generic drugs are often safer or better than the name-brand products they replace because they have been formulated or prescribed more recently.

In recent years the pharmaceutical companies have even hired the same advertising firms as the food companies and have begun direct image-based advertising to consumers. In these advertisements for prescription-only items that must legally be dispensed only upon the written recommendation of a doctor, the patient is *directly* sold on the product and told to “ask their doctor” for a DAW prescription—with the knowledge that if the doctor refuses to write the prescription, the presold patient will simply find another doctor who will.

Sadly, most physicians have become “technology dispensers” for the products and services of the large multinational medical companies—companies which always seem to tip the scale between profits and patients in favor of profits. In some cases this means manipulating the federal government against the public interest in safety as well as in dollars.

For example, Claritin is the world’s bestselling antihistamine for allergies. It is praised by the 50 million people who suffer from allergies in the United States—especially truckers and other long-distance drivers, because it alone does not cause drowsiness like its sedating-antihistamine competitors. Yet in the United States the manufacturer has manipulated the FDA to keep Claritin a prescription item in order to keep its U.S. price four times higher than the price charged for the exact same drug in other industrialized countries. This massive price difference (\$62 for Claritin versus \$4.50 for an over-the-counter sedating-antihistamine like Benadryl) has resulted in 56 percent of U.S. allergy-sufferers using sedating (versus nonsedating) products.

According to the newspaper *USA Today*, this action by Claritin’s manufacturer directly leads to 600 U.S. auto fatalities per year and to 47,740 injuries per year in antihistamine-related crashes. Incredibly, Claritin’s manufacturer actually utilizes this same fatality and injury information overseas to promote sales of “safe,” nonsedating, over-the-counter Claritin, while in the

United States it lobbies the FDA to keep the drug a “controlled” prescription item in order to protect its \$2.3 billion in domestic sales at the massively higher price.⁹

These and so many other practices have pushed the price for U.S. drugs so high that patients cannot afford to fill approximately 22 percent of the prescriptions written each year. Prescription drugs now represent the single largest monthly expense for most over-65 U.S. citizens, approximately \$300 per month, and millions of people sadly make the terrible choice today between purchasing their food or their medicine. Medicare pays for doctor visits but generally does not pay for prescriptions.¹⁰

But this and hundreds of other examples are just symptoms of some of the underlying problems with medical care in the developed world today—which are also almost all economic rather than scientific concerns.

One underlying problem is that it is more profitable for medical suppliers to produce products consumers use for the rest of their lives, rather than to make products that a consumer might use only once. Invariably, *this means spending research and development funds on products that treat the symptoms of diseases rather than the causes or the cures.*

Another underlying problem is that approximately 85 percent of Americans finance their medical care through a health insurance system where individuals bear no direct responsibility for their medical expenses, and where almost all expenses to prevent illness (e.g., exercise, vitamins, nutritional supplements) are disallowed for reimbursement. The American health insurance system is really a disguised payment and discounting mechanism designed to extract the most out of those who can often afford the least.

While there is obviously no direct conspiracy between the \$1 trillion food industry (which causes most of the problems) and the \$1.4 trillion medical industry (that treats just enough of the symptoms to get the “targets” back to work and consumption), the economic effect is the same as if these two industries were conspiring against the American consumer in the most sinister fashion.

On a microeconomic level, each time consumers get real information that could help them take control of their health, the food and medical industries, acting in their

own economic self-interest, manipulate this information against them.

For example, prior to 1990, consumers were told that simply eating too many calories caused obesity. When the public became aware that the amount of fat in their diets was a major cause of obesity, the food industry reacted with enticing low- and nonfat foods, advertising that consumers could now eat as much as they want without gaining weight. The food industry even repackaged many products that never had fat in them, like sugar-coated candies and pretzels, to suggest that they had created new healthy “nonfat” versions of these products.

What their massive advertising didn’t tell consumers was that these low- and nonfat products had terribly high levels of sugar and carbohydrates—which turn to fat once ingested in the body—not to mention addictive chemicals that made them worse in the long run than the “fattening” products they replaced. Throughout the 1990s obesity, as well as the sales of low- and nonfat foods, steadily increased.

On a macroeconomic level it can also seem as if there is no escape. When it comes to attempting to control our federal, state and local governments, the food and medical companies follow their own Golden Rule: He with the gold makes the rules.

Lobbyists for the food industries have created mandatory school lunch and milk programs that hook children on addictive processed foods. Pharmaceutical companies have helped create government-sponsored programs that put millions of children on dangerous drugs to combat the effects of their terrible diets. In some cases, such as when Ritalin is used to control hyperactive children, parents are threatened with losing custody of their own children if they refuse to force them to take such drugs for alleged disorders.¹¹

The U.S. Food and Drug Administration, originally designed to protect consumers from unhealthy products, now often protects the very companies it is supposed to regulate by keeping out competition and prolonging the economic life of the drug companies’ government-sanctioned patents.

Typically the news media, acting in its own self-interest for publicity and ratings, leads society in exposing

such heinous activities. But in this case the media is all too often ineffective. As consumers themselves, the members of the media are subject to the same disinformation and thus unaware of the problem. And secondly, a major funding source for the media—especially network television advertising revenue—comes from food and drug companies.

For example, the detrimental health effect of drinking cow milk has been widely known for years in the medical community, but has rarely been covered by the media, which reaps fortunes each year running ads for the American Dairy Association—let alone the scandal of the celebrities who sport milk mustaches in paid advertisements but themselves only drink soy-based milk products.

The scandal of these celebrities goes even deeper than just endorsing products that they would never consume themselves. Leading actors, singers and models literally make millions of dollars each year on their looks. Most of them consume a pro-vegetarian diet lacking in processed and addictive fast foods. Yet these societal role models for fitness and beauty are cautioned by their managers not to let their elite dining habits become known to the press, lest they be boycotted by television producers in an industry where most of the revenue comes from advertisements for processed foods and fast-food restaurants.

Despite the fact that many young people admire them for more than just their professional talents, celebrities today have learned not to take positions on controversial issues that could affect their careers. As one celebrity manager once told me, no one wants to become the “Jane Fonda of healthy eating”—referring to the talented actress who was boycotted by some theatergoers in the 1970s because of her controversial left-wing political views.¹²

In a free enterprise system, when people want something that can't be provided by profit-seeking entities, they typically turn to government (“the provider of last resort”) for assistance. This worked well in the 1970s, when consumers demanded that government restrict the actions of businesses that were destroying the environment.

But in this case, government also seems helpless. Like the media, as consumers themselves, our elected officials

are subject to the same disinformation and thus unaware of the problem. Take a look at the waistlines and the diets of most politicians if you want to know what they think of food and health! But more seriously, our politicians have been effectively controlled by the food and drug companies for so long that our government is now a large part of the problem rather than poised to be part of a solution.

Today we live at a time where we have won the Cold War, when democratic ideals are almost universally cherished from Moscow to Peking. Yet we also live at a time when half of our people have become personally enslaved—enslaved to a lifestyle that limits their daily life, dreams and happiness as much as any authoritative government or dictatorship. Although it is not a dictatorship in the sense that it is ruled by a single individual or clique, it acts as if it were controlled by a single despot. The thousands of companies that comprise the United States' \$1 trillion food industry and the \$1.4 trillion medical industry are governed by universal laws of economics that cause them to act, in concert, as if they were part of a vast nefarious conspiracy.

Because of the economics that drive the food production industry, and the inability of the government to address the problem, U.S. obesity has almost doubled in the past two decades—from roughly 15 percent in 1980 to 27 percent today. Take a moment and think again of this figure in terms of human suffering—77 million Americans are now clinically obese, and 184 million are overweight and unhealthy because they lack the resources, information and motivation to safeguard their most precious asset: their wellness.

But, 39 percent of Americans are not overweight. America has become a healthocracy—a two-party system of “haves” and “have-nots”—divided between those who successfully manage their health and the health of their families and those who don't.

And within this 39 percent, there are millions of Americans who are eating and living healthier than ever before in history. This wellness-based group includes most of the movers and shakers in our society along with celebrities who, as noted earlier, literally make their living on how they look. *This group has quietly embraced a revolutionary new approach—to diet, to exercise, to*

*vitamins, to nutritional supplements, to medical care, and, most important, to the aging process itself.*¹³

As we examine this fortunate group, we will see the beginnings of a new industry—an industry dedicated to wellness that will eventually far surpass the existing healthcare industry we have today that is dedicated to sickness.

The majority of the people reading this book are in this elite wellness-based group. At times, I feel like a minister who has written a sermon that he knows can turn around the lives of certain people, but who sadly knows that these certain people are not attending his, or any other, church.

But, I have written this book with great hope. I hope that my wellness-based readers will see this as a call to action—a call to action to share actively what they know with their friends, their neighbors and families. Every one of us personally knows someone who is not making it today because of his or her weight or health. Medical science has focused for too long on simply preserving the length of life without focusing on the quality of that life.

Take a moment now and think of people close to you who are unhealthy or overweight. Imagine how significantly their lives could change if they lost 15 pounds next month, or found the energy to enjoy their family at home after a full day of work, or had the pain they have been told to accept as they get older removed from their body.

Chapter 2

God Wants You to Be Healthy

Since by keeping the body in health and vigor one walks in the ways of God—it being impossible during sickness to have any understanding or knowledge of the Creator—it is a man’s duty to avoid whatever is injurious to the body, and cultivate habits conducive to health and vigor.

Moses Maimonides (1136-1204), Mishnah Torah

Most of the world’s great religions originally succeeded because they addressed the secular along with the spiritual needs of their congregants. From the Israelites accepting the Ten Commandments and the Mosaic Code, to the Romans adopting the principles of Jesus Christ in 324 A.D., people followed religious laws, which then dealt mostly with secular issues, because they received a better life in the present separately from what they were being promised in the hereafter.

Over time the Judeo-Christian-Islamic principles for how human beings should treat one another evolved into the secular law of the land for everyone (e.g., the U.S. Constitution).

Then, when it came to human behavior, religion shifted its focus toward (1) teaching people the right personal choices to make for a better life; and (2) giving people the strength through faith to be able to make these choices.¹⁴

The ability to make such choices is what separates us from the animal kingdom. Humans and animals have virtually the same pleasurable biological desires when it comes to eating food, elimination, sex, etc. with one all-important difference: Humans have a mind and soul that can be taught to be superior to their biological desires.¹⁵

Today, when it is technically legal to commit adultery, lie, and engage in unethical business behavior, as well as countless other activities that could destroy the value of our lives, it is our religious principles that guide us to make the right choices—choices that often mean rejecting immediate gratification in return for a greater long-term benefit. Yet one of the most important choices we make today, what and how we eat, has escaped the purview of