

LCHF: Response to Dr Evenepoel

To the Editor: The main point of Dr Evenepoel's recent correspondence to the *SAMJ*^[1] appears to be that I misrepresented Case 2's real story.^[2] To insure that readers of this journal are party to the true facts, I invited that patient to respond directly to Dr Evenepoel's claims. This is the how the patient (Brian Berkman) responded: 'As the person referred to as Case 2 in Prof. Tim Noakes'

paper, I would like to clear up some of the inaccuracies and wrong conclusions that Dr Luc Evenepoel suggests in his letter.

- While I did attend Dr Evenepoel's talk about his new book presented to the bariatric support group meeting and did, indeed, ask a question, his talk had nothing to do with my decision not to have surgery. I have not read his book and any inference that I changed my lifestyle based on his suggestion is wrong.
- The first scheduled date for bariatric surgery was postponed as the sleep apnoea discovered during pre-operative testing meant, I was told, that I was at too great a risk during anaesthesia unless the sleep apnoea was first addressed. The second date for surgery was postponed as not all the medical professionals had submitted their reports in time for my medical aid company to make a decision about a funding contribution. I voluntarily withdrew from the support group meetings and from making another surgery appointment after seeing my success at shedding weight on my own.
- I never consulted Dr Evenepoel nor discussed my diet with him.
- In the process of the pre-surgery testing, I finally got to grips with how ill I was and it was that fear that helped me to stick initially to a very strict diet supplied by Judy Kotze, a dietician on the panel. A high-fat, low-carbohydrate diet was never mentioned.
- While shedding more than 70 kg, the only carbohydrate I initially ate was a bowl of porridge oats for breakfast. After hearing Prof. Noakes recommend eggs instead of oats during a radio interview, I experimented and found my satiety increased, and once I had purged myself from my addiction to sugar and carbohydrates, I no longer experience cravings for either.
- Since March this year, I have maintained my weight at between 79 kg and 82 kg and continue to follow a diet with no starch, sugar or alcohol and with a low-carbohydrate intake mainly from green vegetables. I have never felt better.
- As someone who was once addicted to sugar and carbohydrates, it was only after weaning myself from my addiction that it was possible to no longer have cravings and hunger pangs. I am no longer susceptible to the allure of the plate of biscuits to which Dr Evenepoel refers.
- Prof. Noakes and others have popularised a new way of thinking, talking and eating about food and for that I am extremely grateful. Having failed at every other type of diet in the past, I would have had surgery to help me lose weight if this low-carbohydrate option had not worked as successfully as it has. I am a new man because of it.
- I no longer require medication to control diabetes and hypertension. I can understand why some doctors are threatened by this.'

It is most unfortunate that Dr Evenepoel found it necessary to misrepresent Mr Berkman's story in his letter to the journal. This raises the question of motive.

Timothy David Noakes

Department of Human Biology, University of Cape Town and Sports Science Institute of South Africa, Cape Town, South Africa
 timothy.noakes@uct.ac.za

1. Evenepoel L. LCHF: Look at the full picture. *S Afr Med J* 2014;104(1):5. [<http://dx.doi.org/10.7196/SAMJ.7793>]
2. Noakes T. Low-carbohydrate and high-fat intake can manage obesity and associated conditions: Occasional survey. *S Afr Med J* 2013;103(11):826-830. [<http://dx.doi.org/10.7196/SAMJ.7302>]

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