

Eat Right for Your Type

According to **Dr. Peter D'Adamo**, a chemical reaction occurs between your blood and the foods you eat. His nutrition plan is based on the premise that our blood type reflects our internal chemistry. Instead of counting calories and fat grams, this diet provides a list of foods to be avoided or included.

Blood type 'A'	Should have a vegetarian diet with fresh, organic foods and do yoga to help avoid the conditions you're more susceptible to.	Avoid heavy proteins.
Blood type 'B'	Should drink more milk.	Avoid fruits like corns, lentils and peanuts.
Blood type 'AB'	Can have combination of diet chart of both type A and type B.	
Blood type 'O'	Should eat high proteins. Running is good exercise for this type.	

According to **Ekta Tandon**, Delhi-based nutritionist, "your blood type diet is the restoration for your natural genetic rhythm. It works because you are able to follow a clear, logical, scientifically researched plan based on your cellular profile." She explains, "Each food group is divided into three categories: Highly beneficial (food that acts like medicine), foods allowed (foods that do no harm to the blood type) and foods not allowed (foods that act like a poison".

"Eat Right 4 Your Type" - Blood Type Diet

The concept to "**Eat Right For Your Type**" - or "**Blood Type Diet**" - is based on research conducted by Peter D'Adamo, ND, who claims that people fare better (including with weight management), when tailoring their diet to their specific blood types. He advises:

- Type 'A' types** should stick to fruits and vegetables (high carbs / low fat). They have thicker blood than other blood types, a sensitive immune system, and should not consume dairy products, animal fats and meats. They are at a heightened risk for cardiovascular disease, diabetes and cancer.
- Type 'B' types** should consume a balanced diet (fruits and vegetables, grains, fish, dairy, meat, but avoid chicken). They have the best chance of bypassing or overcoming everyday types of diseases, including heart disease and cancer.
- Type 'AB' types** should consume a mostly vegetarian diet, and only on rare occasions some fish, meat (no chicken), and dairy.
- Type 'O' types** should stick to a high protein diet (including red meat), low carbs, and enriched with fruits and vegetables. They should limit the intake of wheat germ, whole-wheat products, corn, and avoid dairy products and most nuts. Type O types are commonly affected with hypothyroidism, high stomach acid (leading to ulcers), and thinner blood with greater resistance to blood clotting.

Peter D'Adamo proposes that lectins cause agglutination (clotting) of blood cells in someone with the wrong blood type, which in turn may create serious liver or kidney problems as visible under a microscope. (Lectins are sugar-containing proteins found on the surface of some foods, which may cause various molecules and some types of cells to stick together).

He further theorizes that elevated urine indican levels - prevalent in many gastrointestinal diseases such as celiac disease, diverticulitis, pancreatic insufficiency, inflammatory bowel diseases and others - can also be attributed to specific blood types affecting the interactions of foods with intestinal bacteria, and creating polyamine abnormalities. In addition, different blood types - according to Peter D'Adamo - affect

the body's secretory performance in respect to digestive juices, whereby a Type O for instance is capable of producing higher than average stomach acid levels, which could lead to a greater incidence of gastric ulcers.

How do different Blood Types compare to various medical conditions?

There are some known blood type / disease - *risk* associations, where for instance Blood Type O individuals have a marginally higher incidence of ulcers / H. Pylori infections compared to Blood Type A, with pernicious anemia, diabetes, or certain types of cancer being more prevalent with Blood Type A or B. In 2009, a Boston study confirmed findings from several decades earlier suggesting a blood type / malignancy risk association, whereby the chances of developing pancreatic cancer for instance were 32% higher for those with Type A blood, 51% greater for Type A-B, and 72% higher for Type B blood.

Blood Types O and B also have greater susceptibility to infectious diseases such as scarlet fever, cholera, typhoid, or the bubonic plague, while Type A shows greater susceptibility to the smallpox virus, and it is more prone to blood clotting. Blood-sucking insects (that carry diseases) prefer Type O blood.

How does that help doctors and their patients?

Unfortunately, it doesn't. For instance, gastritis modestly prevails in blood groups A and O, so with more than 80% of the world population being part of the A or O group, not only would it be impractical or pointless to suggest dietary changes for preventive or therapeutic purposes, but what should the recommendations be? Since there is such a big variety of possible causes for gastritis, there are no universal therapeutic or dietary solutions that are practical and can be safely applied to such a large percentage of the population. The same circumstances apply when trying to formulate diets around blood types for any other medical disorders, as *not one single disease is exclusive to one particular blood type*.

Ever since first becoming aware of the "eat-right-for-your-type" proposition, I was as curious and intrigued as many other researchers and practitioners to clinically apply those theories by comparing patients' blood types to their medical disorders - looking for trends or a pattern.

It quickly became apparent that high blood sugar, high blood pressure, or high stomach acid types *shared the same blood groups* with those exhibiting low blood sugar, low blood pressure, or low stomach acid. As expected, the same applied to people with a lifelong tendency for weight gain, weight loss, nearsightedness, farsightedness..., as well as other "hyper" versus "hypo" conditions, so at this time, blood types don't serve as a helpful screening method.

How do different Blood Types compare to a patient's chemical / nutritional profile?

Since the "eat-right-4-your-type" concept mainly focuses on dietary lifestyles being matched to blood groups, it would stand to reason that blood types should match the chemical and nutritional profiles of an individual - sort of like the *Metabolic Typing* of patients - where diets are adjusted according to someone's biochemical or genetic make-up.

Unfortunately, *there is no practical or clinical match whatsoever* - just like eye color and hair color are not a practical or clinical indication of a person's present or future medical risks (other than those with blue eyes or red hair being more prone for sun damage). Years ago, plotting an individual's *Biorhythm* was another popular concept that had its followers track someone's physical, intellectual and emotional well-being (trying to identify critical days), although this method equally lacked scientific support. Some people claim that since following the "eat-right-4-your-type" recommendations, they had lost weight, or felt otherwise better, however when asked about any *specific changes* made, they invariably consisted of lifestyle changes that are universally considered to be beneficial - *regardless of someone's blood type* - such as cutting out junk food, and/or eliminating foods which either cause, or have an unfavorable impact on specific medical problems one is suffering from.

Increasing healthier foods, or avoiding food sources that someone has an *intolerance* or *allergy* to (dairy, wheat, eggs, nuts, shellfish, etc...), will definitely have a positive impact on someone's health, but the need to do so has mostly a *genetic basis* that happens with *all* blood types, not just certain blood groups as claimed by "eat-right-4-your-blood type" proponents - so subsequently this does not support, but rather *discredit* the "Blood Type Diet" concept.

The notion that individuals with certain blood types suffer from specific medical problems ("*Blood Type O*

*is commonly affected with hypothyroidism, high stomach acid [leading to ulcers], and thinner blood...") is clinically incorrect. Many medical conditions develop from non-dietary causes and change over a lifetime, **but would have to remain fixed** according to the premises of the "Blood Type Diet."*

Fluctuating nutritional requirements as a result of **aging** also invalidate "eat-right-4-your-blood type" concepts, where a blood group-specific lifestyle is supposed to be maintained throughout a lifetime. For instance, a lot of changes take place post middle age. Along with the usual hormonal slowdown, an individual's stomach acid, potassium, or zinc levels frequently decline, while phosphorus and/or sodium levels tend to increase - **independent of dietary intake, or blood type.**

These chemical changes may result in elevated blood sugar, water retention, or high blood pressure, and despite being Type O, may require a reduced intake of meat and other phosphate sources, and an increased intake of dietary or supplemental potassium and zinc. One could consider another Type O individual who has been enjoying and tolerating a high protein / red meat diet, and then eats an E. coli-contaminated hamburger, ending up with kidney damage. Obviously, his blood type is still Type O, but unless he changes more to a "Type A Diet" now (more fruits, oxalate-free vegetables, low purine diet), he will either soon encounter his first gout attack, or worse, he'll be soon on dialysis.

In a Type O female who was previously **hypothyroid** (supposedly being prevalent with Type O), the menopause-related hormonal changes now trigger **hyperthyroidism** as a result of naturally declining estrogen and manganese levels. To continue thyroid-stimulating strategies as per "blood type diet / eat right 4 your type" guidelines in this and other countless examples, instead of following proper medical procedure, could have disastrous consequences.

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Blood Types don't change, so recommended Diets according to the "Eat right 4 your Type / Blood Type Diet" concept remain fixed and don't change either, however many medical conditions change over a lifetime, and as a result require a change in medications and Diet.

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Now when considering the proposed link between Type O and higher stomach acid levels -- it would certainly help if the people who come up with these novel ideas actually took the time and measured the stomach acid levels in those with different blood groups so they could speak from experience instead of simply making things up while writing a book. Not only are high **and** low stomach acid levels found with **every** blood type, but low levels commonly outnumber high levels, with Blood Type O being no exception.

At the same time, the question of whether someone is better off following a mostly vegetarian, rather than a mixed diet, should be equally based on an individual's biochemical make-up or organ functions - which are ultimately affected by any such diet - rather than on blood types (where Type A is supposed to avoid animal products). There is nothing worse than seeing a protein-starved, iron-deficient, and anemic patient who was made to believe that following some ancestral, prehistoric diet outlined in a book would resolve all of one's Medical complaints.

Health problems are not predetermined by blood types; only the **reduced resistance** to some diseases can at times be attributed to a particular blood group. The ultimate Achilles heel of the Blood Type Diet lies in the fact that most medical conditions have a genetic basis that can be equally affected by trauma, medications, Pathogens, toxic exposure, and a variety of other factors. This alone would quickly negate Peter D'Adamo's "eat-right-4-your's-type" proposition **if at birth**, his blood type hypothesis was indeed valid.