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ORIGINAL RESEARCH

Serge Renaud: from the French paradox to the Cretan miracle - A review of the evidence

Dott. A. Colonnese[1]

1 Nutritional Biologist, Italy

1. ABSTRACT

The publication analyzed is a brief contribution dedicated to Serge Renaud and the historical context of the so-called French paradox. The full text and abstract are not available in the provided material; therefore, it is not possible to directly reconstruct its methods, data, or quantitative results. In the section "The Choice to Live in Health or Illness" by Dr. A. Colonnese and R. Panzironi, the reference is used to recall the Lyon Diet Heart Study and the hypothesis that a Mediterranean-style diet, rich in plant-based foods and alpha-linolenic acid, can reduce cardiovascular recurrence after a heart attack.Independent verification identifies the Lyon Diet Heart Study as a randomized secondary prevention trial, meaning it was conducted on people who had already suffered a heart attack. Subsequent studies have observed a lower frequency of major cardiovascular events with Mediterranean models in both primary and secondary prevention. However, systematic reviews highlight heterogeneity between diets, comparisons, and populations, as well as a still limited number of studies with hard clinical outcomes. The book's narrative is therefore moderately confirmed, while the precise figures and the reference to effects after two months require greater caution.

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MISSION

LIFE Science Hub – Journal of Science was founded with the aim of making scientific knowledge accessible without giving up methodological rigour, quality of sources and authoritativeness of content. The journal promotes the dissemination of knowledge in the health, nutrition, medical and longevity sciences, building a bridge between the world of research and society.

Through articles, reviews, in-depth analyses and expert contributions, the Journal champions evidence-based medicine and science, fostering a correct interpretation of scientific data and countering misinformation. Every piece of content is developed with the aim of translating the complexity of research into understandable, useful and applicable information, while keeping intact the principles of accuracy, transparency and scientific independence.

Free from political, industrial and commercial influence, the journal stands as an authoritative and independent editorial space, dedicated to promoting scientific culture, professional development and the growth of health awareness among the public.

2. ANALYZED STUDY

The implicit question of the publication is how Serge Renaud's work contributed to linking the so-called French paradox and the Cretan or Mediterranean dietary pattern to cardiovascular prevention. In the book's paragraph, the reference is specifically associated with the Lyon Diet Heart Study, presented as evidence that, following a heart attack, a diet inspired by the Cretan model can reduce cardiovascular events.The relevance is therefore both historical and scientific: the analyzed contribution recalls the figure of Renaud and the context in which the hypothesis of a protective effect of a Mediterranean diet was developed. However, the publication subject to the Evidence Review does not coincide with the primary Lyon Diet Heart Study. Consequently, it can document the context or the dissemination of the result, but it does not by itself represent a quantitative clinical demonstration of the diet's effect.Since the text of the publication is not available in the provided material, it is not possible to determine whether it is a biographical profile, an editorial commentary, or a narrative analysis, nor to directly verify which data from the Lyon study are described therein.

3. MATERIALS AND METHODS OF THE ORIGINAL STUDY

The title indicates a contribution focused on Serge Renaud, not a clinical trial with enrolled participants. The reference to the Lyon Diet Heart Study present in the book's paragraph must therefore be read as a mention of a distinct clinical research, published by other authors, which is evaluated in the independent evidence.

4. RESULTS

The book's paragraph attributes a reduction of over 70% in cardiovascular events to the Lyon Diet Heart Study, which used a diet inspired by the Cretan model, low in red meat and dairy products and with a higher intake of alpha-linolenic acid. This is the scientific passage for which the contribution on Renaud was likely included as a contextual reference. The final clinical trial of the Lyon Diet Heart Study, independent of the publication analyzed, involved 605 people following an initial heart attack and reported fewer cardiovascular complications in the group assigned to the Mediterranean model compared to those receiving standard care [1].The phrase "effects already visible after just two months," however, cannot be verified by the publication analyzed, as its text is not available. Furthermore, clinical cardiovascular outcomes generally require longer observation periods: in the final report of the Lyon study, the mean follow-up was approximately 46 months [1].

5. INTERPRETATION

In simple terms, the core of the narrative is that changing the set of foods consumed after a heart attack could help reduce the likelihood of new cardiovascular events. The model studied was not simply a “low-fat” diet: it favored plant-based foods, bread, fruit, vegetables, fish, and a rapeseed-based margarine rich in alpha-linolenic acid, while limiting certain animal sources of saturated fats.The segment documented by the original reference is primarily historical and informative: Renaud is linked to the transition from the French paradox to the testing of a Mediterranean model. The demonstration of the association between diet and fewer recurrences, however, stems from the Lyon Diet Heart Study and subsequent trials. In the Lyon study, the lower number of events in the Mediterranean group is compatible with a causal effect because the participants were assigned to different groups; however, it remains difficult to separate the contribution of each individual food from that of the entire dietary intervention and nutritional support [1].The research does not prove that red wine is the cause of cardiovascular protection, nor that alpha-linolenic acid alone produces the observed effect. Rather, it demonstrates that an overall dietary program, applied in a specific clinical context, was associated with fewer events compared to the control group.

6. INDEPENDENT CONFIRMING EVIDENCE

The most direct confirmation of the passage in the book is the final report of the Lyon Diet Heart Study. This was a randomized secondary prevention trial involving 605 people who had survived a first heart attack. After an average follow-up of 46 months, the Mediterranean model was associated with a reduction in composite cardiovascular outcomes compared to

the control group. This is the evidence closest to the book's statement because it concerns people who had already suffered a heart attack and measures new clinical complications, not just laboratory markers [1]. The main limitation is that it is a single study, conducted in a historical and healthcare context different from the current one.The PREDIMED trial strengthened the consistency of the narrative in a different context: 7,447 Spanish people with no known cardiovascular disease, but at high risk, were assigned to a Mediterranean diet supplemented with extra virgin olive oil or nuts, or to a low-fat diet. The incidence of the composite endpoint of heart attack, stroke, or cardiovascular death was lower in the two Mediterranean groups: hazard ratio or HR—that is, the ratio between the rate at which events occur in the groups—was 0.69 with extra virgin olive oil and 0.72 with nuts compared to the control [2]. This confirms that a Mediterranean model can reduce major cardiovascular events, but it does not exactly replicate the prevention of recurrences after a heart attack.Further direct confirmation for secondary prevention comes from the CORDIOPREV trial. In 1,002 people with coronary heart disease, a Mediterranean diet was compared with a low-fat diet for seven years. Major cardiovascular events occurred in 87 participants in the Mediterranean group and in 111 in the low-fat group; adjusted HRs ranged from 0.719 to 0.753, indicating a lower probability of events in the Mediterranean group [3]. The effect was more evident in men; in women, no difference was observed between the groups, an aspect that limits the uniform generalizability of the result [3].Overall, these studies do not confirm that every component of the diet has an independent effect. Instead, they confirm a consistent direction of effect: structured Mediterranean dietary programs have been associated with a lower frequency of cardiovascular events in experimental settings, especially when compared with usual care or a low-fat diet [1,2,3].

7. CONFLICTING EVIDENCE

A Cochrane review of 30 randomized trials has urged caution. Regarding secondary prevention, the authors noted that clinical outcomes depended primarily on the Lyon Diet Heart Study and a few other trials, some of which were excluded from the main analyses due to concerns about data reliability. The review judged the evidence regarding the reduction of cardiovascular and all-cause mortality after a heart attack to be of low quality, even while reporting a trend favorable to the Mediterranean model [4].The same review highlighted that definitions of the “Mediterranean diet,” comparison groups, and the intensity of nutritional support differed substantially between studies. For this reason, a reduction observed in a dietary program cannot be automatically attributed to a single nutrient, red wine, or fat content alone. No sufficiently relevant directly conflicting evidence has been identified that demonstrates an increase in cardiovascular events with a Mediterranean diet; this does not prove the absence of contrary results.

8. QUADRO COMPARATIVO E SINTESI DELLE EVIDENZE

The table distinguishes between the historical-editorial contribution analyzed and independent clinical research that directly evaluates cardiovascular events.

Quadro comparativo

Reference	Study type	Population or model	Main result	Direction of evidence	Strength of evidence
Original study	Commentary or editorial profile; text not available	Not reported in available material	References Serge Renaud and the context of the Lyon Diet Heart Study, without verifiable data available.	biologically consistent evidence	preliminary
[1]	Secondary prevention RCT	605 people after a first myocardial infarction	The Mediterranean model was associated with fewer cardiovascular complications during a mean follow-up of 46 months.	direct confirmation	moderate
[2]	Primary prevention RCT	7,447 adults at high cardiovascular risk without known cardiovascular disease	The two Mediterranean diets reduced the incidence of major cardiovascular events compared to the low-fat diet.	indirect confirmation	moderate
[3]	Secondary prevention RCT	1,002 people with coronary heart disease	The Mediterranean diet reduced major cardiovascular events compared to the low-fat diet.	direct confirmation	moderate
[4]	Cochrane systematic review of RCTs	30 trials, primary and secondary prevention	Evidence on clinical outcomes remained limited, heterogeneous, and often of low or very low quality.	discordant evidence	moderate

9. SINTESI EDITORIALE E CONCLUSIONI

CONCLUSIONS

The publication analyzed contributes primarily to the historical context linking Serge Renaud, the French paradox, and the Lyon Diet Heart Study. As its full text is not available, it cannot be used to directly verify clinical results or risk reduction percentages.The book's narrative is nonetheless moderately supported by independent evidence: the Lyon Diet Heart Study and the CORDIOPREV trial indicate a lower frequency of major cardiovascular events in people with coronary artery disease assigned to a Mediterranean dietary pattern. PREDIMED confirms a favorable trend in primary prevention. Caution remains necessary in separating the role of individual nutrients or foods from the effects of the overall dietary pattern and the nutritional support received.

Aggiornato al 17/11/2026. Questo contenuto riflette una sintesi divulgativa delle evidenze scientifiche al momento della pubblicazione e non sostituisce il parere medico.

10. TRANSPARENCY AND SCIENTIFIC RESPONSIBILITY

Artificial Intelligence was used solely as a tool for editorial and documentary support. All content, interpretations, bibliographic citations and conclusions have been verified, reviewed and approved by the author, who assumes full scientific responsibility for them.

The manuscript was also subjected to independent peer review prior to publication.

To ensure the greatest transparency, the complete history of the article, including the dates of submission, revision, acceptance and publication, as well as information on the peer review process, is available on the dedicated Article History page.

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