Western Diseases
and What They Encompass

Denis P. Burkitt

1. The Nature of the Western Disease

As stressed in the previous chapter, the concept of diseases characteristic of more economically developed and affluent countries is the greatest advance toward the prevention of diseases to have emerged in the last several decades. The designation Western is not entirely satisfactory, since these disorders are becoming more common in more affluent societies in the east and Middle East. Nor is affluence a satisfactory word, since these diseases are often more prevalent in the poorer sections of Western populations. Industrialized is also inappropriate, since, for example, they are much more prevalent in largely rural New Zealand than in highly industrialized Czechoslovakia. Related to Western lifestyle might be the most appropriate term, but it is too cumbersome, and so Western is the term now generally used.

The term Western encompasses that large group of disorders that currently have their highest incidence rates in more affluent Western countries yet are still rare, or even unknown, in rural communities throughout the Third World.

The emergence of these diseases in different cultural, socioeconomic, and racial groups throughout the world has

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been documented by those who have worked among these communities for long periods of time (1).

The diseases were rare or even unknown in Western populations before World War I. They have been shown in numerous situations to increase in prevalence in populations that emigrate from countries with low incidence rates to those with high rates. Examples of this include the descendants of African slaves who now constitute the black population of North America, and the descendants in Hawaii and California of the Japanese immigrants who arrived in the early part of this century.

Of particular importance with regard to efforts to identify causes and in promoting prevention is the observation that these diseases all share the same, or closely similar, epidemiological features. In situations in which one of the diseases is common, the others are also, generally speaking, prevalent. For instance, particular malignant diseases, such as breast and colon cancer, are often both high in the same population, as are various other conditions, such as coronary heart disease (CHD) and diabetes. Some of these diseases appear invariably to emerge long before others, suggesting that the latter are dependent on a longer exposure to the causative factors or require a much greater intensity of these factors (2). For example, diabetes (type II) always seems to appear many years before CHD. Similarly, among gastrointestinal diseases, appendicitis long precedes a rise in incidence of colorectal cancer or the emergence of diverticular disease. Some Western diseases are very late in emerging, sometimes several generations after the others. These include multiple sclerosis, Crohn's disease, and ulcerative colitis. However, the precise etiology of these diseases is uncertain.

As well as sharing epidemiological features these diseases often tend to occur together in the same individuals. Diabetes and CHD are associated, as are hiatus hernia and gallstones. This again underlines the conclusion that