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Favorite Five for August 2006

Vegan Diet Benefits Diabetics

A Low-Fat Vegan Diet Improves Glycemic Control and Cardiovascular Risk Factors in a Randomized Clinical Trial in Individuals With Type 2 Diabetes by Neal Barnard in the July 2006 issue of *Diabetes Care* found a low-fat vegan diet improved the health of people with type 2 diabetes even more than the American Diabetic Association (ADA) Diet did. Forty-three percent (21 of 49) of the vegan group and 26% (13 of 50) of the ADA group participants reduced their diabetes medications. Reductions of hemoglobin A1c, LDL “bad” cholesterol, and urine protein were greater in the vegan group, than those on the ADA diet. People following the vegan diet could eat unlimited amounts of food, while those on the ADA diet were required to control their portion sizes—and compliance was better on the vegan diet. Exercise did not play a role in this study.

Comments:

Type 2 diabetes is widely-accepted as an illness caused by the rich Western diet. The cure is to stop the cause. This kind of diabetes, and associated obesity, is essentially unknown in parts of the world where people consume a diet based on starches (like rice, potatoes, sweet potatoes, and legumes) with fruits and vegetables. Activity is also a hallmark of these populations. However, even people whose occupations are sedentary, like schoolteachers, shopkeepers, and ministers, are generally free of obesity, coronary heart disease, and diabetes.

This study is especially important because it shows that people with type 2 diabetes have the hope for getting off medications and improving their health by simply changing their diet to delicious foods—and never being hungry. Adding exercise, with the associated weight loss, also helps. My experience has been that almost all people with type 2 diabetes can get off all of their medication and cure their disease. After all, these people are producing as much, and sometimes twice as much, insulin as someone without diabetes—because of insulin resistance, due to the rich diet and being over-fat, their insulin fails to work efficiently. Correct these two issues and they are cured.

Some people are not purely type 2 in nature—they have developed the defining feature of type 1 diabetes—which is that the pancreas no longer produces sufficient insulin to meet their needs. In this case, even with weight loss and adherence to a low-fat, starch-based diet, they still have elevated blood sugars and many times a need for additional insulin by injection or nasal spray. Still, they need to follow a healthy diet in order to prevent the all too common complications of diabetes—heart attacks, kidney failure, loss of vision, and more.

I have had the privilege of calling Neal Barnard, MD my friend for more than 25 years—he is one of the most honest and dedicated people I have ever met. You will have a chance to meet him if you attend the [September 29 to October 1, 2006 McDougall Weekend](#) in Santa Rosa, California. Neal is the founder of the Physicians Committee for Responsible Medicine (www.pcrm.org). He is willing to do the research needed to prove to the rest of the world what we all already know about the benefits of a healthy diet. Mary and I were able to contribute to this study in a small way—the participants in the vegan group received the McDougall Quick and Easy Cookbook and the DVD, Dr. McDougall's Total Health Solution for the 21st Century. To learn more about diabetes, from my web site visit:

February 2004 newsletter: Diabetes—the Expected Adaptation to Overnutrition:

<http://www.nealhendrickson.com/mcdougall/040200pudiabetes.htm>

Star McDougallers:

Logan Ginger: <http://www.drmdougall.com/stars/050308starlogan.html>

Jason Wyrick: http://www.drmdougall.com/stars/jason_wyrick.html

[Barnard ND, Cohen J, Jenkins DJ, Turner-McGrievy G, Gloede L, Jaster B, Seidl K, Green AA, Talpers S](#). A low-fat vegan diet improves glycemic control and cardiovascular risk factors in a randomized clinical trial in individuals with type 2 diabetes.

Diabetes Care. 2006 Aug;29(8):1777-83.

Pomegranate Juice Benefits Prostate Cancer Patients

Phase II Study of Pomegranate Juice for Men with Rising Prostate-Specific Antigen following Surgery or Radiation for Prostate Cancer by Allan Pantuck reported in the July 2006 issue of the journal *Clinical Cancer Research* found pomegranate juice (a major source of antioxidants) benefited men with prostate cancer (who had a detectable PSA >0.2 and <5 ng/mL and Gleason score ≤7).¹ Patients were treated with 8 ounces of pomegranate juice daily until their disease showed signs of progression. The growth of cancer was apparently slowed so that it took 54 months for the PSA to double, compared to 15 months for those not drinking the juice. When observed in the laboratory, cancer cell growth was found to slow and the death of prostate cancer cells (apoptosis) increased for those on the juice.

Comments:

Prostate cancer is the most common invasive cancer in men—in the US 232,000 cancers are diagnosed annually, most of them because of the over-enthusiastic use of PSA testing—a test, by the way, which fails to save lives because it cannot detect prostate cancer until it has been growing on average for 10 years—long after the cancer has spread. Annually, 30,350 men die of prostate cancer—and there is good evidence that most of those who do not die of prostate cancer, never had a fatal form of the disease, and would have been better off not knowing they were “sick.” (See my February and March 2003 lead newsletter articles on prostate cancer—and my May 2005 article: “What’s New in Prostate Cancer Treatment?”)

Components of the rich Western diet are the cause of prostate cancer. Dairy products, red meat, all kinds of fats and oils, and environmental chemicals have been the focus of research pointing to practical means for the prevention and treatment of this potentially fatal disease. Ingredients of a plant-food diet, such as antioxidants, polyphenols, ellagic acid and tannins, interfere with the growth of cancer cells at the cellular/biochemical level.

The simple addition of pomegranate juice to a low-fat diet of plant foods appears to be the most effective treatment for prostate cancer available today—especially when balanced against the fact that surgery, radiation and chemotherapy have failed to demonstrate meaningful survival benefits. Dr. Dean Ornish recently showed that the PSA in men with prostate cancer decreased 4% for patients on a low-fat vegan diet—compare this to a 6% rise seen in the control group on the American-diet.² Serum (a part of the blood) was taken from the patients and used to grow prostate cancer cells in the laboratory. The serum from those on the vegan diet inhibited growth of the cancer cells 8 times more effectively than did the serum from those on the American diet. The stricter the patients followed the low-fat vegan diet, the better the results with PSA lowering and inhibition of cancer cell growth. [\(Please note: Dr. Ornish will be discussing his most recent findings on diet and prostate cancer at our September 29 to October 1, 2006 McDougall weekend held in Santa Rosa, CA.\)](#)

The pomegranate juice used was provided by Pom Wonderful Company (Los Angeles:

<http://www.pomwonderful.com/juice.html>). (Wonderful variety, 570 mg total polyphenol gallic acid equivalents.)

The fruit was handpicked, chilled to 4 degrees C and stored. Then the juice was processed and stored at 20 degrees C until use. The optimal dose is 6 to 8 ounces a day.

The advice to eat a low-fat, plant-food based diet and consume pomegranate juices is not limited to prostate cancer

patients. Similar benefits have been found for breast cancer in laboratory experiments. Because the treatment is inexpensive and non-toxic, this juice and a healthy diet should be part of every person's cancer prevention and treatment regime.

1) [Pantuck AJ](#), [Leppert JT](#), [Zomorodian N](#), [Aronson W](#), [Hong J](#), [Barnard RJ](#), [Seeram N](#), [Liker H](#), [Wang H](#), [Elashoff R](#), [Heber D](#), [Aviram M](#), [Ignarro L](#), [Belldegrun A](#). Phase II Study of Pomegranate Juice for Men with Rising Prostate-Specific Antigen following Surgery or Radiation for Prostate Cancer. *Clin Cancer Res*. 2006 Jul 1;12(13):4018-4026.

2) [Ornish D](#), [Weidner G](#), [Fair WR](#), [Marlin R](#), [Pettengill EB](#), [Raisin CJ](#), [Dunn-Emke S](#), [Crutchfield L](#), [Jacobs FN](#), [Barnard RJ](#), [Aronson WJ](#), [McCormac P](#), [McKnight DJ](#), [Fein JD](#), [Dnistrian AM](#), [Weinstein J](#), [Ngo TH](#), [Mendell NR](#), [Carroll PR](#). Intensive lifestyle changes may affect the progression of prostate cancer. *J Urol*. 2005 Sep;174(3):1065-1070.

Overtreating Blood Pressure Kills

Dogma disputed: can aggressively lowering blood pressure in hypertensive patients with coronary artery disease be dangerous? by Franz Messerli published in the June 20, 2006 issue of the *Annals of Internal Medicine* reviewed data on 22,576 patients with heart disease and hypertension, and reported, "Our analysis showed that in hypertensive patients with CAD (coronary heart disease) who were treated with sustained-release verapamil or atenolol to lower blood pressure, increased risk for all-cause death and MI was associated with diastolic pressure below 70 to 80 mm Hg...Excessive reduction in diastolic pressure should be avoided in patients with CAD who are being treated for hypertension." (Most people with hypertension have coronary artery disease.) The harmful effects of lowering blood pressure were greater for people with diabetes and/or elevated cholesterol. The incidence of heart attacks, death, and/or stroke was three times higher for patients with a diastolic blood pressure (the lower number) of 60 mmHg compared to a person with a pressure of 80 to 90 mmHg. According to the authors of this study, for the patient's sake, treatment with medication should not lower the diastolic pressure below 84 mmHg.

Comments:

Most people, doctors included, think an elevated blood pressure should be forced to "normal"—110/70 mmHg or lower—with medication to prevent blood vessels from breaking and causing a massive stroke. This is dangerous thinking. The truth is that healthy blood vessels don't break.

Normally, blood vessels are very strong and have no trouble handling pressures of 480/350 mmHg that are experienced during heavy weight-lifting exercise.^{2,3} Whereas, "sick" blood vessels—those weakened by atherosclerosis—are commonly closed down by blood clots that suddenly form—even when the blood pressure is low and "well managed" by your conscientious doctor.

Many studies of people treated with medications for elevated blood pressure have shown that when the blood pressure is reduced below a certain level, the risk of serious trouble (heart attacks, strokes and deaths) will increase.⁴⁻¹⁰ This observation is referred to as a "J-shaped" curve. Meaning: lowering the pressure to a certain point is beneficial (that is the first part of the "J" shape), but beyond that point, the patient is harmed (the second part of the "J")—when the pressure is lowered further towards "normal." This phenomenon is found with both systolic (top number) and diastolic (bottom number) pressure changes. Please note that this risk of low blood pressure is only for people *taking medications* which are known to lower blood pressure.

The reason that too aggressive a treatment of hypertension with medications causes serious harm is because by artificially lowering the blood pressure the flow of blood to the heart, brain, and all other tissues is impaired.^{11,12} The small blood vessels are the ones most affected. The compromised blood flow deprives the vital organs of oxygen and nutrients, causing dysfunction (like arrhythmias) of heart muscle and brain injury—sometimes resulting in a heart attack or stroke.

People who already have damaged arteries, as reflected by high cholesterol or diabetes, are at the greatest risk for a tragedy. With partial blockages of the heart arteries, low diastolic pressure is especially troublesome because most of the blood flow to the heart muscle occurs during the relaxation phase of the heart cycle (diastole). For more

information on the harms caused by meddling, but well-meaning medical doctors, who have been educated on how to treat you by pharmaceutical companies, see my July 2004 newsletter article: Over-treat Your Blood Pressure and You Could Die Sooner.

- 1) [Messerli FH](#), [Mancia G](#), [Conti CR](#), [Hewkin AC](#), [Kupfer S](#), [Champion A](#), [Kolloch R](#), [Benetos A](#), [Pepine CJ](#). Dogma disputed: can aggressively lowering blood pressure in hypertensive patients with coronary artery disease be dangerous? *Ann Intern Med*. 2006 Jun 20;144(12):884-93.
- 2) MacDougall JD, Tuxen D, Sale DG, Moroz JR, Sutton JR. Arterial blood pressure response to heavy resistance exercise. *J Appl Physiol*. 1985 Mar;58(3):785-90.
- 3) Palatini P, Mos L, Munari L, Valle F, Del Torre M, Rossi A, Varotto L, Macor F, Martina S, Pessina AC, et al. Blood pressure changes during heavy-resistance exercise. *J Hypertens Suppl*. 1989 Dec;7(6):S72-3.
- 4) Hansson L, Zanchetti A, Carruthers SG, Dahlöf B, Elmfeldt D, Julius S, et al. Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomised trial. HOT Study Group. *Lancet*. 1998;351:1755-62.
- 5) Greenberg JA. Removing confounders from the relationship between mortality risk and systolic blood pressure at low and moderately increased systolic blood pressure. *J Hypertens*. 2003;21:49-56.
- 6) Berl T, Hunsicker LG, Lewis JB, Pfeffer MA, Porush JG, Rouleau JL, et al. Impact of achieved blood pressure on cardiovascular outcomes in the Irbesartan Diabetic Nephropathy Trial. *J Am Soc Nephrol*. 2005;16:2170-9.
- 7) Cook RJ, Sackett DL. The number needed to treat: a clinically useful measure of treatment effect. *BMJ*. 1995 Feb 18;310(6977):452-4.
- 8) Erlinger TP, Vollmer WM, Svetkey LP, Appel LJ. The potential impact of nonpharmacologic population-wide blood pressure reduction on coronary heart disease events: pronounced benefits in African-Americans and hypertensives. *Prev Med*. 2003 Oct;37(4):327-33.
- 9) Hansson L. Antihypertensive treatment: does the J-curve exist? *Cardiovasc Drugs Ther*. 2000 Aug;14(4):367-72.
- 10) Alderman M. Treatment-induced blood pressure reduction and the risk of myocardial infarction. *JAMA*. 262:920, 1989.
- 11) Cruickshank, J. Benefits and potential harm of lowering blood pressure. *Lancet*. 1:581-4, 1987.
- 12) Strandgaard S. Autoregulation of cerebral blood flow in hypertensive patients. The modifying influence of prolonged antihypertensive treatment on the tolerance to acute, drug-induced hypotension. *Circulation*. 1976;53:720-7.

“Low-fat Diet Failure”—Good News about Bad Habits

Effects of a Mediterranean-Style Diet on Cardiovascular Risk Factors: A Randomized Trial by Roman Estruch in the July 4, 2006 issue of the *Annals of Internal Medicine* found that, “Compared with a low-fat diet, Mediterranean diets supplemented with olive oil or nuts have beneficial effects on cardiovascular risk factors.”

Read carefully the instructions given to the two comparison groups: “We advised participants who were allocated to the low-fat diet to reduce intake of all types of fat, and we gave them a leaflet with written recommendations according to the American Heart Association guidelines...While the participants who were allocated to the low-fat diet did not receive further intervention, those assigned to the 2 Mediterranean diet groups had access to more intense intervention in 2 ways. First, they were given a free provision of typical Mediterranean fatty foods (olive oil or nuts).” Second, those in the two Mediterranean diet groups were given intensive education, advice and consultation by a dietitian, and elaborate written materials (shopping lists, meals plans, recipes, etc.) throughout the study.

Comments:

Reading the title of this article might lead someone to believe that the diets taught by Ornish, Pritikin, Barnard and McDougall were used in this study, and should now be considered ineffective. However, as you can clearly read above, the entire education for the people on the low-fat diet was a pamphlet from the American Heart Association. As you would guess, this low-fat group made no significant changes in their diet—reflected by the 0.24 Kg (half a pound) weight loss in 3 months.

But headlines worldwide squealed: “Mediterranean beats low-fat diet for your heart—Lots of olive oil, nuts may be key to cutting cholesterol, new study shows,” and “Good-Fat Diet Beats Low-Fat.” Wouldn’t you think reporters could be more responsible and take the time to read the study rather than just the title of the paper?—especially, when hundreds of millions of people are influenced and billions of lives are at stake?

Anyone taking the time to read the research paper will learn that this study actually showed replacing meat, dairy, sweets, and processed foods with olive oil or free bags of walnuts, hazelnuts, and almonds, as well as adding more vegetables, legumes, fruit and fish for those on the Mediterranean diet, reduced some risk factors associated with heart disease (blood sugar, blood pressure, and C-reactive protein). Because of all the extra fat added, the olive oil group lost less weight than did the “low-fat” group (0.19 Kg) and the “nut” group lost about the same (0.26 Kg) as the “low-fat” group in 3 months. On our low-fat diet (the McDougall diet) the average weight loss is 2 Kg (4.5 pounds) in a week.

This story attracted national attention because people love to *hear good news about their bad habits* and the recommended changes favored businesses—rather than reducing the purchase of harmful foods (fats, meats, dairy, etc.), the consumer is advised to buy more nuts, seeds, and oil for better health. One important note: A manufacturer of olive oil and a walnut producer generously donated products for this study.

[Estruch R](#), [Martinez-Gonzalez MA](#), [Corella D](#), [Salas-Salvado J](#), [Ruiz-Gutierrez V](#), [Covas MI](#), [Fiol M](#), [Gomez-Gracia E](#), [Lopez-Sabater MC](#), [Vinyoles E](#), [Aros E](#), [Conde M](#), [Lahoz C](#), [Lapetra J](#), [Saez G](#), [Ros E](#). Effects of a Mediterranean-Style Diet on Cardiovascular Risk Factors: A Randomized Trial. *Ann Intern Med*. 2006 Jul 4;145(1):1-11.

Adding Avocados or Oils to Salads Aids Absorption of Nutrients—More Good News about Bad Habits

Findings from a study of 11 subjects published in 2005 on the benefits of eating oily foods have resurfaced (Wednesday, August 09, 2006; by Tara Parker-Pope, The Wall Street Journal).¹ This revived story is based on an article titled, **Carotenoid absorption from salad and salsa by humans is enhanced by the addition of avocado or avocado oil** by Nuray Unlu, published in the *Journal of Nutrition*. The researchers found that, “adding avocado fruit can significantly enhance carotenoid absorption from salad and salsa, which is attributed primarily to the lipids present in avocado.”² The research was funded by the California Avocado Commission. Half an avocado was as effective at enhancing absorption as a whole avocado. One avocado was estimated to contain 24 grams of oil. Pure avocado oil (24 grams) was also tested and found to be as effective as the whole avocado.

Comments:

In my forty-year career as a medical doctor, I have never seen any diseases due to deficiency of carotenoids in a patient—ever. But every day I see hundreds of people in shopping centers and on the street suffering from diseases due to fat excess. Therefore, even faced with the findings of this study, my recommendations to limit fats and oils will remain the same. For healthy, trim people I have always said unprocessed, high-fat foods, like avocados, nuts, seeds and olives, can be a delicious addition to their diet—and may be important for those with high calories needs, such as athletes and active children.

Our requirements for essential fats are very small—no more than 0.5 gram daily. Only plants can synthesize essential fats—so eating plant-foods is the obvious source of these necessary nutrients. Because body fats (adipose tissue) store these essential fats efficiently, even if overweight people were placed on an artificially manufactured fat-free diet, they would have little risk of becoming deficient in essential fats over their entire lifetime. Note: a diet made of unprocessed plant foods, like the McDougall diet, naturally contains about 7% of its calories as fat—and about half the total fat found in plant foods is of the essential variety—the kind we need

People struggling to lose excess body weight will want to avoid all high fat foods and especially oils—*the fat you eat is the fat you wear*. Optimum absorption of nutrients has been reported to occur with as little as 3 grams of added fats (27 calories) per meal.² In this experiment, where people consumed whole avocados or the oil extract, they ate 21 grams of fat which translates into 189 extra calories per meal.

There is a big difference between fats consumed in their natural packages as avocados, nuts, seeds, and olives; and fats consumed as extracted oils. Fats found in foods are combined with other essential nutrients (vitamins, minerals, fibers, and thousands of important phytochemicals). These naturally balanced combinations allow the fats to safely and efficiently work when they enter the cells of your body. Free fats, stripped away from the other ingredients found in grains, fruits, seeds or nuts, become medicines, at best, and toxins, at worst. Consuming free vegetable oils easily makes people fat, and the fats suppress the immune system (increasing the risk of cancer and infection), and encourage bleeding. These free oils easily spoil, becoming rancid—a condition where harmful free radicals are plentiful.

Low-fat plant foods provide all the carotenoids the body needs. Consider the possibility that an excess of these nutrients caused by adding avocados and other oils to a low-fat meal may result in nutritional imbalances that encourage disease. It is possible.

If you want to believe that there is a health advantage from more nutrients entering your body, then at least act conservatively. For maximum carotenoid absorption the amount of fat required is as little as 1/7th of an avocado—about a tablespoonful per meal. Also heating and blending fruits and vegetables enhance nutrient absorption³—and these are much safer approaches than stuffing your overweight self with fat.

- 1) <http://www.post-gazette.com/pg/06221/712211-114.stm>
- 2) [Unlu NZ, Bohn T, Clinton SK, Schwartz SJ](#). Carotenoid absorption from salad and salsa by humans is enhanced by the addition of avocado or avocado oil. *J Nutr*. 2005 Mar;135(3):431-6.
- 3) [Brown MJ, Ferruzzi MG, Nguyen ML, Cooper DA, Eldridge AL, Schwartz SJ, White WS](#). Carotenoid bioavailability is higher from salads ingested with full-fat than with fat-reduced salad dressings as measured with electrochemical detection. *Am J Clin Nutr*. 2004 Aug;80(2):396-403.