



My Favorite Five from Recent Medical Journals

Sex and Still Aging

A Study of Sexuality and Health among Older Adults in the United States by Stacy Tessler Lindau, reported in the August 23, 2007 *New England Journal of Medicine* found, "Many older adults are sexually active. Women are less likely than men to have a spousal or other intimate relationship and to be sexually active.¹ Sexual problems are frequent among older adults, but these problems are infrequently discussed with physicians," They report, "Sexual activity is associated with health, and illness may considerably interfere with sexual health." Sexual activity was reported by 73% of people who were 57 to 64 years of age, 53% who were 65 to 74 years of age, and 26% who were 75 to 85 years of age.

Comment: Between 1973 and 1976 I worked as a doctor on a sugar plantation on the Big Island of Hawaii (I was only 26 years old when I began). This is where I learned the importance of a starch-based diet. My first generation Japanese, Chinese, and Filipino patients followed the diet of rice and vegetables they had learned as children in their native countries. They were always trim and usually in excellent health. One astonishing example of their vitality was demonstrated by elderly Filipino men who would work hard on the plantation, saving their money for retirement. At that time they would visit the Philippines to find a young bride to bring back to Hawaii. Everyday a family consisting of a seventy-year-old (plus) gentleman, his twenty-year-old bride and their children would come to my medical office. This man was demonstrating a level of function that men in their fifties only dreamed about. He was sexually active, bearing children, and expecting to watch them grow into adulthood. For these men a diet of rice and vegetables meant a much more interesting life than most men I meet ever expect to have.

In the study referred to, 37% of the men reported erectile dysfunction. This common condition is accelerated by the rich western diet which speeds up aging and all the associated deterioration seen as the years pass. To be more specific, erectile dysfunction is from compromised circulation to the penis, caused by closure of the arteries used to fill this organ with blood in order to make it erect.² The disease that closes these and all other arteries in the body is known as atherosclerosis—caused by meat and dairy foods. The disease is reversed by a diet of starch (like rice) and vegetables.

Over my career, I have seen many men and women regain activity in their sex lives by changing their diet, exercising and losing weight. Stopping sexual-dysfunction-causing medications, such as those used to treat high blood pressure, will also be a major uplift. No surprise—healthy people look more attractive, and feel and function better. So add "an enjoyable sex life into your old age" to the reasons you are willing to eat well and exercise—I mean, good grief, can steaks, pizzas, and ice cream taste that good? Are they worth sexual disability?

1) Lindau S, Schumm L, Laumann E, Levinson W, O'Muircheartaigh C, Waite L. A Study of Sexuality and Health among Older Adults in the United States. *N Engl J Med* 2007;357:762-74.

2) Park JW, Leithauser B, Mrowietz C, Jung F. Cutaneous microcirculatory function predicts the responsiveness to tadalafil in patients with erectile dysfunction and coronary artery disease. *Int J Impot Res.* 2007 Aug 16;

Colon Cancer Patients Die Faster with Western Diet

Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer by Jeffery A. Meyerhardt, reported in the August 15, 2007 issue of the *Journal of the American Medical Association* found, "Higher intake of a Western dietary pattern may be associated with a higher risk of recurrence and mortality among patients with stage III colon cancer treated with surgery and adjuvant chemotherapy."¹ Thus, these patients all had late stage (with positive lymph nodes) cancer and had been fully treated when their diets were analyzed. Those on a

healthiest "prudent diet" lived, without recurrence of their colon cancer, more than three times longer than those eating the worst Western diets. The Western pattern was characterized by high intakes of meat, fat, refined grains, French fries, and dessert; and the prudent diet was characterized by high intakes of fruits and vegetables, legumes, whole grains, poultry, and fish.

Comment: The Western diet, which flows through the colon and bathes its inner surfaces, is believed to cause colon cancer. Common sense says you should not throw gasoline on a fire. In other words, even after patients develop colon cancer they should change their diets. Based on this study, the result may be that they will more than triple their chances of living without cancer.

There are many mechanisms that could influence the growth and subsequent recurrence of a cancer. Both insulin and insulin-like growth factors enhance tumor growth. Eating the Western diet increases both of these hormones which may "facilitate an environment that allows residual microscopic disease to proliferate and spread."

I believe that a change in diet after the diagnosis of cancer will cause patients to live much longer, and no doubt healthier. Most doctors and patients think of cancer as a "runaway train—unstoppable." This is simply not true. The body is always trying to heal itself. A microscopic study of 308 patients (311 breasts) who had undergone breast conservation therapy without chemotherapy showed areas of healing in 7% of the cases.² (Healing is when the intraductal component of breast cancer disappears and is replaced by fibrous tissue.) Of 17 studies published, 14 show a positive relationship between more plant-foods and better survival.^{3,4} People should never give up—there have been reported in medical journals 34 cases of women with breast cancer spread all over their bodies who have completely recovered, medically termed a "spontaneous remission."⁵ Undoubtedly, a person with a body full of cancer is much more likely to undergo a spontaneous remission when in good health than poor health—and the most powerful action a person can take to improve his or her health is to change the diet. (There have been many more cases, which have not been reported, of spontaneous remissions of women with breast cancer. There have also been many cases, reported and unreported, of people with colon, prostate, lymphomas and other cancers, who have had similar spontaneous remissions.)

1) Meyerhardt JA, Niedzwiecki D, Hollis D, Saltz LB, Hu FB, Mayer RJ, Nelson H, Whittom R, Hantel A, Thomas J, Fuchs CS. Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer. *JAMA*. 2007 Aug 15;298(7):754-64.

2) Horii R, Akiyama F, Kasumi F, Koike M, Sakamoto G. Spontaneous "healing" of breast cancer. *Breast Cancer*. 2005;12(2):140-4.

3) McEligot AJ, Largent J, Ziogas A, Peel D, Anton-Culver H. Dietary fat, fiber, vegetable, and micronutrients are associated with overall survival in postmenopausal women diagnosed with breast cancer. *Nutr Cancer*. 2006;55(2):132-40.

4) Rock CL. Diet and breast cancer: can dietary factors influence survival? *J Mammary Gland Biol Neoplasia*. 2003 Jan;8(1):119-32.

5) Larsen SU, Rose C. Spontaneous remission of breast cancer. A literature review. *Ugeskr Laeger*. 1999 Jun 28;161(26):4001-4.

Birth Defects from Mother's Western Diet

Maternal Western dietary patterns and the risk of developing a cleft lip with or without a cleft palate by Marijana Vujkovic in the August 2007 issue of the journal *Obstetrics and Gynecology* found, "The use of the maternal Western diet increases the risk of offspring with a cleft lip or cleft palate approximately two fold."¹ The Western dietary pattern was high in meat, pizza, legumes, and potatoes, and low in fruits. This dietary pattern was also associated with lower red blood cell folate,

vitamin B6, vitamin B12, and higher homocysteine concentrations. The prudent diet was high in fish, garlic, nuts, vegetables, and the women showed increased vitamin B12 and serum folate levels. This healthier diet was not associated with cleft lip or cleft palate risk compared with the Western diet.

Comment: Much attention has been given to the role of folic acid in birth defects and the response has been the addition of folic acid to our food supply and encouragement of women of all ages to take vitamin supplements. The result has been a reduction in birth defects, but this additional folic acid may increase the risk of death, heart disease and cancer in populations of people.² The correct way to reduce the risk of birth defects is to feed women throughout life a diet high in folic acid—a diet of foli-age. Birth defects begin during the first few days of pregnancy. This is why any approach to preventing birth defects must be instituted long before pregnancy begins—preferably beginning in early childhood and continued throughout all years of potential reproduction.

The researchers in this study corrected for the use of folic acid supplements and multivitamins and still found that diet played a significant role in producing an infant with a cleft lip. This is major news and should be information incorporated in the practice of all doctors. Here is a very important reason you must teach your daughters and granddaughters to eat right now.

1) Vujkovic M, Ocke MC, van der Spek PJ, Yazdanpanah N, Steegers EA, Steegers-Theunissen RP. Maternal Western dietary patterns and the risk of developing a cleft lip with or without a cleft palate. *Obstet Gynecol.* 2007 Aug; 110(2 Pt 1): 378-84.

2) See the [October 2005 Newsletter: Folic Acid Supplements are a Health Hazard](#)

Antacids Cause Dementia

The association between cognition and histamine-2 receptor antagonists in African americans by Malaz Boustani, reported in the August 2007 issue of the *American Journal of Geriatrics* found, "H2As might be a risk factor for the development of cognitive impairment in African Americans." (H2As are histamine-2 receptor antagonist, common oral antacids—cimetidine (Tagamet), ranitidine (Zantac), famotidine (Pepcid), and nizatidine (Axid). After 5 years of observational data this study showed that the continuous use of H2As by African Americans aged 65 and older was associated with a two and a half times greater risk of developing cognitive impairment (dementia). The mechanisms behind the loss of brain function are not clear. Possibilities include vitamin B12 deficiency associated with H2A use, and anticholinergic effects, which can lead to the development of delirium and other cognitive deficits.

Comment:

The connection between the foods you put in your stomach and the burning indigestion that follows is as clear as the scalding your hand suffers when dunked into boiling hot water. So why are antacids among the top three selling drugs in the Western world? Why don't people simply change their diet?

My experience has been the majority of people who attend my clinic report having frequent indigestion and about 25% are taking antacids when they arrive. Within a day of changing their diet almost all of them have discarded their antacids pills and are free of all stomach distress. If they are still having trouble, I ask them to stop the raw vegetables (especially the onions, green peppers, radishes, and cucumbers), all fruit juice (the whole fruit is fine), and hot spices. I will also raise the head of their bed by 4 to 6 inches.

These antacid pills are powerful enough to stop the production of acid by the stomach; to believe they have no other effects on the body is naive. Common long term side effects include: breast swelling in males (gynecomasty), loss of libido, impotence, mental confusion, and headache. You should not be surprised they can affect your brain and make you temporarily or permanently dumber.

Boustani M, Hall KS, Lane KA, Aljadhey H, Gao S, Unverzagt F, Murray MD, Ogunniyi A, Hendrie H. The association between cognition and histamine-2 receptor antagonists in african americans. *J Am Geriatr*

Soc. 2007 Aug;55(8):1248-53.

Drug Companies Rig Research—I Don't Know How to Prescribe

Factors associated with findings of published trials of drug-drug comparisons: why some statins appear more efficacious than others by Lisa Bero, reported in the June 2007 issue of *PLOS Medicine* found, "RCTs of head-to-head comparisons of statins with other drugs are more likely to report results and conclusions favoring the sponsor's product compared to the comparator drug. This bias in drug-drug comparison trials should be considered when making decisions regarding drug choice." The authors looked at 192 randomized controlled trials published between 1999 and 2005 of one brand of statin drug compared to another statin or a non-statin drug. There was a 20 times greater chance of positive results and a 35 times greater chance of positive conclusions when the trial was sponsored by the pharmaceutical company of the cholesterol-lowering statin drug being tested.

Methods to accomplish bias include:

Selecting nonequivalent doses of drugs for testing.

Selective publication of favorable outcomes.

Multiple reports of studies with favorable findings.

Lack of patient-related clinical outcome measures.

Poor study design, implementation, and analysis.

Comment: Doctors, like me, rely on the medical journal research articles to guide us to properly prescribe medications for our patients. Unfortunately, most of this research is, pure and simple, advertisements for the pharmaceutical companies—the patient be damned. In my younger years I was confused by looking over medical publications, like the *Journal of the American Medical Association*, and finding pages of colorful expensive advertisements clustered in the beginning and at the end of the magazine, with the scientific papers in the middle section. I thought, "How stupid, who would waste their time looking at these beginning and end advertisements." I was the dim-witted one. I failed to realize that the real advertisements were in the middle—the research papers paid for by the pharmaceutical companies were the real advertisements.

Pharmaceutical influence includes establishing official sounding educational programs and guidelines for doctors to follow. In this *PLOS Medicine* article the authors discussed the National Cholesterol Education Program, which published the Adult Treatment Panel III guidelines. "To achieve the goals in the guideline, millions of Americans would need to be placed on cholesterol-lowering medication in higher doses and for a longer period, thereby increasing the number of prescriptions for statin drugs. Eight of the nine members of the National Cholesterol Education Program panel had financial ties with pharmaceutical companies that manufactured statin drugs."

Because the research is so tainted, I do not feel confident that what I am prescribing for my patients is based on the truth—in fact, I am certain most is distorted sufficiently to cause my patients harm. So I take my best guess based on what I know—and I always reserve the right to change my mind about the drug prescriptions I write. This kind of disclosure should encourage you to make all strides to stay off of or discontinue medications whenever possible. Sick people take medications—change your diet and lifestyle to become healthy and avoid the drug controversies.

Bero L, Oostvogel F, Bacchetti P, Lee K. Factors associated with findings of published trials of drug-drug comparisons: why some statins appear more efficacious than others. *PLoS Med.* 2007 Jun; 4(6):e184.