

Introduction

Imagine that you are a medical doctor and that six out of every ten patients you see are women, and imagine further that virtually all of these women suffer from illnesses that are preventable and very often treatable with the simplest of methods—a method that none of these women know about until they come to your office. When you, their doctor, apply your approach, the vast majority of these women are restored to good health. In fact, many undergo a remarkable transformation that is often described as “miraculous.” As a scientist, you know that such “miraculous” recoveries are easily explained in medical terms. You also know that most of the women in the world today could experience similar healing miracles. Unfortunately, most women today are never told about this highly effective healing approach, and consequently they go on suffering until such disorders bring about an intense and terrifying health crisis that leaves them disfigured, or disabled, or dead.

Now imagine—as you look out your office window and consider the health crisis women face today—how you would feel if you were that doctor.

Now you’ve got a glimpse of how I feel.

I have been practicing medicine for more than twenty-six years, and I have watched a veritable parade of women come through my offices suffering from disorders that are very real and very dangerous, but all too often have been ineffectively treated or simply dismissed by other

doctors. The consequence of inappropriate treatment is the inexorable progression of the illness until it explodes into one or another crisis. The array of possible outcomes are all too familiar: the diagnosis of cancer; the amputation of one or both breasts; a hysterectomy; a heart attack or stroke; the diagnosis of osteoporosis or of a serious fracture; hormonal imbalances, fluctuating menstrual periods, or an unstable and troubling menopause; and, finally, the presence of chronic pain.

Of course, this is to say nothing of the various stages of fear a woman passes through after she discovers a lump, or experiences abnormal periods or frightening discharges, or chest pain, or watches her skeleton shrink or her bones break.

Empowering Women to Make Choices About Their Health

The enormity of the women's health crisis is astounding. Although women live longer on the average than men, they often suffer more from chronic diseases. As the adage goes, "Women get sicker, men die quicker." By the first half of their ninth decade, about 50 percent of women will have died from heart disease, stroke, or cancer. Because the crisis is so great, many of us are led to believe that a solution doesn't exist. How could it? If there were an answer, it would be used—or so we are led to believe.

In fact, the answer to the women's health crisis does exist and is spelled out explicitly. Moreover, that answer is not hidden in some ancient and far-removed text, but is published in the most obvious place imaginable: the world's leading medical journals. It's right there for the whole world to see.

Unfortunately, most of the world's doctors have rejected the solution to the crisis, and instead have opted for non-solutions—a wide assortment of drugs and surgeries that palliate the symptoms of disease, at least temporarily, but fail to address their underlying causes. Which means that the illnesses only grow worse, until they bring about a crisis that requires even more extraordinary measures, or simply is too far advanced for anyone to do anything about.

It wouldn't bother me as much as it does if the women themselves decided to reject the solution to their disorders. Everyone should have that right. What disturbs me is the fact that women are not given the choice between the non-solutions and the real answer. All too often, they are led to believe that the prescribed drugs and surgery are the

best available approaches. However, because these are not the best approaches, the modern epidemic of breast cancer, heart disease, osteoporosis, and so many other life-threatening disorders continues to afflict and kill millions of women prematurely.

You would think that the ineffectualness of the current approach would become obvious over time. Unfortunately, it hasn't. Each year, thousands of women undergo unnecessary mastectomies and hysterectomies; many more take hormones and pharmaceutical drugs that they do not need. In a state of fear, they undergo tests that are expensive and unrevealing. Women do all of this because they feel powerless to do anything else. Meanwhile, doctors remain silent about the fact that diet and lifestyle changes could prevent such diseases, and in many cases reverse them, even after they have reached a crisis point. Medicine has chosen to keep women ignorant of such facts. No wonder they feel helpless and hopeless.

Many of my readers are shaking their heads now and saying to themselves that such a statement is unbelievable. No doctor would deliberately keep important information from his or her patients.

Allow me to tell you a true story.

Fighting to Keep the Patient Ignorant

There are laws on the books in several states called informed consent laws, which are designed to tell women the likely results of various kinds of breast cancer treatments. These laws are also intended to inform women of their options and alternatives to the treatments. Such information is essential to anyone who wants to make a correct decision. You would think that, in a free society, doctors would insist upon such laws as the only ethical way they could conduct themselves for the benefit of their patients.

In 1981, I was living in Hawaii and in the fall of that year a group of concerned citizens approached me to help them establish an informed consent law for our state. At the time, only two other states, California and Massachusetts, had passed such legislation of informed consent for breast cancer treatment. Hawaii would be the third state, if we were successful.

My job in this effort was to inform members of the state senate subcommittee that aggressive surgical treatment, such as mastectomy, does not appear to prolong survival any longer than the non-deforming lumpectomy. The reason this is the case is because it takes eight to ten years, on average, for a cancer to grow large enough to be detected by

mammography or palpation. If after eight to ten years the mass is indeed malignant, it will have spread beyond the breast to other parts of the body and consequently will be beyond the control of any kind of surgery, including a mastectomy. Given these medical facts (which I will present in great detail later in this book), it is obvious that many women are better off choosing a non-deforming lumpectomy over a mutilating operation, such as a mastectomy. However, because women are not informed of the medical facts they do not have a choice. Instead, they are often pressured into having a life-altering procedure that they do not need.

Our efforts to pass this essential and otherwise sane legislation were opposed by lobbyist Becky Kendro, assistant executive director of community affairs for the Hawaii Medical Association, the very powerful group that lobbied on behalf of the state's medical doctors. Despite her considerable efforts, Ms. Kendro was unable to refute the facts I presented, and as a result the bill for informed consent moved out of committee to be voted on by the state legislature.

About four months later I met one of the key advocates who was fighting for the informed consent law and asked why I had not heard about its passage. She explained that instead of offering women a full-fledged informed consent law, the Hawaii Medical Association had convinced legislators to allow physicians to place a general statement on the hospital surgical release form stating that a doctor had informed the patient of all risks and benefits of the proposed treatment. The informed consent bill never got out of committee.

I was outraged. How is a woman to know if she has been fully informed of all her options unless there is a specific law on breast cancer treatments requiring that she be told both the pros and cons of any such treatments. Moreover, by the time a woman finds herself in the hospital and ready to undergo surgery, she has already made her decision and is long past fighting for more information.

Thus, the Hawaii medical doctors had won the first round. The political activist I had been talking to vowed that we would do better next year.

On March 4, 1982, I went to the Hawaii State Capitol and testified before the Committee on Health, which was chaired by Senator Benjamin J. Cayetano (who would later be elected governor of the state). Once again, the business before the committee was Senate Bill No. 2636, the Hawaii law for informed consent for breast cancer treatment. As before, I presented the medical and scientific facts on the existing medical treatments. And as before, the same lobbyist for the state's doctors,

Becky Kendro, argued against me. Once again, she failed to prove her case to the committee members. This time, however, I was not nearly as naive about our chances of having the bill come before the full legislature. As I left the meeting, I asked Senator Cayetano if there was any chance this bill would fail to emerge from committee. He assured me the bill was on its way to the full Hawaii state legislature.

The next day I received a distress call. The bill was back in committee. The medical association's lobbyist, Ms. Kendro, had been replaced by a dozen physicians, some of whom were on the staff at the John Burns School of Medicine. They were there to stop the passage of the informed consent law. Upon being told of the full court press being put on by the doctors, I immediately closed my office for the day and hurried to the meeting, which was already in session.

Once again, I reported the scientific research demonstrating that women with breast cancer who underwent lumpectomy survived just as long as those who had undergone radical mastectomy. In other words, there was no survival benefit to those women who had undergone the more radical and disfiguring surgery.

After reading my testimony, I waited to be attacked by my colleagues. To my surprise they did not try to refute the science I had gathered. Instead, they argued that the medical community did not need to be told by the government how to inform women—they were already doing a good job of that, they said—and that the medical profession itself was capable of correcting any problems that might exist.

I asked the chief of surgery of the medical school, Dr. Thomas Whelan, how he informed a woman of the pros and cons of any treatment and her alternatives to such procedures.

"I tell her all of her options and then I give her a consensus paper that explains to her that mastectomy is the best way to go," he said. Hmm, I thought. No bias in that approach, doctor!

As to the claim that doctors can police their own house, I pointed out that in the previous year fewer than 8 percent of women with breast cancer had chosen a procedure other than breast amputation. And when we examined that 8 percent who did not have a mastectomy, we found that the majority of these women might have had the surgery were it not for the fact that they were too sick to withstand it. I then pointed out that the evidence supporting the comparable benefits of lumpectomy had been available for almost thirty years. Yet, the radical surgery still dominated. This fact could only mean that women were being encouraged—not to say pressured—into having the radical surgery, even when lumpectomy was just as good a choice for surviving. Obviously, doctors weren't keeping their house in order.

As the meeting ended, Representative Joan Hayes, who had undergone a bilateral mastectomy and whose daughter had already had a single mastectomy, took a copy of my testimony over to the group of medical school doctors and asked them why this document shouldn't be given to every woman who is diagnosed with breast cancer. They had no response.

The final act of this committee meeting was to instruct the Hawaii division of the American Cancer Society and the Hawaii Medical Association to write a brochure informing women of their choices and the pros and cons of the available treatments. After that order was passed, I stood up and said to the committee members that they should "expect an advertisement for a mastectomy." They all laughed. Little did they know.

From Bias to Informed Consent

On November 22, 1983, Representative Hayes sent a letter to the Hawaii Medical Association explaining to them that she was not satisfied with the brochure because it showed "a strong bias for the modified, or radical mastectomy." As I expected, it was essentially an advertisement for mastectomy. Was it a simple oversight that the committee designated to develop the brochure had failed to ask me to assist them? I called Reginold Ho, M.D., the head of the Hawaii division of the American Cancer Society. We agreed on a lunch meeting.

Dr. Ho did not come to lunch alone. With him was Ms. Kendro, the lobbyist for the state medical association, and about twenty other doctors. You might say that I didn't come alone either. With me was a stack of scientific articles two feet high, all supporting my position. I was not going to let any unscientific claims for radical mastectomy pass unchallenged.

After sparring over trivial matters for a while, I finally said, "We only have half an hour. It's time to address the issue at hand, which is to honestly inform women about results of various breast cancer treatments. The most important question every woman should ask when considering a specific breast cancer treatment is: 'How long can I expect to live after undergoing a specific therapy?'"

Then I pointed to the stack of articles I had brought with me and said, "I have here all the relevant scientific studies published on the subject. If anyone knows of a single reputable piece of research that supports a survival advantage of one treatment over another, please tell

me.” Dr. Ho and the others were silent. I continued, “Unless you tell women the simple fact that all surgical treatments result in equal chances of survival, I will not support any brochure you write and you will not get the legislature’s approval.”

A torrent of angry and meaningless protests followed from Dr. Ho, Ms. Kendro, and some of the others. Finally the lobbyist raised her voice well above the din of the meeting room and said, “If you think you’re so smart, why don’t you write it yourself.”

“Okay, I will,” I said. And in two weeks Dr. Ho, Ms. Kendro, and their colleagues had accepted my version of the brochure informing women of their treatment options—with a few politically correct modifications, of course. Still, the brochure was intact and effective. To my great surprise and pleasure, the medical association also asked me to write a few words telling women who had been diagnosed with breast cancer that they should also adopt a healthier diet in the hope of achieving a better outcome. These doctors knew me too well.

That year, the informed consent law for breast cancer treatment passed the Hawaii state legislature, and today Hawaii is among a handful of states that actually inform women of their treatment options and the likely outcomes from those treatments. One of the primary ways women were informed of their choices was through the brochure I had written.

Sadly, There Are Many Ways Around the Law

That brochure was not well received by most doctors and clinics who specialize in the diagnosis and treatment of cancer. Some chose not to give out the document; others offered patients their own substitutions for it. Both actions were breaking the law. As such deceptions became more widely known, the breach of a woman’s right to full disclosure was addressed in the February 1988 issue of the *Hawaii Medical Association Newsletter*. The association reminded Hawaii doctors to follow the standards of informed consent. It also called the attention of doctors to the brochure, which should be handed out to patients, that “outlines the Breast Cancer Treatment Alternatives required by law.”

Sadly, very little has changed in the years since we won that battle. Overaggressive treatment for breast cancer continues, with more than 65 percent of women still undergoing breast amputation. There are two reasons so few women choose the conservative therapy. First, surgeons still recommend mastectomies. Second, only a minority of women investigate their options.

One of the reasons women do not investigate their options is because they don't know where to look for answers. Their doctors are often powerful men or women who have strong opinions and seem to have the medical knowledge to back them up. The alternative to asking your doctor for the facts is to go directly to the medical literature, but many people are understandably intimidated by scientific journals. Not only is the language foreign to most lay readers, but people do not know how to evaluate the relative importance of an individual study. Finally, lay readers do not have any real experience with the most widely used treatments, or their alternatives, and therefore do not know how effective these approaches can be. In the absence of such knowledge and experience, people react from fear. The only thing they have to hold on to is their doctor's advice. Unfortunately, that advice is sometimes biased or ill-informed. The consequence is that a lot of women choose treatments that are ineffective at best, or harmful at worst.

Information That Empowers and Heals

That's the reason I wrote this book. In the pages that follow, I explain the causes of the leading health problems women face today, and how such disorders can be overcome. I describe the common current medical approaches to those disorders, and evaluate each therapy's benefits and risks. I then examine other options that are available. I offer many case histories of women who, when faced with these same disorders, chose to reclaim their power by using the program I offer in this book.

Once you understand the causes of a particular disorder, and how it can be overcome; once you fully understand the risks and benefits of any particular therapy; once you know very clearly all your options, you are in a position to make the best decision. You will feel in control and capable of managing your own way back to health.

Being in control is the first step in dealing effectively with fear, which is a big step toward gaining clarity and making appropriate medical decisions. Unfortunately, the current medical approach does not give women sufficient information to allow them to feel in control. All too often, women are made to feel dependent on the judgment of their doctors, which naturally engenders feelings of helplessness and fear.

Every adult patient should be treated with the respect and dignity adulthood warrants. In the patient-doctor relationship, that means that the doctor must fully disclose all the medical and scientific information available to him or her that is relevant to the patient's condition. That

is not happening in medicine today. For a great many reasons, some of which I will discuss in this book, doctors often keep important information from patients. This practice is much more common in the relationship between male doctors and female patients. While there are many consequences to such behavior, the most fundamental one is that too many women take drugs they do not need, undergo an excessive amount of unnecessary surgery, and fail to experience the high quality of life they deserve.

As I will demonstrate, the effectiveness of my program has been proved in scientific and hospital settings, including the hospital where I practice medicine—and in the homes of hundreds of thousands of individual patients. In fact, the program I offer is not new. It is the oldest form of medicine in human history. It predates all the drugs you are taking, all the surgeries that you might be considering or have undergone. It is the foundation of medicine and the basis for true healing. Some 2,500 years ago, Hippocrates, the Father of Medicine, said, “Let thy food be thy medicine, and thy medicine be thy food.” Twenty-five hundred years later, McDougall is saying, “Let thy food and thy exercise be thy medicine.” I don’t think Hippocrates would mind the slight addition.

In this way, I’m really an old-fashioned doctor, one who does not want people to take a lot of drugs and undergo operations they do not need—drugs and operations that very often do far more harm than good. Fortunately, I have the benefit of nearly a hundred years of science to back up my approach. In addition, I have the knowledge that, after more than two million years of life on this planet, humanity has come to depend on a certain way of eating and behaving in order to maintain its health. By combining science and traditional behavior, I have created a program that is as modern as the latest scientific discovery, and as old as humankind itself. On many occasions I have been told that my approach to medicine is ahead of its time. For example, in 1984 I published the first study on the use of a low-fat diet to treat women with breast cancer. A radical idea back then, but almost two decades later it is accepted as a commonsense recommendation, backed by solid scientific data, for this too often fatal disease. Now *The McDougall Program for Women* is a book whose time has come.

This book offers a program that can help you prevent serious disease. It can also help many women overcome illnesses that currently afflict them. If used correctly, it can boost your energy levels dramatically. Without counting calories or ever going hungry, you can achieve optimal weight and a much more youthful appearance. It will slow the

aging process, improve your moods, and give you a much more positive view of life. The transformation that this program effects is not just the reduction or elimination of individual symptoms, but the enhancement of every aspect of your physical and emotional life. You're going to be amazed at what happens when you stop poisoning your body, and instead eat foods that strengthen your immune system, enhance your biochemistry, boost the health of your organs, and cause you to shed needless pounds.

This book contains vital information on health and medical issues for women of all ages and stages of life. It begins with a general understanding of why every woman should eat starchy foods, vegetables, and fruits. This is the basis for health, vitality, and an attractive appearance. Next I will provide you with guidance for experiencing a trouble-free pregnancy, giving birth to a healthy child, and how to nurture that child so that he or she has a strong foundation for life. Following this you will gain the information you need to protect yourself against cancer, and what to do if you have been diagnosed with some forms of cancer, particularly cancers of the breast. You will learn how to avoid having a hysterectomy. Then I will show you the way to achieve strong and healthy bones; how to reduce or eliminate menopausal symptoms naturally; and answer all the important questions regarding whether or not to take hormone replacement therapy. I'll also show you how you can avoid heart disease. Finally, we'll get down to the practical part with instruction on the complete McDougall Program, including practical alternatives to unhealthful foods and meals, and more than one hundred McDougall recipes for delicious and satisfying foods. In the appendix you will find information on major medical indications for the McDougall Program, the value of early detection tests, and why many manufactured low-fat foods are a health hazard. For those who are interested, I also provide a complete bibliography of scientific references that support my entire approach.