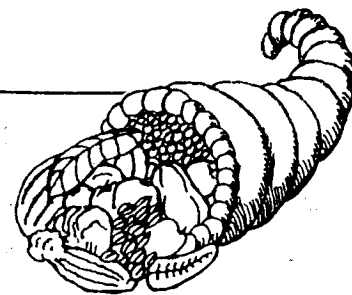


THE NEWSLETTER MCDUGALL



SEPT/OCT 1987

VOL. 1 NO. 7

INFORMATION FOR YOUR HEALTH

THE BURDEN OF PROOF

The burden of proof rests with those recommending debilitating, mutilating, painful and/or expensive treatments. Seems simple and sensible enough to me.

Unfortunately, during the actual day to day practice of medicine, unproven therapies, and even therapies proven ineffective and hazardous, are passed off to the health-consuming public as tried and true--beneficial therapies. The reality of today's medical industry is that until someone proves that the treatment is worthless and dangerous, beyond a doubt, you and your family can be subjected to its use. If the financial rewards are large enough, these treatments continue to be used even after the incriminating evidence is made public.

Recently, I disagreed with a cardiologist's recommendation to send an elderly woman to bypass surgery. This patient was at high risk for complications and death from surgery because of her extensive blood vessel disease from her high-fat, high-cholesterol diet, and lung disease from years of smoking. Originally, the patient was sent to **The McDougall Program** by her cardiologist to get her "ready for surgery." She did so well during the 12-day program that her indication for surgery, incapacitating chest pain, was relieved.

Instead of praise for the patient's success, the cardiologist was angered. Because I contradicted his opinion, a second review of her case at the weekly cardiac conference was called--the first review several months ago resulted in a consensus for surgery. At this meeting I took the position that the patient was at too high of a risk and felt too well to be subjected to heart bypass surgery. Furthermore, with her condition, bypass surgery has not been shown to prolong life any longer than more conservative medical therapy.

During the meeting, in opposition to several well-educated cardiologists and bypass surgeons, I insisted "they were obligated to prove to me and the patient the benefits of any treatment recommended, especially when the potential for harm to the patient was so great. During the course of the discussion they could not offer convincing evidence that bypass surgery would prolong the life of this patient or others with similar disease. In fact, the available studies showed that bypass surgery would not prolong the life of a patient with her severity of disease. The final outcome of the meeting was they agreed that this patient should not be sent to surgery. However, for others their opinion remained unchanged--the best therapy for this type of heart disease was to operate regardless of the lack of supporting evidence--and they seemed to feel little obligation to defend their position with scientific studies.

Bypass surgery has not been demonstrated to save lives in most cases (90%) according to the results of all three of the major studies over the last two decades (Hampton J. British Medical J 289:1166, 1984; Luchi R. New England J Medicine 316:977, 1987.) Yet 250,000 surgeries at \$25,000 each are performed yearly--and the suffering, expense and risks of this surgery are undeniable.

Let me provide you a few more examples of unproven tests and treatments that can effect your personal welfare:

Each year 120,000 women in the United States are diagnosed with breast cancer. Almost all of these cancer victims are subjected to a mutilating mastectomy or debilitating X-ray therapy, even though evidence to date clearly shows that no benefits in survival are gained from these extreme treatments over performing a non-deforming lumpectomy (Fisher B. New England J Medicine 312:665, 1985.)

Ten percent of the people in our country take high blood pressure medication and over 90% of the drugs are given for mild hypertension (defined as a diastolic of less than 104 mm Hg.) Scientific reviews of this treatment have shown beyond argument that there is no appreciable benefit from drug therapy for the patient from treating mild hypertension (Wilcox R. British Medical J 293:433, 1986.) (And the benefits from drug therapy for more severe high blood pressure are not conclusive.)

Adult onset diabetics often take pills to lower their blood sugar with the unsubstantiated belief that a lower blood sugar will eventually result in fewer complications and a longer life. Yet, prescribing information accompanying every one of these pills contains a "SPECIAL WARNING OF INCREASED RISK OF CARDIOVASCULAR MORTALITY." This information, easily located by interested persons in the Physician's Desk Reference (PDR), clearly states that these medications have been reported to increase the risk of death from heart attacks 2 1/2 times over those diabetics receiving no drugs at all.

Screening for colon cancer by checking for minute amounts of blood in the stool seems like a harmless recommendation and is encouraged through the newspaper, television and radio. Yet scientific studies have not demonstrated a decreased risk of dying from colon cancer from such widespread testing (Frank J. American J Preventive Medicine 1:18, 1985.) One reality often overlooked is that finding blood leads to more expensive and dangerous tests and treatments (such as colonoscopy and colon surgery), resulting in complications as serious as death.

Powerful arthritis medications are prescribed like magic "sugar pills" by many doctors. Yet a recent 20-year study of drug therapy for rheumatoid arthritis has shown that these medications will not improve the long-term outcome for patients, and too often they contribute directly to their death and disability (Scott D. Lancet 1:1108, 1987.)

All of the above medical recommendations share a record of ineffectiveness and are clearly damaging to the patient, yet they are the standard of medical practice in our communities. Why? A difficult question to answer, but here are some factors that must play a role in their continued use.

All of these recommendations :

- At first glance seem sensible.
- make the patient dependent upon the doctor for help. This gives the doctor power and authority--patient control.
- are financially lucrative for the medical business (doctors, hospitals, pharmaceutical industry, etc.).
- are a "fix me approach," which relieves the patient of the burdens of self-care and self-responsibility.

The sad truth is too many tests and treatments don't do what they're supposed to--improve the quantity and quality of life--and the health consumer pays a heavy price. It is difficult, but not impossible for patients to protect themselves from doctor's recommendations that do not result in better health for you and your family.

You might ask your doctor the following about a proposed test:

- How is this test going to change the way you treat me?
- What information will be gained from the test?
- What are the risks and expenses of such testing?
- What alternative tests are available?
- What are the worst possible consequences if I don't take the test?
- What further tests and treatments could this test lead to?
- Please provide me with some studies that show the benefits and risks of the proposed tests.

You might ask your doctor the following about a proposed therapy:

- What exactly are the benefits I can expect from the therapy?
- How often does the therapy attain (fail to attain) these benefits?
- What are the risks and expenses of the proposed therapy?
- What are the alternative treatments available?
- What further tests or treatments can this therapy lead to?
- What are the worst possible consequences if I don't take the therapy proposed?
- Please provide me with some studies that show the benefits and risks of the therapy proposed.

The library and the library's computer are great resources of information available to any interested health-care consumer. You can go to the nearest public, medical or university library for help--it is easy and cheap! For less than \$10 (sometimes free) you can have the Librarian research by computer the medical literature on your disease and any proposed test(s) or treatment(s). From a computer search of the National Library of Medicine a sheet of paper is generated listing various studies written from as far back as 1966. The information can range from the title of the article to a detailed abstract of the contents of the article. You can then search out the original study and read it yourself--most are very simple to understand.

MEDICAL RESEARCH

FISH OIL DECONTROLS DIABETICS

by Nathan Horwitz (Medical Tribune 28:1, 1987). Some of the problems with fish oils were covered in Vol. 1, No. 4 of the McDougall Newsletter. Since then researchers from three centers have reported that fish-oil supplements have produced a steep rise in blood sugar levels and a fall in insulin secretion in diabetic patients--causing a rapid, but reversible deterioration in their diabetes. These adverse effects are seen both in childhood and adult diabetics.

COMMENT: Apparent benefits of fish oil--lower cholesterol and triglycerides, plus anti-inflammatory properties--are offset by the side effects--obesity, large amounts of cholesterol in the oil, toxicity, bleeding tendency, worsening of diabetes, oily skin and hair; and the possibility of vitamin A & D toxicity, an increase in gallbladder disease, cancer and death of infants around birth.

ASYMPTOMATIC CAROTID ARTERY STENOSIS: SPARE THE KNIFE (editorial)

by Peter Sandercock (British Medical Journal 294:1368, 1987) "Should patients without symptoms but with a carotid bruit avoid investigation and surgical treatment for the noise in their neck?" (A carotid bruit is a rumbling noise in the large artery in the neck that carries blood to the brain. The noise is caused by turbulence of blood flow--the turbulence is caused by closures (stenosis) in the insides of the arteries due to advanced atherosclerosis.)

In the United States 130,000 to 180,000 operations on these vital neck arteries are performed each year--many on patients having no other signs or symptoms of disease (asymptomatic.) The risk of these patients suffering a stroke from the noisy artery is as low as 0.1% per year, without surgery. Compare this low figure with a 1-5% risk of stroke or dying from the surgery to remove some of the atherosclerosis when this surgery is performed in specialty centers. (However, under less ideal conditions, in community hospitals, the risk of stroke or dying is 11-21%.) Even the tests are dangerous; there is a 5-12% risk of suffering a serious complication from the study used to determine the extent of the disease, called an angiography. The editors of this article sum it up well by stating, "In conclusion, the balance of evidence is at present against angiography and surgery for patients with asymptomatic carotid bruit or stenosis."

COMMENT: Another worthless, but profitable surgery--and the patient pays dearly in dollars and suffering. There are several reasons for the poor results with surgery: Foremost, the human body is a miracle, surviving with normal function even with almost total closure of its system of arteries by the barnacles of atherosclerosis; surgery is risky for people of advanced age with extensive artery disease; and seldom does any doctor bother to tell the patient to stop the cause of the disease--fat and cholesterol.

FOOD ALLERGY IN STEROID-RESISTANT NEPHROTIC SYNDROME

by R. Genova (Lancet 1:1315, 1987). Twelve children (aged 4-16) with nephrotic syndrome due to glomerulonephritis were

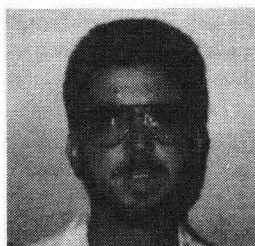
studied (glomerulonephritis is a condition where the kidneys become very inflamed, lose large amounts of protein and blood in the urine, and the body swells with fluid. Kidney failure, followed by the kidney machine and a shortened miserable life are the usual future for these patients). All of the children had failed to respond to treatment with powerful anti-inflammatory drugs called steroids and many also failed on anticancer drugs called cyclophosphamides. During the study they were started on a diet that excluded common causes of food allergy--no dairy products, eggs, pork products, tomatoes, etc. (see The McDougall Plan or McDougall's Medicine for an effective elimination diet). In four of the children the nephrotic syndrome improved in less than a month. Within 4 to 6 months remission was seen in six children. Three were rechallenged with dairy products (milk) and all three had immediate recurrence of their condition.

COMMENT: A debilitating, often fatal, kidney disease, was cured in half the patients by simply and safely excluding common causes of food allergy, especially dairy products. Apparently the proteins in the milk (or other foods) enter the body through the walls of the intestinal tract. Once in the blood stream these proteins are attacked by antibodies (proteins synthesized by our immune system to attack foreign invaders--like bacteria and viruses). The milk proteins and antibodies form complexes that are filtered by the kidneys. Once stuck in the kidney tissues these complexes act like a splinter of wood jabbed under the skin--causing inflammation. The inflamed kidneys leak blood and protein into the urine. Soon the injured kidney tissues are permanently damaged and the kidneys fail. Other investigators have reported the cause and "cure" of nephrotic syndrome by the elimination of milk (Lancet 1:388, 1977), pork (Lancet 2:450, 1985) and other animal products (Kidney Int 30:592, 1986.) See Patient Profile below for a recent example of similar success from **The McDougall Program** at St. Helena Health Center.

PATIENT PROFILE

LEONARD LAYNE

elementary teacher
water skier



*Three years ago at age 35, protein was found in my urine on a routine physical exam--that was the first I knew of my kidney problems. I had a kidney biopsy and my condition was diagnosed as membranoproliferative glomerulonephritis, which to me meant I had severely inflamed kidneys. I was placed on 120 mg of prednisone (an anti-inflammatory drug) and Lasix (a diuretic), and my doctor told me these drugs were not going to stop the disease from causing further kidney damage. I was in trouble! My doctor told my wife not to start back to school, because I would soon be on a kidney machine and there would soon be enough problems for our family without added burdens from her education.

*I missed a lot of school because I was so sick. Those days I felt well enough to teach school were spent in a lot of pain--my feet were so swollen I had to continuously elevate them on desks or chairs.

*On more than one occasion I asked my doctor if diet had anything to do with my problem--"clearly not," was always his response. I started to read Pritikin--but at that time it seemed too hard--I wanted someone to do it for me.

*Several months later I heard McDougall on a San Francisco radio talk show--his instructions were simple--I stopped all meat, cheese and other animal products. My diet was simply Grapenuts, potatoes, salads, vegetables and fruits. But it worked!

*I dropped from 280 lb. to 190 lb. My kidneys improved--my doctor thought the test results were a mistake, but repeat tests showed the disease was going away--he called it a temporary remission...I called it a cure.

*After 2 years I started back into cheese, fish and turkey. I lived on Fettucine Alfredo and cheese sandwiches. I was going to make up for all that time I was deprived. Why shouldn't I eat anything I wanted--my kidneys were all better.

*Within four months my legs were swelling again. I was afraid to go back to the doctor only to hear "I told you so." Three months later I finally went to him for a 24-hour urine collection which proved to my doctor that my improvement, as he had said, was only a temporary unexplainable remission. To me the tests proved my kidney disease was all due to my diet. I was placed on 100 mg of prednisone and 80 mg of Lasix, and again told these drugs would only help with the swelling but not to expect them to stop the destruction of my kidneys and their inevitable failing.

*I was desperate. I started looking at acupuncture and holistic-oriented doctors. I asked my doctor if he would authorize my health insurance to pay for **The McDougall Program** at St. Helena--he refused.

*My wife and I decided to pay for the 12-day **McDougall Program** at St. Helena ourselves. I entered the live-in program on June 28th, 1987--swollen up to my knees and feeling terrible. I was in such poor shape I could hardly run and I flunked the treadmill. My urine was loaded with blood and protein.

*My Lasix was stopped the first day of the program. I was fed all the foods I knew I should be eating. Within 7 days my urine tests had improved substantially and I was able to stop all my prednisone. By the time I left my urine examination was nearly perfect; my legs were no longer swollen and I had lost 11 lb. of water and fat.

*During the program Dr. McDougall gave me a research paper (Lancet 1:1315, 1987) that showed how patients with my condition were cured by simply changing their diet--especially important was eliminating dairy products.

*I'm now 170 lb. I took up water skiing this summer--an adventure I would never have considered before. My physical condition now surprises and pleases me.

*I hope my experience will benefit other patients with similar trouble. I'm going to make sure my doctor and the health insurance company know and remember what happened to me. I saved my health insurance company hundreds of thousands of dollars--the expense of caring for a patient on kidney dialysis. I'm going to do whatever I can to get them to reimburse me for the money I spent for **The McDougall Program**--that's the least apology they owe me for the suffering my family and I have gone through. If it costs them a few dollars, the next patient they see may have a better chance of getting the best treatment available, even if it is simply a sensible change in diet, rather than powerful drugs.

RECIPES

BEAN AND RICE BURRITOS

Contributed by Steve Strickholm of Santa Barbara, CA

SERVES: 2-3 PREPARATION TIME: 20 min.
COOKING TIME: 10 min.

BEANS MIXTURE:

1-28 oz. can of pinto beans
1 to 2 cups of cooked brown rice
3/4 cups of water
dash of chili powder, garlic
powder, & cumin
3/4 cup water

TOPPINGS:

1 head of lettuce
1 bunch green onions
1 ripe tomato, chopped
salsa

Whole wheat tortillas (6)

Drain and rinse the beans. Place in sauce pan and mash with a potato masher. Add cooked rice, spices and water. Heat (5-10 min.) Wash and chop lettuce. Dry lettuce by spinning in a salad spinner. Prepare green onions and tomatoes. Heat tortillas in pre-heated skillet or microwave. Place a line of bean mixture down the middle of the tortilla. Top with green onion, tomatoes, lettuce and salsa. Tuck in top and bottom edges and roll into a burrito.

HELPFUL HINTS: This is a quick and easy recipe to fix for those days when you're too busy to spend much time in the kitchen. Save all components of burrito in separate bowls in the refrigerator for easy preparation later in the week.

OATMEAL MUFFINS

Contributed by Pat Hilberg of Euless, TX

SERVES: 10 muffins PREPARATION TIME: 10 min.
COOKING TIME: 15 min.

1 cup quick oatmeal, uncooked
1 cup apple juice
1 cup whole wheat flour
3 tsp. baking powder
1/8 to 1/4 tsp. salt (optional)
1 tsp. cinnamon
1 tsp. egg replacer in 2 tblsp. water
(beat until frothy)
2 tblsp. honey
2 tblsp. apple or orange juice

Combine oatmeal and apple juice in a large mixing bowl and let stand for ten minutes. Sift whole wheat flour, baking powder, salt and cinnamon together in a separate bowl. After 10 min. add egg replacer, honey, and orange or apple juice together with the contents of the two bowls containing the wet and dry mixtures. Mix until just moistened.

Fill nonstick muffin cups with oatmeal muffin mixture and bake at 400 degrees for 15 min.

HELPFUL HINTS: Options--add 1/3 cup of chopped nuts, water chestnuts or dried fruits (raisins) to dry ingredients. Use 1 tblsp. molasses instead of 1 tblsp. honey. Add 1/4 tsp. of ginger to dry ingredients. If your muffins stick, you may need to lightly oil the muffin cups before using.

LETTERS TO THE MCDOUGALLS

It is with great joy that I can tell you about my success on your health-supporting diet plan. Ever since I was a young boy I have suffered from allergies. These allergies were most severe in the spring and summer months. My parents even went so far as to get me allergy shots. However, after eliminating dairy products for 2 months, my allergies have almost disappeared! As an added bonus, my total weekly food bill has dropped about \$15.00, which is a savings of \$780.00 a year. Thank you for your outstanding book! B.D., Fremont, CA.

I would like to take this opportunity to tell you how the health-supporting diet is helping my wife and I. We are both in our late 30's and we are both grossly obese. Over the years we have tried many diets. We had pretty much decided that it was destiny for some people to be fat. I personally did not mind being fat, but I know it's unhealthy and everyone in my family dies of heart problems. With a hereditary risk factor, plus being obese and badly out of shape, I knew it was only a matter of time before I too would develop coronary problems. My wife and I have been on the health-supporting diet as suggested in your book for 6 weeks now. My wife has lost 24 lb. and I have lost 26 lb. We both have more energy than we thought possible and we have started a regular walking program. Since we were so out of shape, we've had to start out very slow and easy, but we are making progress and we know now that, thanks to you, we can reach our goal of excellent health and long life. E.D., Lodi, OH.

MORE HELP

The McDougall Plan--\$8.95. McDougall's Medicine--A Challenging Second Opinion by New Century--\$8.95. Volume I & II of the Cookbooks \$7.95 each. Add postage (\$2 first book--\$1 each additional)--send to POB 14039, Santa Rosa, CA 95402.

THE MCDOUGALL PROGRAM at St. Helena Hospital, Napa Valley, CA. Two weeks of physician supervised live-in care designed to get people off medication, out of surgery and living again--call 1-800-358-9195 (outside California) or 1-800-862-7575 (California).

SUBSCRIBING INFORMATION

The McDougall Newsletter is published bimonthly. Send \$8 to POB 14039, Santa Rosa, CA 95402. Previous issues available at \$1.50 per copy.

ADDRESS CHANGE

Please note that the McDougalls have moved to Santa Rosa, CA to be closer to **The McDougall Program** at St. Helena Hospital and Health Center. We still have our Hawaii POB and our Hawaii medical office. For more prompt attention write to us c/o:

POB 14039
Santa Rosa, CA 95402

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