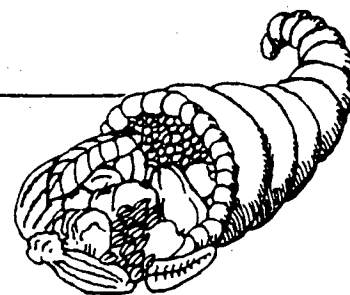


THE NEWSLETTER MCDougALL



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INFORMATION FOR YOUR HEALTH

EARLY DETECTION (WISHFUL THINKING)

Early detection of cancer has been one of the major efforts in the battle to win the war on cancer for as long as I can remember. Still, a victory does not even seem close. There are basic reasons why this war is not about to be won with the present strategy being waged—you need to know why.

CANCER 10 YEARS OLD IS EARLY???

Normal healthy cells of the body live in a neighborly manner—cells reside next to each other and only divide when an adjacent cell dies. A cancer cell, however, loses this control and divides without concern for the cells that surround it, pushing them aside as the diseased lump of cancer is formed.

The transformation of a normal cell to a cancer cell is caused by injury—from cigarette smoke, radiation, and chemicals, for example. The product of this injury, the single cancer cell, divides into two cells after about 100 days. The next division, 100 days later, produces four cells. After a year of having cancer, 12 cancer cells make up the entire cancer. These microscopic cells would take a dedicated pathologist a lifetime to find. The doubling continues until after six years the cancerous lump contains one million cells. The cancer is now the size of a period on this paper (less than a millimeter.) Neither X-rays, specialized mammography, radioactive scans, nor careful palpation can find a tumor this small.

By this time—6 years of existence—a tumor of 1 million cells—a millimeter in size—cancer cells growing in the colon, breast, prostate, and lung (as well as most other solid tumors) have broken through blood vessels and traveled by blood stream to other parts of the body. In 90% of cases, these cells implant in normal tissues. These migrant cancer cells, called *metastasis*, grow at about the same rate as the original tumor (doubling on the average of 100 days.)

After 10 years of growth the tumor reaches a size that is detectable by present day technology—the tumor is the size of a small marble, consisting of a billion cells. Then the patient is rushed off to the operating room to save his or her life "by getting it all in time." A ten year-old cancer, but not a minute is given to the patient to consider the options of therapy available. If you now understand the way cancer grows and spreads, you understand why early detection is very difficult, if not impossible.

EARLY IS BEFORE CANCER!

Most cells will demonstrate precancerous changes, that can be seen under a microscope, prior to becoming cancer cells that divide to form a lump. If the suspicious area is treated before actual cancer develops, and metastasis occurs, then the risk of eventually dying of cancer may be decreased. Thus the early detection tests that have the potential to make the biggest difference rely on finding precancerous cells. Once the tumors are large enough to be found by X-ray or felt as a lump "the cows are out of the barn." Cancer cells have spread and are now growing in the liver, lungs, bones and brain and replacing normal tissues; eventually killing the patient. These cells cannot be reached by surgery or X-ray, and chemotherapy has proved more toxic to the patient than the metastasis in most cases.

One problem with treating precancerous lesions is only a small percentage progress on to become deadly cancer. If all these suspicious cells are treated, then much unnecessary surgery, radiation, freezing and burning therapy are given. Precancerous cells of the uterine cervix are found by a test commonly known as a Pap smear. When mild precancerous changes were followed without treatment, regression to normal occurred in 62% of cases. (Obstetrics & Gynecology 67:665, 1986.) But, 16% progressed, with 2 out of 555 developing cancer—who can predict which will progress and which will not?

Sometimes precancerous cell changes can be reversed by eliminating the factors causing the cancer—the cigarette smoke, the fatty diet—and/or by treatment with relatively harmless vitamin preparations. For example, vitamins have been successfully used to treat precancerous skin lesions (a product called Retin-A), and to treat the uterine cervix and lungs (with folic acid and vitamin A pills.)

ADVERSE CONSEQUENCES OF EARLY DETECTION:

When performing tests on apparently well people, the benefits clearly must outweigh the risks. The benefit expected is *a longer disease free life*. But, the costs of early detection are not negligible:

Cancer Phobia: Asking you to closely look at, feel and perform various medical tests on your body and its excretions and secretions, adds considerably to your fear of getting cancer. With all the talk lately about mammography, many more women are suffering with anxiety, and some becoming depressed, over the thought of breast cancer.

Cost: Some tests, like breast palpation are free, while others, such as mammograms are costly (average \$100.)

Inconvenience, Time and Discomfort: Reporting to the hospital to have your breast pressed between the jaws of a x-ray machine rivals bending over for a rectal-prostate exam for degree of embarrassment, inconvenience and discomfort.

Hazard: For years a major concern over mammography was the X-rays delivered during the examination would cause as many cancers as they would find. Newer lower energy machines and more careful technique have lowered the danger to where most doctors feel the benefits outweigh the risks. But, dosage delivered varies with the medical center—choose carefully! Screening younger women has a greater risk of cancer than mammography for older women; therefore, women under 50 have generally not been recommended for yearly tests. *X-ray examination of the breast is unique in that the technique used carries a risk of causing the disease it is suppose to be detecting.*

Unnecessary Examinations: Positive findings on mammography usually lead to surgery—a biopsy. Blood found in the stool requires a barium enema or a colonoscopy to further evaluate. Many of the patients will be found free of cancer—thus in retrospect, they were subjected to unnecessary tests. These tests can be deforming and hazardous.

Missed Diagnosis: Screening should not be relied upon solely to make decisions. Women quite frequently have a suspicious breast lump, yet are told on the basis of a negative mammogram that "There is nothing to worry about." These X-rays, however, incorrectly diagnosis over 22% of cancers in women over age 50, and 44% of cancers in younger women (Cancer 61:263, 1988.) Therefore, the suspicious lump should be further investigated (a biopsy), regardless of a negative mammogram.

False Reassurance: If someone believes they will be saved by early detection and treatment, they will be less likely to take steps toward prevention. Consider how the sexual practices have changed: once there was gonorrhea and syphilis treated easily with a shot of penicillin and the attitude was "free love." Incurable herpes and AIDS have made us look toward the only true salvation — prevention. Understanding the highly lethal course of cancer, unchecked by treatment in most cases, and the actual limited benefits from early detection will send more of us towards prevention.

COMMENTS ON SPECIFIC TESTS:

I would like to discuss with you The American Cancer Society's (ACS) recommendations for early detection in *patients without symptoms* (CA 30:193, 1980 with updates,) and then explain why I agree or disagree, with literature references provided for those who would like to read more. Understand, recommending any of these tests to an individual is different than using these tests as a strategy to win the war on cancer. If you understand the benefits and risks, a personal choice to utilize any of these methods cannot be criticized.

BREAST CANCER:

Breast Self-examination: *Every month for women over 20 (ACS).* Although self-examination is harmless, the evidence does not support a decrease in risk of dying of cancer (Skrabanek P. Lancet 2:316, 1985.) Remember the cancer is 10 years old when found. Self-examination increases cancer phobia. On a positive note, self-exams will find smaller tumors that can be removed more often by a non-deforming lumpectomy. However, this is clearly not an acceptable strategy to win the war on cancer.

Mammography: *A baseline examination at age 35 to 40. Mammograms every 1 to 2 years from age 40 to 49. Then annual exams after age 50 (ACS).* The evidence for baseline examination is incomplete and not convincing. I don't believe the benefits outweigh the risks, costs and inconvenience for women under age 50 (Bailar J. JAMA 259:1548, 1988.) Over age 50, yearly mammography appears to reduce the risk of death from breast cancer by 30% over 5 to 7 years. I have no objection to women over 50 having yearly mammograms, but don't lose sight of prevention—a low fat diet. The billions of dollars spent on mammograms would be better spent on teaching women to eat healthy. (Skrabanek P. Lancet 2:316, 1985.)

CERVICAL CANCER: *Pap smears at least every 3 years after 2 negative examinations (ACS).* It takes 13 to 20 years for the earliest detectable changes to develop into deadly cancer. Unfortunately, 15% to 55% of abnormal tests are read incorrectly as normal. I agree every 3 years is useful. Many gynecologists disagree with the ACS policy, in part, because they make more money from yearly exams.

COLON CANCER:

Sigmoid and digital exams: *After age 50 sigmoidoscopes every 3-5 years, after 2 negative exams 1 year apart, and digital (finger) exams yearly (ACS).* Evidence on the value of these examinations to increase survival is not convincing. An early colon cancer is the size of a golf ball—remember, it takes 10 years to reach the size of a small marble—how could surgeons possibly hope to cure a cancer 15 to 20 years old? These tests will not win the war on cancer. The potential for harm to you is also real. (Frank J. Am J Prev Med 1:18, 1985.)

Stool Guaiac: *Test stools for microscopic blood yearly over age 50.* Data does not support benefits over risks and costs. I do not recommend (Editorial. Lancet 1:22, 1986; Frank J. Am J Prev Med 1:18, 1985.)

LUNG CANCER:

Sputum Cytology: *Not recommended (ACS).* I agree the sputum (lung secretions) should not be tested even in smokers.

Chest X-rays: *not recommended (even in smokers.)* I agree.

PROSTATE CANCER: Rectal exam to feel prostate: *No ACS policy in this report.* Early detection has failed to show increase in survival. I don't recommend this exam for the war on cancer (Stamey T. Monographs in Urology, 1982.)

Skin Cancer: *No ACS policy.* Many precancerous and early cancers of the skin can be simply and effectively treated. An occasional look is safe and cost-free.

PREVENTION COULD WIN THE WAR—NOW!!!

Unfortunately, prevention is unpopular with most of us, because this approach takes effort, and because of our belief in our own invulnerability. Only one out of seven smokers gets lung cancer, I'll be with the six that don't. If everyone who smoked got lung cancer, no one would smoke.

The medical business makes money from methods of early detection and treatment — prevention is nonprofit. *The history of medical care clearly shows the underlying influence of money focuses health professionals attention on more profitable approaches.*

MEDICAL RESEARCH

Aspirin to Prevent Heart Disease

Secondary Prevention of Vascular Disease by Prolonged Antiplatelet Treatment — ANTIPLATELET TRIALISTS' COLLABORATION (British Medical Journal 1:320, 1988.) Thirty-one randomized trials using drugs that inhibit the action of platelets, such as aspirin, were analyzed. These trials involved 29,000 patients with a history of transient ischemic attacks (small temporary strokes), strokes, heart attacks or chest pain (unstable angina.) Overall, the risk of dying was reduced by 15% and the risk of suffering a nonfatal heart attack or stroke was reduced by 30%. Thus, the use of aspirin (and other drugs that inhibit platelets) can reduce the risk of suffering a serious vascular event in people with a previous history of serious atherosclerosis.

COMMENT: Twenty years ago aspirin was found to inhibit the action of blood clotting elements called platelets, and thereby "thin the blood." In most instances, the final stages in a stroke or heart attack involves the formation of a blood clot in the artery that brings nourishment to the heart or brain tissues. Inhibiting the platelet's clotting activity decreases the likelihood of the clot forming, thereby preventing some of these tragedies. However, there are some facts you must consider before starting on such a treatment program.

In people who have *no* history of serious atherosclerosis, in other words, they do *not* suffer from transient ischemic attacks, strokes, chest pain or a heart attack, the benefits of taking aspirin have *not* been shown to outweigh the risks.

Aspirin therapy can have *serious side effects* for many people. The aspirin irritates the stomach lining causing pain (indigestion) and bleeding, in rare cases the blood loss can be life threatening. The increased bleeding tendency caused by the aspirin could turn a minor injury into a fatal bleed. Some people are allergic to aspirin. Hemorrhagic strokes are increased in those who take aspirin. (In hemorrhagic strokes bleeding occurs into the brain due to the leakage of the blood vessel, rather than a clot forming as in most common strokes)

If you do decide to take aspirin, you should know that small doses are as effective as larger doses, with much less side effects. As little as 50 mg of aspirin a day will permanently inactivate every platelet in your body. New platelets must be made before there is any blood clotting activity from platelets. An adult aspirin contains 300 mg of aspirin. A baby aspirin, only 90 mg of aspirin. Studies have only been done with doses as small as one adult aspirin, but one baby aspirin a day should be enough. Coated aspirin (Ecotrin) dissolves in the small intestine, thereby decreasing stomach irritation.

Finally, and most importantly, heart disease and strokes are not due to "aspirin deficiency." The wisest choice for preventing tragedies of the blood vessel system is to deal with the cause—your first line therapy should be a low-fat, no cholesterol diet. Second line therapy may include an aspirin a day for those people at high risk for a heart attack or a stroke.

RECIPES

BARBEQUED SPARE RIBS (WITHOUT BONES)

Freeze 2—14 oz. packages of tofu. Then thaw. Squeeze out water and cut into 1/4 inch thick strips. Lay strips in the bottom of a baking dish that has been lightly coated with oil.

Then mix together:
3 tbsp. peanut butter
1/3 cup hot water
1 tbsp. paprika
1/4 tsp. black pepper
1/2 tsp. garlic powder
2 tbsp. soy sauce

Wisk until smooth. Spoon over the tofu strips. Let it marinate for 1 hour.

Prepare Barbeque Sauce:
1 onion, chopped
2 cloves garlic, crushed
Saute in a small amount of water until soft.

Add:
3 (8 oz.) cans of tomato sauce
1/4 cup water
1 tbsp. molasses
1/3 cup mustard
1 tsp. allspice
1 1/4 tsp. crushed red pepper
2 tsp. parsley flakes
Bring sauce to a boil, reduce heat, and cook uncovered for 1 hour.

Add:
1/4 cup water
1/4 cup lemon juice
2 tbsp. soy sauce
Heat thoroughly. Remove from heat.

After tofu strips have marinated, bake in a 350 degree oven for 25 minutes. Then turn over, pour barbeque sauce over them all, and bake for another 25 minutes.

REHASH

What do you tell people when they ask, "Why are you following the McDougall Program?"

*I deserve better—actually the best. I've spent the first part of my life in less than ideal health and not looking my best. I didn't know better, but now I do. I have many years ahead of me and I would like to spend them as well as possible.

*Facing the likely possibility of a tragedy, like a heart attack, stroke or cancer, is something I want to reduce. Especially, now that I know sensible changes can make a big difference. My life is too valuable to me to take such risks just for the sake of eating greasy, salty, brown and yellow foods.

*You may take a quiet stomach and daily bowel movements for granted. I can't. My intestines protest the foods I've eaten all day long. I am a very sensitive person. Fortunately, I have recently learned principals that respect my sensitivity and give me the opportunity to be healthy, finally, all day long.

*Waking up every morning with a headache and body aches, then feeling tired all day long is not how I want to spend the rest of my days. I have important work to do everyday, I want to be at my best, and now I know I have that choice.

*I don't like to take drugs. They make me feel dependent, and every pill reminds me that I am sick. I'm afraid of the side effects. The McDougall Program can help me reduce or discontinue most medications, how could I choose otherwise?

*I've been on every diet known to the paperback book industry and the medical profession. I'm tired of fighting with my hunger drive, and through being fat. Now that I understand my body better and the value of starches, vegetables and fruits, I realize I can eat as much as I want, lose excess pounds effortlessly, and stay trim.

*The way I look affects the way other people feel about me. I go to a lot of trouble to wear nice clothes, keep my hair and nails trim and apply all varieties of colognes, perfumes and deodorants. It doesn't make sense for me to counteract all that effort with a poor appearance—obesity, acne, oily skin, and body odor. A change to the McDougall Program makes an excellent first impression and a lasting impression.

*My religious background has taught me the value of taking care of the "temple"—my body. I do want to respect the values I was raised with.

*I think the way I've eaten for years is wasteful in many ways and as a person concerned about the world around me I want to contribute as constructively as possible. That means I have to change the way I eat.

*I have recently learned many new things. Most distressing, many of the principles I have discovered have been contrary to what I always believed. I don't like being misled. I would like to find out more ideas that truthfully apply to me.

*There are many ways to solve problems. If several different options give similar results then I need to be the one who chooses where I'm willing to put my efforts and take my risks.

*I have found that there are many unresolved questions about proper medical treatment. If some therapy is unproven, or worse yet proven ineffective, then I want to know about this. I don't want to be treated by questionable or definitely ineffective methods. Some people consider being involved in an experiment a noble sacrifice for medical science. Personally, I don't care to be a part of an experiment.

*I strive to do the best in all areas of my life—my job, my family, my relationships. I've looked at diet plans considered moderate and prudent—they're not worth my effort. If I'm going to take the trouble to change, then I'm going to make the most effective changes possible—period.

*No one cares more about me than I do. I can not leave such an important matter solely up to another person even if this person is my doctor. He or she is not a god. Because of the McDougall Program, I no longer ask, "What can my body do for me, but rather, what can I do for my body."

TAX-DEDUCTIBLE DONATIONS TO THE MCDOUGALL PROGRAM

There are many worthwhile health foundations looking for your precious dollars. I believe the direction we are going in at The McDougall Program will make the most difference for the health of the most people. I have set up two separate funds for your charitable gifts. All donations are deductible for Federal and State income tax purposes. Both foundations are set up through The St. Helena Hospital and Health center. Send Contributions to either foundation c/o The McDougall program, St. Helena Hospital and Health Center, Deer Park, CA 94576. Thank You. *The McDougall Lifestyle Change Research Fund* 2574.1040 will be money I personally manage for research and education. This fund has already accumulated nearly \$ 5,000 with a future promise of several hundred thousand dollars. *The McDougall Program Fund* 2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education.

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, Deer Park, 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

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