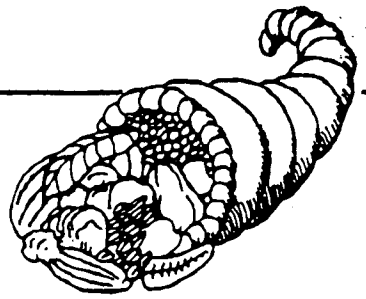
THE NEWSLETTER MCDOUGALL



SEP/OCT 1988 VOL. 2 NO. 5

INFORMATION FOR YOUR HEALTH

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MEDICAL RESEARCH

THE APPROPRIATENESS OF PERFORMING BYPASS SURGERY by Winslow C. at the Department of Medicine, UCLA Center for the Health Sciences, published in JAMA 260:505, 1988. Information about how appropriately procedures are performed is vital to the understanding of the impact of technology and to the success of efforts to channel its use appropriately. While the efficacy of coronary artery bypass surgery has been addressed in several large-scale, randomized trials, there is little information about how appropriately the procedure is actually being used in the community. We determined the appropriateness of coronary artery bypass surgeries performed in three randomly chosen hospitals in a western state. We determined appropriateness by comparing data obtained from a detailed medical record review with a list of 488 indications. This list, developed by a national panel of physicians, covered all possible reasons for performing the procedure. Three hundred eighty-six cases from the years 1979, 1980, and 1982 were examined. Fifty-six percent of the surgeries were performed for appropriate reasons, 30% for equivocal reasons, and 14% for inappropriate reasons. The percentage of appropriate surgeries varied by hospital, from 37% to 78%, but did not vary by patient age. Eliminating the performance of inappropriate procedures may lead to reductions in health care expenditures or to improved patient outcomes. (Author-abstract.)

COMMENT: Bypass operations have doubled from 1980 to 1985 to over 200,000 per year. An estimated 285,000 will be performed this year. Studies consistently show that bypass surgery fails to prolong lives over simply giving drugs to relieve chest pain. (In a few uncommon situations, such as 50% or greater closure of the largest artery in the heart, the left main coronary artery, bypass surgery has shown a survival advantage over medical therapy—in this study 11% of patients had this indication.) So why is it done so frequently?

According to this panel of 9 experts from various fields of medicine the other general indication for bypass surgery was significant chest pain unrelieved by "good" medical therapy. In other words, the patient was still incapacitated by chest pain even with the use of all effective drugs. The patient also had to have all three heart arteries partially blocked. Considering all reasons, appropriate criteria was met by 56% of patients.

Equivocal and inappropriate indications included patients without significant chest pain, those who had not had an adequate trial of drug therapy to relieve their chest pains and patients with only one or two—rather than all three—arteries diseased. Nearly half (44%) of patients fell into this grouping.

This study used conservative criteria to decide appropriateness of surgery. Other well respected cardiologists would not send their patient to the surgeon unless the pain could not be relieved by any other means regardless of how bad the arteries looked on the x-rays.

The first step to decreasing unnecessary bypass surgeries is to police doctors closer, to be certain they are following correct indications. Your best safeguard, in the mean time, is *to get a second opinion.* One recent study found that 50% of people recommended for bypass surgery could avoid the operation by getting a second opinion. None of those who were told to avoid bypass died during the study period of more than 2 years (Graboys T. "Results of a second-opinion program for coronary artery bypass surgery." JAMA 258:1611, 1987.) Incidentally, four of these patients spared the knife, had 50% to 70% involvement of the largest heart artery, the left main coronary artery —the one artery the panel of experts considered an appropriate indication for bypass surgery (thus not an absolute indication!)

The next way to avoid bypass surgery is to rid yourself of the chest pain if you have heart disease. Multiple studies (see McDougall's Medicine — A Challenging Second Opinion) have shown a low-fat diet results in relief of chest pain due to narrowed heart arteries in a few short days for most patients. In the day to day practice of medicine, patients are rarely given the advantage of *really "good" medical therapy* (that includes a healthy diet) to relieve chest pain. And it is no coincidence that the same diet that relieves chest pain also reverses the atherosclerosis.

BENEFICIAL EFFECTS OF COMBINED COLESTIPOL — NIACIN THERAPY ON CORONARY ATHEROSCLEROSIS AND CORONARY VEIN BYPASS GRAFTS by Blankenhorn D. at the Department of Medicine, University of Southern California, Los Angeles, published in JAMA 257:3233, 1987. The Cholesterol-Lowering Atherosclerosis Study (CLAS) was a randomized, placebo-controlled, angiographic trial testing combined colestipol hydrochloride and niacin therapy in 162 nonsmoking men aged 40 to 59 years with previous coronary bypass surgery. During two years of treatment there was a 26% reduction in total plasma cholesterol, a 43% reduction in low-density lipoprotein cholesterol, plus a simultaneous 37% elevation of high-density lipoprotein cholesterol. This resulted in a significant reduction in the average number of lesions per subject that progressed (P less than .03) and the percentage of subjects with new atheroma formation (P less than .03) in native coronary arteries. Also, the percentage of subjects with new lesions (P less than .04) or any adverse change in bypass grafts (P less than .03) was significantly reduced. Deterioration in overall coronary status was significantly less in drug-treated subjects than placebo-treated subjects (P less than .001). Atherosclerosis regression, as indicated by perceptible improvement in overall coronary status, occurred in 16.2% of colestipol—niacin treated vs. 2.4% placebo treated (P .002). (Author-abstract).

COMMENT: Not long ago, if anyone suggested that atherosclerosis was a reversible disease, they would likely be labeled unorthodox, unscientific or a quack, at least. Yet even 20 years ago when I entered medical school the evidence was all one sided—all studies clearly saying this disease could be slowed, stopped and/or reversed. Atherosclerosis is not cement and like all other tissues (including rock-hard bones) there is constant healing and rebuilding going on all the time in the arteries. When the factors that injure and destroy the arteries are slowed or stopped (primarily dietary fats and cholesterol) then the healing processes can catch up.

I recently had the pleasure of meeting Dr. Blankenhorn. He was a guest on my national weekly TV show segment on Christian Lifestyle Magazine (to be shown the week beginning Oct. 23rd.) He is what I would call "the world expert on reversal of atherosclerosis." He believes the disease is reversible, and so do almost all well read doctors. The key is lowering your cholesterol. In this study the patient's cholesterol fell an average of 66 mg/dl (26%) to 180 mg/dl with diet and drugs. However, an ideal cholesterol, where most people are quickly healing their ulcerated, plaque-ridden, arteries is less than 150 mg/dl. Most people can reach this level with diet alone. Some will require drugs—Dr. Blankenhorn now uses (and I use) Mevacor (lovastatin) in stubborn cases. His patients require up to 7 tablets a day, in part because his dietary recommendation still contains a considerable amount of cholesterol (target of 125 mg cholesterol/day and 22% fat—that would be equal to 5-6 ounce of fish, chicken, pork or beef.) Almost all of my patients can reach the ideal (150 mg/dl) with diet alone or with 1 to 2 tablets of lovastatin daily, because they are on a cholesterol-free, low-fat (5-10%) diet. Now's the time to start reversing your atherosclerosis—a tragedy, like a heart attack or stroke, is too often right around the corner.

EFFECT OF A LOW-FAT HIGH-CARBOHYDRATE DIET ON SYMPTOMS OF CYCLIC MASTOPATHY by Boyd N. at the Ludwig Institute for Cancer Research, Toronto Branch, Ontario, Canada, published in Lancet 2:128, 1988. 21 patients with severe persistent cyclical mastopathy of at least 5 years' duration were randomized to a control group who received general dietary advice or to an intervention group who were taught how to reduce the fat content of their diet to 15% of calories while increasing complex carbohydrate consumption to maintain caloric intake. Both groups were followed for 6 months with food records and measurement of plasma hormone and lipid levels. Severity of symptoms was recorded with daily diaries and patients were assessed at the beginning and end of the study by a physician who was unaware of their dietary regimen. After 6 months there was a significant reduction in the intervention group in the severity of premenstrual breast tenderness and swelling. Physical examination showed reduced breast swelling, tenderness, and nodularity in 6 of 10 patients in the intervention group and 2 of 9 patients in the control group. (Author-abstract.)

COMMENT: Over 40% of women suffer from swollen tender breasts at the time of menses, in 8% the symptoms are severe. A high-fat diet causes an increase in female hormones, including estrogens, in a woman's body. The breasts are responsive to the biochemical effects of these female hormones—they swell and they become tender; eventually scar tissue, lumps and cysts form in the breasts. The reason the symptoms are greatest at the time of the menstruation is this is the time when a woman's natural hormone production is highest. Dietary- derived hormones are added to those from ovary and adrenal production.

It is not unusual for a woman with this severity of breast discomfort to undergo a bilateral mastectomy. In addition to relieving the breast discomfort, to make his case for surgery stronger, a doctor may throw in the observation of an increased risk of breast cancer with this type of breast problem.

Certainly, most women, if they had the choice, would see a low-fat diet as a sensible alternative to pain, suffering, worry and surgery. Other studies have shown nearly 100% relief of breast pain and swelling with the adoption of a low-fat diet (Rose D. "Low fat diet in fibrocystic breast disease with cyclical mastalgia: a feasibility study." Am J Clin Nutr 41:856, 1985.) Dr. Boyd's study used a diet of 15% fat, The McDougall Program is 5-10% fat. Results are expected in 2 months and most women are free of their breast discomfort in less than 6 months.

ASSOCIATION OF DIETARY FAT AND LUNG CANCER by Wynder E. at American Health Foundation, Division of Epidemiology, New York, NY reported in the JNCI 79:631, 1987. An international comparison study of the relationship among dietary predictors, tobacco consumption, income, and truncated age-adjusted lung cancer mortality was conducted with the use of time-lagged data available for 43 countries. A regression analysis weighting each country... showed that calories from dietary fat were highly significantly associated (P less than .0001) with lung cancer mortality. This finding was obtained after accounting for disappearance data for tobacco (P less than .0001), the dominant risk factor for lung cancer, and total nonfat calories (P less than .002)...(Author-abstract—edited)

COMMENT: I'll bet you thought lung cancer was strictly a smoker's disease. As a matter of fact about 10-20% of lung cancers occur in people who never smoked or had exposure to inhaled cancer causing substances. Most of these cancers in non-smokers are called 'adenocarcinomas,' which means they arise from mucous glands in the lung lining. Adenocarcinomas also arise in the breast, prostate, kidney, and the colon—the cause is believed to be a high-fat diet. Thus it should be no surprise that adenocarcinomas from the lung are related to our diet, also.

However, the majority of cancers are in smokers—most of these are called epidermoid or squamous cell lung cancer—the names refer to the type of tissue that forms the outside "skin" over many body surfaces. High fat diets increased the incidence of tobacco caused lung cancers. For example, in Japan there are 20 lung cancer deaths/100,000 people/yr. with a dietary fat intake of 400 calories of fat/day; whereas in the U.S.A. there are 55 deaths, and the fat intake is 1400 calories. Men in both countries have similar smoking rates.

Various studies have shown the risk of lung cancer is associated with high-fat and cholesterol intake, as well as low intake of vitamin A from fruits and vegetables (Byers T. "Diet and lung cancer risk: findings from the Western New York Diet Study. Am J Epidemiol. 125:351, 1987; Kolonel L. "Role of diet in cancer incidence in Hawaii" Cancer Res 43: 2397, 1983) Vegetarians have also been found to have less lung cancer—due to their diet and less frequent smoking (Kinlen L. "A proportionate study of cancer mortality among members of a vegetarian society" Br J Cancer 48:355, 1983.)

Animal studies carried out for more than 40 years have shown that fat and total calories increase the incidence of all kinds of cancers including lung cancer. The exact reason for this is not known. However, a healthy body, well nourished with the proper foods, should be better able to defend against and repair the damage from tobacco and other cancer-causing substances. Often times we don't know the cause of cancer or other diseases. Instead of giving up in despair, take advantage of those things you do have control over such as your diet, exercise and other health habits. Understand, this discussion is not intended to undermine the fact that cigarette smoking is the primary cause of lung cancer.

RECIPES

SALSA

This is the favorite salsa served daily at the McDougall Program at St. Helena Health Center. Try it on everything. It's hot!

4 cups chopped fresh tomatoes (approx. 6)
2 green peppers, minced
1/2 bunch green onions, sliced
1 16 oz. can peeled tomatoes, with juice
2 jalapeno peppers, with seeds, chopped fine
1/2 white onion, grated
2-3 garlic cloves

Process fresh tomatoes in food processor until finely chopped, but not liquefied. Pour into medium size bowl. Hand mince green peppers and add to tomatoes. Hand slice green onions and add. Process canned tomatoes through 3 on/off turns until chopped, but not liquefied. Add with juice. Process jalapeno peppers until finely minced and add. Onion and garlic may be grated together in food processor or processed with metal knife until finely chopped, but not totally liquefied. If possible, let sit at least 4 hours for flavors to blend.

GREEN BEAN SALAD

Contributed by Gerry Harrison-served at a McDougall potluck.

2 potatoes cooked and cut
4 1/2 cups steamed green beans
4 tbsp. no-oil, low-sodium vinaigrette dressing
5-6 tbsp. vinegar
3/4 cup chopped walnuts (high-fat)
2-3 cloves garlic
Pepper (as desired)
Coriander (if desired)
1/2 large red onion, chopped

Marinate beans and potatoes about 1 hour in dressing and the vinegar. Place walnuts, garlic and pepper in a blender, add water to make a smooth paste. Stir this paste and chopped onion into beans and potato mix. Chill before serving.

CAROB "SICLES"

Contributed by Julie Miller who recommends this for children. (A rich food dessert)

3 ripe bananas
2 tbsp. carob powder
2 tbsp. honey
1/2 cup water
1/4 cup natural peanut butter

Process in blender until smooth. Pour into ice pops mold (Rubbermaid or Tupperware). Insert handles. Freeze several hours, until firm. This is a nice treat for children when their playmates are eating ice cream cones or popsicles.

LETTERS TO THE MCDOUGALLS

* Both my folks are aristocratic MD's (I love them but they're wrong)...and had to suffer through my crazy diet, home births, breast feeding for 2 years, and raising my boys vegetarian. Still, they can't deny their obvious glowing health, intelligence ("low protein! they'll be retarded!") and energy. Now I discover that my mother has breast cancer, was mutilated, and continues to eat her meat twice a day. I cringe, but they would never discuss such things with a "mere lay person". However, I did get my sister interested in your books, so there's hope. D.K. Captain Cook, HI

* One year and five months of living on the plan for Norma and me so far. Norma has become an extremely good vegetarian cook and/or we have become accustomed to the food—probably both. We both are doing well, and I must report what I feel are remarkable results for me beyond and in addition to the expected weight control, improved blood chemistry, general good health, etc. First, I have for years had frequent "arthritic" pains in the base of both thumbs. That is now gone but has reoccurred on three occasions. After dining out on clam chowder (rich in cream) and macaroni and cheese, the pain was severe the day after ingestion, and then went away after two or three days of health promoting (McDougall) food. Second, you will recall the non-fusion of bone in my foot for over a year after an operation and before starting the McDougall plan. I heeded your advice, Dr. McDougall, and was searching out top talent in the field when X-rays and tomography disclosed fusion! I'll never believe this would have ever happened had we not joined the enlightened. R.B. Pacifica, CA.

* When I first read your book, The McDougall Plan, about two years ago, I thought you were crazy! But, as I began to notice problems with my health that you described in your book, I began to consider your ideas more seriously. I had major complications with my last pregnancy—pre-eclampsia, partial abruptio placentae, and an emergency pre-term C-section. The baby is healthy, praise God, but it was a harrowing experience for my husband and me. After surgery, my blood pressure, which had climbed steadily during my pregnancy, rose even higher; I had a severe headache and double vision for two days, and then gradually I began to improve. The diet that I was provided with at the hospital (in spite of my high pressure) was so salty that I couldn't eat much. But, at home, I continued to feel lousy. I had constipation one day, diarrhea the next, and headaches all the time, in spite of the well-balanced (I thought) diet I was eating. I was tired all the time, and became very frustrated at my lack of energy - when you have four children age 8 and under, lack of energy means everybody suffers! Finally, after 8 months of this, I began the McDougall diet. It was hard at first, not to eat the foods I was used to, but I was determined to stay with it. After the first week on the diet, I joined a local health food co-op, and introduced myself to millet, bulgar, chapatis, and many other healthy foods. I had to laugh when I saw that many of the store's foods were supplied by "Eden Foods" company. "Eden" is the name my husband and I had given to our daughter whose birth had caused me to seriously consider my health!! I ate large amounts of these new foods to really test the diet in relation to weight loss. It has been just four weeks since I began the diet, and I have lost ten pounds. But, the biggest factor for me in continuing the diet is —I feel good!! No more constipation/diarrhea, no more headaches, no more severe fatigue! And, I have actually had an increase in milk for my nine-month old nursing baby! J.M. Erie, PA.

* I am 32, and after a strep infection I developed a very severe case of psoriasis. Your book was recommended by several psoriasis patients who had a great deal of success controlling their problem with your diet. I must say so far my psoriasis has gone into remission (I was also receiving standard light treatments). M. S. Alpharetta, GA

* A friend gave a cassette tape from NAVS Summerfest of 1987. The last paragraph was about psoriasis. I followed your advice. Total vegan oiless diet. I wish I had of taken pictures of my psoriasis before they cleared up to show friends. G.S. Honey Grove, TX

* To go back a couple of years, I really had some scary times...when what I'd guess was plaque (or maybe even blood clots) suddenly originated in my heart. A high percentage floated up to my head circulation and I had some little strokes. Others finally lodged in a hand and numbed a couple fingers for a while. After nearly 2 years I fully believe from 5 to 10 years of aging has been removed from my arteries, and my thinking has drifted partway back. Balancing on one foot is still poor.
I guess what surprised me most was the sudden weight loss. At 5'7" my 145 lb. seemed normal enough, yet the new 125 seems normal right now... One thing you didn't promise...that ringing in my ears that was getting truly distracting. My circulation must be improved enough up there, that after about 1 1/2 years of diet, it began to diminish and is now noticeably better. (edited) P.E. Berryville, VA.

TAX-DEDUCTIBLE DONATIONS TO THE MCDOUGALL PROGRAM

The McDougall Lifestyle Change Research Fund—2574.1040 will be money I personally manage for research and education. The McDougall Program Fund—2574.1039 will be money managed by The McDougall Program administrative staff. and used for research and education. Send to The McDougall Program. c/o St. Helena Hospital. Deer Park. CA 94576.

MORE HELP

Books and Audio Cassettes: The McDougall Plan— $8.95; McDougall's Medicine — A Challenging Second Opinion— $8.95; Volume I & II of the Cookbooks—$7.95 each. add postage ($3 first book—$2 each additional)—McDougall Program Audio Cassette Album —$59.95. add $5 postage. Send orders to THE MCDOUGALLS. POB 14039. Santa Rosa. CA 95402.

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