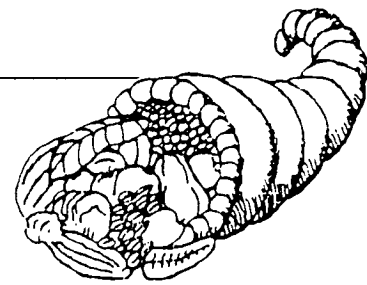


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INFORMATION SOCIAL DRINKS AND YOUR WEIGHT

If you use alcohol and/or coffee you will want to understand their impact upon your personal appearance. Anyone with experience with these beverages, realizes they do have attractions, which are the reasons for their popularity. However, for many people, especially heavy users, the overall impact of either detracts from the quality of a person's life. I do not recommend the use of alcohol or coffee; even though some of the information that follows might be incorrectly interpreted by the reader as endorsements for their use.

ALCOHOL

ALCOHOL MADE ME FAT

Many people use their drinking habits as an excuse for being overweight. Possibly they believe drinking is more of a socially acceptable behavior than gluttony. Or a "beer belly" is somehow supposed to be more attractive than the common variety "lard belly."

In terms of pure (absolute) alcohol, 2.65 gallons are consumed per year, per person over the age of 14 years. Alcohol provides 7 calories per gram; 210 calories per ounce. (Compared to 9 calories/gram for fat and 4 calories/gram for protein and carbohydrate). In terms of calories consumed this amounts to 71,232 calories per year from alcohol per person annually. If all those calories were converted to fat more than 20 pounds would be added per year on average to each person in the country. Since a third of the population doesn't drink the figures are 1.3 ounces (273 calories) of pure alcohol per day for people who do drink; which, if turned to fat, would be more than 28 pounds of added weight per year.

ALCOHOL'S CONTRIBUTION TO OBESITY

Social drinking contributes to obesity in more ways than just the 7 calories of energy per gram. Alcohol ingestion accelerates the absorption of sugar from the intestine increasing the level of insulin in the body (Nikkila E. Diabetes 24:933, 1975). Insulin, by turning on an enzyme called lipoprotein lipase (LPL), opens the flood gates to the fat cells causing them to accumulate fat, and insulin blocks the breakdown of fat from these same cells, keeping them, and you, plump (Taskinen M Metabolism 31:1168, 1982).

More important than the calories and metabolic effects, alcohol has effects on the consumption of foods by releasing

behavioral inhibitions. It removes the self control required to tolerate the pain of semi-starvation, causing people to have a difficult time dieting and maintaining lost weight when they continue to drink. The best of intentions to stay away from fatty foods can be foiled by a couple of drinks.

ALCOHOL, ITSELF, IS NOT FATTENING

The calorie contribution of alcohol is complex and does not necessarily lead to obesity. In fact, many of the heaviest drinkers are quite trim. Drinking women, especially, are found to be lighter than non drinkers (Graham A. Am J Clin Nutr 54:49, 1991).

In one study of 56 alcoholics fed an adequate diet of 2,600 calories daily, supplemented with 1800 calories of alcohol (about 16 ounces of distilled spirits) in a hospital setting, no greater weight gain was observed than those who did not receive the supplement of alcohol (Mezey, E J Nerv Mental Dis 153:445, 1971). In another study, 2000 calories of alcohol added to an adequate diet resulted in no weight gain, but 2000 calories of chocolate did cause subjects to gain weight (Pirola R. Pharmacology 7:185, 1972).

Alcohol displaces other food sources of calories--protein, fat, and/or carbohydrate--in the diet. Most of the alcohol-derived calories are used either immediately to supply daily energy requirements, or wasted as heat (Lands W Am J Clin Nutr 54:47, 1991). Because the process of turning the alcohol into fat for storage would require large energy costs and complicated metabolic processes, the always efficient human body prefers to wastes the excess as lost body heat. Thus, alcohol does not turn to body fat, despite the added calories.

Alcohol does however, provide calories that spare the loss of body fat; in medical terms, alcohol decreases oxidation of fat, leaving fat in the adipose tissue (New Engl J Med 326:983, 1992). Thus, your attempts to lose weight are foiled by alcohol. When your diet consists of significant amounts of fat and alcohol, the alcohol calories will provide for your daily physical and metabolic activities, and any fat you eat will preferentially be sent to the fatty tissues for storage. The most efficient immediate use of dietary fat is to simply transport it to the fat cells.

ALCOHOL AND A STARCH-BASED DIET

The use of alcohol, while on a *high-carbohydrate*, low-fat diet, will not encourage weight gain, because both alcohol and carbohydrate calories will be burned as heat if consumed in excess of daily needs, rather than be stored as fat. Furthermore, replacing carbohydrate with alcohol will actually result in weight loss, because the metabolism of alcohol requires energy, thereby increasing energy expenditure ((Pirola R. Pharmacology 7:185, 1972).

For drinkers, unwilling, or unable, to quit, yet still concerned about body weight and health, a low-fat, high-carbohydrate diet is especially important. Most people who continue to drink alcohol will stay trim, and those who need to, will lose excess body fat on this healthy diet. Scientific evidence also suggests that common complications of excess drinking, such as: fatty infiltration of the liver, alcoholic hepatitis, cirrhosis, and malnutrition associated with alcoholism will be uncommon in drinkers who follow a starch-based diet with vegetables and fruits.

COFFEE

COFFEE KEEPS ME THIN

Coffee consumption usually encourages fat loss. The chemical compounds in coffee, including caffeine, will suppress your appetite. For many people coffee will also cause nausea which enhances the loss of appetite and eventually leads to weight loss. The appetite suppressing-effects can be so powerful that they can cause anorexia with profound weight loss to the point of life-threatening illness (Am J Psychiatry 140:235, 1983).

It has been known since 1915 that caffeine ingestion increases metabolic rate (Higgins H. J Pharmacol. Exptl. Therap 7:1, 1915.) Metabolic rate increases significantly after a couple of cups of caffeinated coffee for at least the next 3 hours and this increase is dose dependent. (Acheson K Am J Clin Nutr 33:989, 1980).

The amount of fats in the blood stream double from caffeine intake, with the release of fat from the fat cells. These fats are eventually burned away (Jung R Clin Sci 60:527, 1981). This fat burning effect of coffee is primarily due to the caffeine and is greater in normal weight people than those who are obese (Acheson K Am J Clin Nutr 33:989, 1980).

Caffeine increases the loss of energy by heat production, a process known as thermogenesis. (Sutherland W Am J Clin Nutr 33:2581, 1980). In one study 100 mg of caffeine (one cup of regular coffee) caused the metabolic rate to increase by 3 to 4 percent over the next 150 minutes (Dulloo A. Am J Clin Nutr 43:388, 1986). If the dose of caffeine was repeated every 2 hours all day long (12 hours) than the amount of energy expended increased by 8 to 11 percent. The net effect was an increase of 150 calories in lean people and 79 calories in the post-obese subjects (previously obese people who were now of normal weight). Thus, the amount of coffee consumed by an average drinker can have an important effect on the energy balance and may promote weight loss. Losing a 150 calories a day could translate into a pound of fat loss every 24 days.

Coffee stimulates the sympathetic nervous system which depresses insulin activity which further contributes to weight loss. Caffeine also causes hyperventilation which burns off more calories through the muscular work of respiration (Acheson K. Am J Clin Nutr 33:989, 1980).

THE FATTENING COFFEE BREAK

People who drink more coffee have also been found to eat greater quantities of rich foods loaded with calories, cholesterol, and fat (Haffner S Am J Epidemiol 122:1, 1985). This is because multiple excesses in behavior are commonly found in the same person. Therefore, overweight people also: drink more coffee; eat fewer starches, vegetables and fruit; and often drink more alcohol (Jacobsen B. J Chron Dis 40:795, 1987). Although coffee has no calories, each teaspoon of sugar added provides 16 calories, and each tablespoon of creamer adds another 20 to 40 calories. Coffee breaks aren't complete without coffee rolls and jelly donuts.

Coffee can also cause many people to take in more food in attempt to relieve the irritation of the stomach linings caused by the many chemicals in coffee. This burning sensation of "acid indigestion" is perceived as hunger. By experience most daily coffee drinkers have learned that food will absorb much of the excess acid produced as a result of the coffee and will soothe the pain of indigestion.

Decaffeinated coffee produces as much acid, and stomach and intestinal distress as regular coffee. Since decaffeinated coffee lacks the weight losing benefits of caffeine present in regular coffee, it might be expected to lead to greater weight gain.

COFFEE USED AS WEIGHT LOSS THERAPY

With some serious reservation I am going to tell you about relatively safe, cheap, weight loss "pill." As you know, discourage the use of any medication, except as a "second line" approach after full benefits have been taken of diet, exercise, and lifestyle. However, I know some of you are desperate to lose weight. Many people still drink coffee and a few of you are now taking more harmful preparations than the directions that follow.

Ephedrine, a natural drug, increases heat production and metabolic rate by direct stimulation of the tissues and by increasing the activity of the sympathetic nervous system (norepinephrine). A combination of ephedrine and caffeine has produced weight loss as effectively as powerful doctor-prescribed diet pills, such as diethylpropion (Tenuate) (Malchow-Moller A. Int J Obesity 5:183, 1981) After 12-weeks the average weight loss for 108 obese patients was nearly 18 pounds with 120 mg of ephedrine and 300 mg of caffeine. Those taking 75 mg of diethylpropion (Tenuate) a day lost 18.5 pounds; and the placebo group lost 9 pounds.

A PRICE TO BE PAID

Coffee is the most popular beverage in Western societies; for good reason, it's the last legal "high." It stimulates you to be keener, more alert, and awake. Unfortunately, side effects may lead to health problems including higher cholesterol, indigestion and diarrhea (See NOV/DEC 1990 Newsletter for details).

Both caffeine and ephedrine are potent stimulants. They raise blood pressure, heart rate, cause irregularities in heart rate and dilate bronchial airways. People with heart disease,

high blood pressure or on medication (especially for hypertension or depression) should avoid these stimulants. Anyone who is ill or on medication should consult a physician before using these stimulants. Both ephedrine and caffeine can be purchased in the pharmacy without prescription. Taking pills in sufficient amounts to cause weight loss would likely also cause most people troublesome side effects, and therefore cannot be recommended.

NATURAL PREPARATIONS:

Ephedrine occurs naturally in plants and was used in China for over 5000 years. Ephedrine teas can be purchased in natural food stores, but the dose is difficult to determine and depends on many variables. These teas are sold under the following names: Mormon's tea, Desert tea (a weaker variety), Mauhuang, and Ephedra Sinica.

Caffeine is present in significant amounts in coffee (103 mg/ 6 oz.), high caffeine teas (100 mg/ 6 oz.), instant coffee (57 mg/ 6 oz.), regular tea (36 mg/ 6 oz.), and colas (40 mg/ 12 oz.). Other herbs and teas that contain caffeine can be found in natural food stores and herbal shops.

AN HERBAL WEIGHT-LOSS BREW:

As a "second line" approach to your weight loss efforts you might consider an ephedrine-caffeine herbal tea mixture, if you are in otherwise good health and not on medication.

Mix equal parts of high caffeine black tea and/or mate' tea, such as "Morning Thunder" by Celestial Seasonings with ephedrine tea. Consume two to six cups a day based upon side effects--this is a highly stimulating beverage. Black tea and roasted mate' have lots of caffeine with few of the side effects of coffee.

MEDICAL RESEARCH DIURETICS KILL

Excess Mortality Associated With Diuretic Therapy In Diabetes by James Warram in July 1991 Archives of Internal Medicine (151:1350), studied 759 diabetics between ages 35 and 69 and found the use of diuretics to reduce blood pressure resulted in an increased risk of dying 4 times higher than people with high blood pressure who were left untreated. The excess mortality was evident within a year of starting diuretic therapy. Compared to diabetics without high blood pressure, those receiving diuretics had 5.1 times the risk of dying. When compared with other blood pressure medication (not diuretics), treated patients still had 2.1 times the risk of death compared to normal blood pressure. Most interesting is the observation that those diabetics with high blood pressure who received no treatment had only 1.5 increased risk of death. Treatment of hypertension with diuretics was also associated with an accelerated decline in kidney function. The authors conclude, "Until there is a clinical trial showing a beneficial effect of diuretic therapy in diabetic patients, there is urgent need to reconsider its continued usage in this population."

COMMENTS: Aggressive use of anti-hypertensive medication, primarily diuretics, has been shown to increase the risk of death in people without diabetes (Multiply Risk Factor Intervention Trial). Diabetics are more sensitive people because of their illness; therefore, they suffer even more than others from the ill effects of drugs.

The reason diuretics increase the risk of dying is not clearly understood; however, diuretics are known to increase blood sugar, cholesterol, triglycerides, and uric acid--all risk factors for heart disease; They probably accelerate atherosclerosis. Those treated patients with the lowest resulting blood pressures had the greatest risk of death. This may be the result of the "J-shaped relationship" between heart disease and blood pressure; which shows when treatment is too aggressive and the pressure falls below 85 to 90 mm Hg diastolic (lower number), then the risk of death increases--presumably because of a decrease in perfusion pressures to the tissues, especially the heart. Diuretics also cause electrolyte disturbances that can cause irregular heart beats that can kill.

DON'T TREAT PROSTATE CANCER

High 10-Year Survival Rate in Patients With Early, Untreated Prostate Cancer by Jan-Erik Johansson in the April 22/29, 1992 issues of JAMA (267:2191), found an 87% chance of remaining disease free for 10 years when no treatment was used for prostate cancer, even in those patients who were candidates for radical prostate surgery. Only 19 of the 223 patients died of prostate cancer when left untreated. Of the 76 patients who showed progression of their disease, 50 of them showed local growth only--use of hormones was generally successful in these patients. The authors conclude, "Without evidence of benefit from such trials, the radical treatment of early-stage prostate cancer remains in its experimental phase."

COMMENTS: Prostate cancer is caused by the high-fat American diet and is on the average 10 years old by the time the tumor reaches a detectable size (1 cm). By this stage, if the tumor is aggressive then it has spread throughout the body (metastasized), and is therefore beyond the reach of local treatment, such as surgery and/or radiation. One reason the risk of dying of prostate cancer is low is because this is a disease of older men; they often die of something else (heart disease or stroke) before the cancer threatens their life. Another reason is some biopsied specimens which appear to be cancer remain confined to the prostate gland and never threaten a man's life.

Treatment with radiation and radical prostate surgery has disease-specific survival rates of 65% to 83% after 15 years, which cannot be regarded as favorable results, especially, when untreated, the 10-year disease-specific survival is 87%. Even when the lack of survival benefit from treatment is acknowledged, the patient is often told by his doctor he must receive local treatment to prevent symptoms from the

growth of the cancer in the prostate. This is seldom true. In this study of the 50 patients whose tumors grew, only 6 had significant trouble and the rest were handled by giving hormone treatment.

One of the most difficult conclusions for the patient and the doctor to reach is "no treatment is best treatment." With cancer this is often the case. Withholding treatment is not an admission of defeat, but a recognition this is a slow growing disease that is likely to cause less trouble than the treatments prescribed by well-meaning doctors. In addition, I believe, a man with this disease should stop "throwing gasoline on the fire," by changing to a very-low fat, starch-based diet.

RECIPES

MEXICAN POTATO SALAD

SERVINGS: 6-8
PREPARATION TIME: 15 MINUTES
COOKING TIME: 30 MINUTES

2 lbs. red potatoes, cut into chunks
1 cup frozen corn kernels, thawed
1 large tomato, chopped
1 bunch scallions, chopped
1/2 cup Mexican salsa
2 tablespoons lime juice
2 tablespoons chopped cilantro or parsley
fresh ground pepper

Place potatoes in a large pot and cover with water. Bring to a boil, reduce heat, cover and cook for 30 minutes, or until potatoes are just tender. (Don't let them get too soft!) Remove from heat, drain and place in large bowl. Add corn, tomatoes and scallions. Combine salsa and lime juice. Pour over salad and mix well. Add cilantro or parsley and a few twists of pepper. Mix gently and serve at once.

HELPFUL HINTS: This may also be chilled before serving and it is just as good the next day, so I always make lots of it.

CREAMY SPINACH SOUP

SERVINGS: 4-6
PREPARATION TIME: 20 MINUTES
COOKING TIME: 45 MINUTES

1 large round onion, coarsely chopped
6 cups water
3 potatoes, peeled and chopped
3 zucchini, thickly sliced
1 tablespoon soy sauce
2 cups tightly packed fresh spinach leaves
several twists of fresh ground pepper
1/4 package (3.5 oz) of Enoki mushrooms (optional)

Place the onions in a large pot with 1/2 cup of the water. Cook and stir until onion softens slightly, about 3 minutes. Add remaining water, the potatoes, zucchini and soy sauce. Bring to a boil, reduce heat, cover and simmer for 35 minutes. Add spinach and pepper. Cook for another 2 minutes. Remove from heat. Puree soup in batches in

blender. Return to pan. Add the mushrooms. Heat gently for 5 minutes. Serve hot.

SPROUTED LENTIL SALAD

SERVINGS: 4
PREPARATION TIME: 10 MINUTES (NEED SPROUTED LENTILS)
CHILL TIME: 1 HOUR

2 cups sprouted red lentils
3-4 scallions, chopped
1 stalk celery, sliced
1/2 green pepper, cut into thin strips
1 (2.2 oz.) jar chopped pimentos
3-4 tablespoons chopped fresh parsley or cilantro
1/4 cup oil-free salad dressing

Combine all ingredients in a large bowl and toss to mix well. Refrigerate before serving.

HELP

DONATIONS

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. ALL TAX DEDUCTIBLE.

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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).

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