JULY-AUGUST 1995 VOL. 9, NUMBER 4

The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL

INSIDE

NEW VIDEO!

THE MCDOUGALL PROGRAM FOR MAXIMUM WEIGHT LOSS

See Bulletin Board, page 7 for details

NEW L.A. RADIO STATION!

KLAC 570 AM

Heard from Mexico to Santa Barbara; from Bakersfield to Palm Springs

SAVE YOUR UTERUS

Most hysterectomies are considered "elective" surgeries...you do have choices!

Hysterectomy is the second most common major operation in the United States (Cesarean section is first). Annually more than 500,000 are performed at a cost of $3 billion. The largest number of hysterectomies occurred in 1975 when 725,000 were performed. The rate of operation is twice as great in the U.S. compared to England and Sweden (33% vs 17% by age 65) *(N Engl J Med 307:1310, 1982).*

The vast majority are done to improve quality of life, rather than cure life-threatening conditions, like cancer. By the age of 60, over one-third of women will have lost their uterus. The most common age for hysterectomy is 40-45 years. The "baby boom" generation of women is entering this time period, which may mean an increase in the number of these surgeries. The number is expected to hit 800,000 this year. The rates vary throughout the U.S., being highest in South and lowest in the Northeast. Although the mortality rate is low (less than 1%), five hundred women a year die as a result of hysterectomies.

This surgery is so commonly done unnecessarily that one doctor recently wrote "More often, the indications (for a hysterectomy) are a cooperative patient with a uterus and good health insurance" (*Lancet 329: 276, 1993*). One of the primary causes for unnecessary hysterectomies is your doctor's lack of understanding of when this operation is truly necessary and what options are available. As a patient, you must become involved and bring the following issues to the discussion:

The Useless Uterus Syndrome (UUS):

Elective hysterectomies performed with nothing seriously wrong with the uterus have been advocated for the following reasons:

Drudgery of secretions

Monthly menstrual distresses

Possibility of future cancer

Unwanted pregnancies

Pelvic symptoms

Uterus is not required for life

Belief of better sex without a uterus

Risking the Knife

Your chance of a hysterectomy increases with the following:

A MALE DOCTOR: In an ongoing Swedish study, female gynecologists performed half as many hysterectomies as male gynecologists *(N Engl J Med 313:1482, 1985).* Male gynecologists in North Carolina do more hysterectomies than female gynecologists *(Am J Public health 84:1649, 1994).*

AN OLDER DOCTOR: Old habits are hard to change. Gynecologists were once trained, in the sixties and seventies, with more liberal indications for this surgery, than doctors are now.

GYNECOLOGIST AS "DOCTOR": Women who rely on their gynecologist as their primary care doctor and those with frequent visits to a gynecologist have a much greater chance of hysterectomy *(Am J Public Health 74:327, 1984).*

HEALTH INSURANCE: One study found 40% more hysterectomies in women with insurance *(Med J Aust 2:201, 1978).*

AGE: With increasing age there is a greater need for a hysterectomy and an increase in the willingness of the patient to have, and doctor to do, the operation *(Maturitas 5:69, 1983).*

LACK OF UP-TO-DATE INFORMATION: A media campaign in

one town decreased hysterectomy rates by nearly 26% *(Lancet 2:1470, 1988).*
NO SECOND OPINION: With a second opinion most studies have shown a decrease in surgery from 7 to 28%.

Reasons to Save Your Uterus

PROTECTION FROM HEART DISEASE: At least five studies suggest the uterus protects premenopausal women from heart disease *(Lancet 344:1652, 1995).* The uterus produces hormones (prostacyclins) that reduce the risk of a heart attack. This is independent of the benefits of estrogen produced by the ovaries.

SEXUAL RESPONSE: Women report a loss of sexual desire and response following a hysterectomy *(Int J Gynaecol Obstet 13:97, 1975).*

SENSE OF LOSS: Many women feel a sense of loss when their uterus is removed. Something uniquely female has been removed forever. For some women, the uterus may mean a childbearing organ, a sexual organ, or a maintainer of youth and attractiveness. For some, mental depression, anxiety, and difficult sexual relations may follow the operation *(J Nerv Ment Dis 126:322, 1988).*

IRREVERSIBLE CONTRACEPTION: Once the uterus is removed, no chance remains for a transplant should you want to have children.

SURGERY IS RISKY: Although the risk is small (less than 1%), people die as a result of this surgery, most often from anesthesia and postoperative infections. Complications after surgery occur in 25-50% of cases, although most are minor. Minor problems after surgery include fevers and urinary tract infections, but major problems such as serious infections, bleeding, and bowel perforation can make a long-lasting, adverse impact on your health.

ANATOMIC CHANGES: Removal of the uterus may result in altered anatomy. The vagina may prolapse. (Prolapse is the sinking down of an organ or structure). A cystocele (bladder prolapse) or a rectocele (rectal prolapse) may occur.

HORMONE CHANGES: Even if the ovaries are retained, they may undergo changes that cause earlier menopausal symptoms *(Fertil Steril 47:94, 1986).* Failure of the ovaries has been reported to occur four years earlier after surgery. This deficiency maybe due to loss of important hormones contributed by the uterus or to a compromised blood supply to the uterus due to the surgery (Important arteries to the ovaries are cut and tied off during the operation).

A survey of 6,622 women ranging from 39 to 60 years of age found, in all age groups, women who had a hysterectomy, with one or both ovaries preserved, had more severe flushing, sweating, and vaginal dryness than women who had not had a hysterectomy *(Am J Obstet Gynecol 168:765, 1993).* Forty-year-old women report severe flushing and sweating after surgery similar to 50-year-olds who have not had surgery, and even more vaginal dryness than 60-year-old women who have not had a hysterectomy. To make matters worse, when they see their doctors about these problems, these women are often told, "See a psychiatrist. You still have your ovaries, it can't be hormonal" *(Lancet 329:275, 1993).*

Considering the heart disease protection from estrogen, it is not surprising that a three-fold increase in heart disease has been reported in premenopausal women who have had a hysterectomy and retained their ovaries *(Am J Obstet Gynecol 139:58, 1981).* The Framingham Heart Study shows similar results *(Ann Intern Med 89:157, 1978).*

The Sales Pitch

During our medical training, our mentors teach us phrases for selling a women this operation:

"Since you aren't going to have anymore children, there is no reason for you to keep your uterus"

"This is a simple safe way to be free from monthly periods."

"A hysterectomy will free you of the risk of cancer."

"You have had enough children—a hysterectomy is a good method of birth control."

"Your sex life will improve now that you don't have to worry about pregnancy."

"We'll take your ovaries at the same time—you don't need them, and your risk of ovary cancer will be gone."

"If your fibroids grow any bigger, the operation will be more dangerous."

"Your fibroids are so big they will press on other organs causing your kidneys to fail."

"Hormone pills will replace everything after your ovaries are removed."

"You have early cancer (precancerous lesions). Surgery is the only way to save your life."

Rich Diet Causes Most Uterine Disease

The cause of most of the diseases of the uterus that lead to hysterectomy is the rich American diet (high-fat, low-fiber). The most important mechanism for damage is the increase in a woman's estrogen activity to 150% of normal by the rich diet. (Details on this increase are found in The McDougall Program: Twelve Days To Dynamic Health, page 357-363.) Normally, estrogen stimulates the inside lining of the uterus, the endometrium, to grow each month.

With excess estrogen, the uterus is overstimulated, making the inside lining of the uterus grow too thick. When this overgrown lining sheds at the end of the month, the menstrual period has a large amount of blood loss, pain, and clots. Eventually, some women bleed very heavily, and sometimes midcycle, a condition known as abnormal uterine bleeding (AUB) occurs. Excess estrogen promotes endometrial hyperplasia (which means an overgrowth of the number of cells of the uterine lining), and eventually, uterine cancer in many women. Stimulation of the outside muscular body of the uterus causes the smooth muscle cells to proliferate into non-cancerous tumors called fibroids. More women of African-descent in the U.S have fibroids than do whites. However, fibroids are very uncommon in African blacks in Africa. Thus, a healthy diet would prevent much suffering and surgery.

A change to a low-fat, high-fiber, high-carbohydrate diet will lower hormone levels and bring relief for many female problems that can lead to a hysterectomy. Periods become lighter, shorter in duration, and further apart. In my experience, many symptoms of fibroids disappear. Even though I would expect this to be the case, I have not yet observed fibroids to shrink with a change in diet. (With the onset of menopause and a corresponding decrease in production of estrogen by the ovaries, fibroids shrink).

PAP smears every 3 years (after 2 negative yearly smears) until the age of 50 years will help detect changes in the cervix early enough so they can be treated by simple measures, avoiding a hys-

Hysterectomy: Removal of the Uterus

TOTAL HYSTERECTOMY: Removal of uterus and cervix (not necessarily the ovaries too)

PARTIAL HYSTERECTOMY: Uterus removed and cervix left

OPHORECTOMY: Removal of one or both ovaries (also called an ovariectomy)

SALPINGO-OOPHORECTOMY: Removal of one or both fallopian tubes and ovaries

terectomy. Cervical cancer is believed to be caused by a virus transmitted during intercourse. Avoiding infection by safe sex practices is an important way to prevent cervical cancer that may lead to a hysterectomy. The reason some women infected with the virus (human papillomavirus) develop cervical cancer and others do not may be due to their diet. Evidence suggests a plant-based diet offers protection from cervical cancer *(Nutr Cancer 17:179, 1992; Am J Epidemiol 134:1347, 1991; J Nat Ca Inst 80:580, 1988).*

The Necessary Hysterectomy

The time-honored, well-accepted, but not necessarily effective treatment of cancer of the body of the uterus (adenocarcinoma of the endometrium) is a hysterectomy. These cancers are rare in women younger than 34, and most surgeries for cancer are performed in women over 55 years. Treatments for other cancers of the uterus (cervix, sarcomas), cancers of the ovaries, and fallopian tubes usually include a hysterectomy as part of therapy. Uncontrollable bleeding at delivery may require a hysterectomy to save the mother's life. Infections too severe to be eradicated by more conservative treatments (antibiotics and drainage) may require removal of the uterus. There are a few other uncommon reasons for a hysterectomy.

Hysterectomy to prevent cancer cannot be justified. Estimates are an elective hysterectomy at age 35 would result in an overall gain in life expectancy of 2.4 months by saving 1.3% of women who would have died of cervical or endometrial cancer *(Am J Obstet Gynecol 129:117, 1977).* All totaled, necessary hysterectomies account for less than 10 percent of the operations performed.

Precancer of the Cervix

Before the cancer becomes invasive to the tissues and blood vessels, there is a stage when it is confined to the outer surfaces of the cervix. This precancer is called carcinoma in situ, and is often detected by PAP smears followed by a biopsy. Once the cancer has become invasive into deeper tissues, then hysterectomy is the recommended treatment.

ALTERNATIVES FOR PRECANCER OF THE CERVIX: Early cancers (in situ) can be effectively treated with laser or cryosurgery (freezing with liquid nitrogen) to destroy the tissue. Cure rates similar to hysterectomy, with less risk and cost, are accomplished by surgery localized to the cervix (conization).

Precancer of the Uterus: Endometrial Hyperplasia

Approximately 6 percent of hysterectomies are done for hyperplasia. This is believed to be a precancerous condition. Hyperplasia is an increase in the number of cells and in this case it refers to the inside lining of the uterus (endometrium). If the cells are the typical type seen in a normal uterus then this is not an indication for a hysterectomy. The presence of atypical cells in increased numbers is considered an indication for hysterectomy by some doctors when the patient desires the surgery or is postmenopausal.

ALTERNATIVES FOR HYPERPLASIA: When cancer is ruled out by D & C, progestin therapy (a female hormone that opposes estrogen activity; e.g.. Provera) can be given to reverse the hyperplasia. Monitoring is required.

Fibroids

Fibroids, medically known as uterine leiomyomas, account for about 30 percent of the hysterectomies. One in four women have fibroids, and in three-fourths, there are no symptoms. They are the result of overstimulation by estrogen of the smooth muscle cells that make up the body of the uterus. After menopause, when the production of estrogen from the ovaries decreases, they almost always regress in size, and eventually disappear.

The primary legitimate reason for a hysterectomy is uncontrollable symptoms. The most common symptoms are excessive bleeding (which may lead to anemia), pelvic pain, symptoms due to pressure on surrounding tissues (back pain, urinary symptoms).

No Hysterectomies For Large Fibroids

Most gynecologists consider a uterus larger than a 12 week pregnancy (it can be felt above the pelvic bone, and is about the size of a grapefruit) an indication for a hysterectomy. However, scientific evidence confronts popular opinion *(Am J Obstet Gynecol 168:751, 1993).* The following easily refutable reasons are given for removing a large uterus:

1) Inability to examine the ovaries
Not true. Ultrasound can examine ovaries without difficulty. There is no evidence that removal of the large uterus improves chances of surviving ovary cancer. Ovary cancer is rare before age 50 and most hysterectomies for fibroids are done in the 35 to 44 age group.

2) Inability to rule out cancer in the enlarged uterus
Not true. Endometrial cancer is mostly in postmenopausal women (most hysterectomies for fibroids are in the 35-44 age group). In most cases of cancer, the uterus is normal size. However, the presence of a new or enlarging mass in a postmenopausal woman (not on hormones) should be viewed with concern.

3) Harm to other organs
Unlikely occurrence. Blockage of the ureters (tubes from kidney to bladder) that drain the kidneys is very rare, and the likelihood of damage to the kidneys is extremely low. Urinary frequency and constipation can occur but do not lead to illness.

4) Increased surgical risk
Not true. Uterine size has not been correlated with risk of death, blood loss, or complications at surgery. Sometimes location of fibroid can make removal more difficult (like in the cervix).

5) Fertility reduced:
Study results are conflicting; as a result, operating on a fibroid before it becomes too large should not be expected to increase chances of becoming pregnant.

6) You won't be able to take hormones:
Possibly true, but so what. There are other, better, ways to prevent heart disease and osteoporosis (diet and exercise).

ALTERNATIVES FOR FIBROIDS: The first and most reasonable alternative is to do nothing, especially if there are no symptoms or the symptoms can be relieved by simpler means. If you can forestall until menopause, then they will likely regress as the function of the ovaries decreases and estrogen levels fall. If symptoms are present, then simpler management could be the removal of the fibroid only through a hysteroscope (instrument inserted into the uterus). By this method, bleeding is controlled in 75 to 90 percent of cases; complications are less than 5%, and need for repeat procedures or hysterectomy is less than 20%. Myomectomy (removal of the fibroid only) by opening the abdomen gives similar good results. Many times, fibroids can be removed through a small incision using a laproscope.

Temporary regression can be accomplished by a gonadotropin-releasing-hormone agonist (GnRH agonist) which causes the ovary to decrease the production of estrogen, shrinking the fibroids by 20-60%. This prescription medication is available as nasal spray, injection, or implant under the skin. Unfortunately, when the GnRH agonist is stopped, the fibroids regrow because of the presence of high levels of estrogen. However, this temporary help may be all that is needed if menopause is close. There is also a possibility that a change in diet may be enough to sufficiently lower the estrogen levels so the fibroids don't regrow.

Excessive bleeding should be evaluated by a D & C, biopsies, and for the possibility of a blood coagulation problem before a hysterectomy is considered.

Dysfunctional Uterine Bleeding

Dysfunctional uterine bleeding also known as abnormal uterine bleeding (AUB) accounts for 20 percent of hys-

terectomies. The diagnosis is made by excluding other possible causes of bleeding such as fibroids, cancer, a blood coagulation problem, or pregnancy.

ALTERNATIVES FOR AUB: If AUB is severe enough to interfere with a woman's life or causes anemia, it should be treated first medically. Nonsteroidal anti-inflammatory drugs (like Advil and Motrin), progestin with or without estrogen, danazol (a male hormone), and or GnRH agonist should be used at least for a month to try to control the bleeding. A hormone-releasing IUD (levonorgestrel-releasing intrauterine device) has been shown to decrease menstrual loss by over 90% in women with confirmed heavy bleeding *(Br J Obstet Gynaecol 97:690, 1990)*. If bleeding won't stop, more drastic methods, such as destruction of the uterine lining (endometrial ablation using a laser or an electrocautery) is effective. This approach is faster, cheaper, and safer than a hysterectomy, and works in up to 90 % of cases. However, like a hysterectomy, the woman is left sterile.

A low-fat diet will reduce hormone levels and help control bleeding in many women. A change to a healthy diet seems obvious and necessary regardless of the other treatments chosen.

Genital Prolapse

The tissues of the birth canal can be displaced from their normal position, downward, towards the outside of the body, a condition called prolapse. The ligaments and muscles that suspend the uterus are stretched out of shape. The terms to describe the resulting conditions include uterine prolapse, cystourethrocele (bladder and urethra), and rectocele (rectum). This problem accounts for about 15% of hysterectomies. Symptoms include pelvic pressure, urinary incontinence, rectal discomfort, difficulty with intercourse, and pain from irritation of internal tissues moved outside the body (commonly the cervix exposed through the vaginal opening).

Prolapse is believed to be caused by damage during birth and loads placed on the uterus during life from heavy lifting and coughing. However, the most strenuous load placed on the uterus and surrounding structures is from chronic constipation which results in harmful straining forces. Decades of effort mounted to move the rock-hard tiny American stool places outward forces on pelvic organs that eventually stretch the supporting ligaments and muscles, and move them from their normal position. This mechanical distortion of the tissues is not reversed by changing to a high fiber diet, but further progression may be halted.

ALTERNATIVES FOR GENITAL PROLAPSE: The need for treatment is based on symptoms. If there are no symptoms or they can be controlled by simple measures, then a hysterectomy can be avoided. One time-honored treatment is a pessary. This is an appliance introduced into the vagina to support the uterus and correct any displacement. They usually come as rings made of rubber, plastic, or metal and are sometimes inflatable. Estrogen vaginal creams are sometimes useful for strengthening the vaginal tissues. Kegel exercises to strengthen the pelvic floor are effective. These exercises consist of contracting and relaxing the perennial (pelvic) muscles. Surgeries to support the bladder and rectum are commonly used and are preferred to hysterectomy to relieve symptoms of prolapse. Some doctors will even use a surgical method that resuspends the uterus.

Endometriosis

Approximately 20 percent of hysterectomies are performed for endometriosis. This is a condition where endometrial tissue (inside lining of the uterus) implants and grows outside of the uterus, on the bowel or other organs in the abdomen. It occurs almost exclusively in women in their reproductive years. Common problems include pelvic pain, especially during periods and intercourse, and infertility.

ALTERNATIVES FOR ENDOMETRIOSIS: Progression of this condition depends on estrogen, therefore medical treatment is directed toward reducing estrogen stimulation. Hormone suppression is accomplished with GnRH agonist and danazol. Remember, a healthy (low-fat, high fiber) diet will cut estrogen levels by one-third to one-half in a few weeks. I have seen many women with this condition get dramatic benefit with a healthy diet (The McDougall Program). A change in diet should be a fundamental part of treatment.

There are surgical treatments using a laproscope, which destroy or remove large areas of endometriosis. Open abdominal surgery is also used to clean up these lesions.

Chronic Pelvic Pain

About 10 percent of hysterectomies are done for pain in the pelvic area that has no apparent correctable cause. A history of childhood sexual abuse is found in many cases.

ALTERNATIVES FOR CHRONIC PELVIC PAIN: Does it hurt badly enough to undergo major surgery (especially when there is no guarantee that the pain will be removed with the uterus)? If the answer is "No," then avoid the surgery. Nonsteroidal anti-inflammatory medication (like Advil and Motrin) are often helpful, and so are birth control pills when the pain is associated with menstrual periods. A multidisciplinary approach using physical, psychological, and dietary approaches has been effective *(Obstet Gynecol 77:740, 1990)*.

Obstetrical Indications

Massive bleeding after birth, rupture of the uterus, or laceration of major blood vessels when bleeding cannot be controlled by other means is an indication for a hysterectomy. Life-threatening infection after an abortion is sometimes an absolute indication. Early treatment of pelvic infections may make the difference between a simple problem and one that requires a drastic solutions—a hysterectomy.

Further Options—Type of Operation, Cervix, and Ovaries:

Your first choice would be to preserve your uterus, but this may not be possible. Even if you decide to have a hysterectomy, you still have some important decisions to make. There is the choice of abdominal, vaginal, and laparoscopy-assisted hysterectomy. There are strong arguments for each of these approaches. Ask the relative merits for each in your case.

The cervix doesn't have to be removed. The cervix may play a role in a woman's sexual response and produces lubrication helpful for intercourse. In one study, removal of the uterus with the cervix resulted in greater reduction in orgasms than when the cervix was left (Acta Obstet Gynecol Scand 62:147, 1983). Removal of the cervix increases the time for, and complications of, the operation. Because removal of the cervix now includes the vagina in the operation, there is an increased risk of infection (Lancet 344:1652, 1993). In Sweden, 21% of operations leave the cervix, whereas in the U.S., only about 1% do.

Fight to keep your ovaries

Many doctors will recommend removal of the ovaries, especially if you are through having babies. The main reason given is to reduce your risk of ovarian cancer. However, the risk of ovarian cancer is small. One estimate is 700 women would have to have their healthy ovaries removed to prevent one case of cancer *(J Reprod Med 35:839, 1993)*. Your ovaries are important. They reduce your risk of heart attacks, osteoporosis, and menopause-associated discomforts, and improve your overall feelings of well-being and sexual interest. They produce small amounts of male hormones that stimulate a woman's sexual desire.

Most hysterectomies are considered "elective" surgeries. They don't have to be done. Therefore, you have choices. An informed consumer, working with a doctor actively interested in saving her uterus, cervix, and ovaries, can take advantage of the numerous options.

RESEARCH

HERB FOR THE PROSTATE

"Randomised, placebo-controlled, double-blind clinical trial of B-sitosterol in patients with benign prostatic hypertrophy" by R. Berges in the June 17, 1995 issue of the Lancet found a plant derived substance to be effective in relieving the symptoms of prostate trouble *(345:1529)*. Two hundred patients with symptomatic benign prostatic hyperplasia were either treated with 20 mg B-sitosterol (which contained a mixture of phytosterols) three times a day or placebo. Symptoms, flow rates, and residual volume of urine left in the bladder were significantly improved in the group taking the B-sitosterol. No change in prostate size was seen in either group.

COMMENT:
In Western societies, development of prostatic hyperplasia (enlargement) is almost universal as men age. The disease begins to affect men over 45 years and increases with age so that by the eighth decade of life, more than 90 percent of men have hyperplasia at autopsy. Because the prostate surrounds the urethra (tube from the bladder to the outside), enlargement near the urethra causes progressive obstruction with symptoms. Surprisingly, overall size of the prostate as felt on rectal exam or determined by ultrasound is not directly related to symptoms of obstruction. Common symptoms include decrease in caliber and force of the stream, hesitancy on initial voiding, postvoid dribbling, frequent night-time urination, and sensation of incomplete emptying of the bladder. The need for treatment is based on symptoms troublesome enough for the man to seek relief. In late disease, severe urinary retention can occur and require surgical intervention.

Since the need for treatment is based on symptoms, efforts should be made to reduce symptoms as simply, safely, and cost-effectively as possible. Quitting coffee and tea can markedly decrease the need to urinate. Decreasing water intake after the evening meal will reduce the need to urinate during the night. Some men have reported an improvement after they changed to a low-fat, low-sodium, starch-based diet. This is not surprising since an unhealthy diet is at the root of this disease.

The testicles must be present to have prostatic hyperplasia. Male hormones are necessary for growth of prostate tissues. This disease is much less common in parts of the world where people eat a low-fat, starch-based diet, like the Orient. The connection between these facts is the rich American diet causes an increase in production of male hormones which causes the prostatic hyperplasia. (Details on this increase are found in The McDougall Program: Twelve Days To Dynamic Health, page 357-363.)

The next step in treatment might be medications such as Hytrin (terazosin) which helps reduce the smooth muscle tone of the muscle of the prostate and bladder neck which helps relieve the obstruction of the urethra. Hytrin is also a blood pressure-lowering drug and has side effects like lightheadedness and dizziness, as well as many other side effects.

Proscar (finastride) is a drug that inhibits the conversion of testosterone into the prostate stimulating hormone 5a-dihydrotestosterone. After about 3 months of therapy, there is regression in size of the large prostate. Improvement in symptoms of urinary obstruction are seen after 2 months of therapy. There are few side effects, but breast tenderness and enlargement have been reported. B-sitosterol (in this study, a preparation called Harzol by Hoyer, Germany) was found to have improvement in obstructive symptoms comparable to those results from the more expensive drugs Hytrin and Proscar. The B-sitosterol, however, accomplished this with no reduction in size of the prostate and much fewer side effects.

Most plants contain B-sitosterol. Common herbal preparations used to treat benign prostatic hypertrophy include Saw Palmetto (160 mg twice a day) and pygeum extract (50 mg twice a day). These can usually be purchased in your local natural foods store.

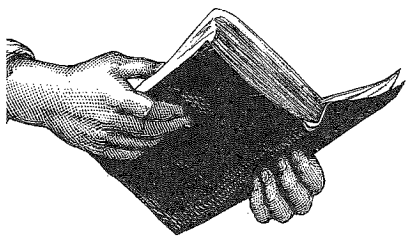
VITAMIN E SAVES ARTERIES

"Serial coronary angiographic evidence that antioxidant vitamin intake reduces progression of coronary atherosclerosis" by Howard Hodis in the June 21, 1995 issue of the Journal of the American Medical Association found taking vitamin E supplements reduced the progression of atherosclerosis in the heart arteries *(273:1849)*. A total of 156 men aged 40 to 59 with a history of previous coronary artery bypass surgery were studied at the University of California as part of the Cholesterol Lowering Atherosclerosis Study. The people taking more than 100 IU of vitamin E daily showed less progression of their atherosclerosis than those taking less than 100 IU daily. Benefits were seen with both mild and moderate lesions. No benefits was seen for vitamin C.

COMMENT: Why shouldn't I believe this study? I believed them when they showed benefits in this same group of men with cholesterol lowering drugs (combined colestipol-niacin therapy) *(JAMA 257:3233, 1987)*, and with a low-fat, low cholesterol diet (JAMA 263:1646, 1990). Like most doctors, I was raised with an unhealthy level of skepticism for vitamin supplements. I've tried to change my ways and take vitamins myself. However, I can never remember to take them and often they give me indigestion. With each new study that comes out I mount a new effort, just like those who keep trying to cut down on their fat and cholesterol each time a new warning hits the news. What a small price to pay to have healthier arteries and less risk of a stroke or heart attack.

The evidence continues to accumulate that vitamin supplements can be helpful, have very few side effects, and are cost-effective. The Health Professionals Follow-up Study found men who took at least 100 IU of vitamin E daily for 2 years had almost half the risk of nonfatal heart attacks, death, bypass surgery and angioplasty *(N Engl J Med 328:1450, 1993)*. Women also had less risk of heart disease in the Nurses Health Study when they took vitamin E *(N Engl J Med 328:1444, 1993)*. Vitamin E has been shown to reduce the formation of atherosclerosis in animals *(Atherosclerosis 94:153, 1992)*.

The effects on progression of atherosclerosis were most noticeable on the mild to moderate lesions. This is particularly important because these are the lesions that rupture and act as a catalyst for the blood clot (thrombus) that finally plugs the heart artery causing the heart attack.



RECIPES

TOMATO SPINACH RISOTTO

Servings: 4
Preparation Time: 20 minutes
Cooking Time: 25 minutes

1/4 cup water
1 onion, chopped
1 red bell pepper, chopped
1-2 cloves garlic, minced
1/8 cup chopped sun dried tomatoes
1/8 cup chopped dried porcini mushrooms
1 cup chopped fresh tomatoes
1 cup arborio rice
4 cups vegetable broth
1 cup frozen corn kernels
1 tablespoon soy sauce
2 packed cups fresh chopped spinach

Place the water, onion, bell pepper and garlic in a medium saucepot. Cook, stirring frequently, until onion softens, about 3 minutes. Add all the remaining ingredients, except the spinach. Bring to a boil, reduce heat and simmer for 15 minutes, stirring every few minutes. Add spinach and continue to cook an additional 5 minutes, until water is absorbed.

CREOLE GUMBO

Servings: 6-8
Preparation Time:
30 minutes (need cooked rice)
Cooking Time: 30 minutes

6 cups vegetable broth
2 large onions, chopped
4 stalks celery, chopped
2 green peppers, chopped
3 cloves garlic, minced
1 tablespoon Creole Seasoning mix
1 15 ounce can black beans, drained and rinsed
1 15 ounce can black eyed peas, drained and rinsed
1 cup corn kernels, thawed
1/4 cup chopped fresh parsley
several dashes of Tabasco sauce
several twists of fresh ground pepper
pinch of crushed red pepper (optional)
1 1/2 cups frozen chopped okra, thawed
1 cup cooked brown rice

Place 1 cup of the broth in a large pot. Add onions, celery, green pepper, garlic and Creole seasoning mix. Cook, stirring frequently, for 10 minutes. Add remaining vegetable broth, the beans, black eyed peas, corn, parsley, Tabasco and pepper. Cover, reduce heat and cook for 15 minutes. Add okra and rice. Cook an additional 5 minutes until heated through.

SUNNY BEAN CHILI

Servings: 6
Preparation Time: 15 minutes
Cooking Time: 4 hours

2 cups dried kidney beans
5 cups water
1 onion, coarsely chopped
1 green bell pepper, chopped
2 cloves garlic, minced
1 15.5 ounce can tomato sauce
1 15.5 ounce can Mexican or Cajun style stewed tomatoes
1 4 ounce can chopped green chilies
3 tablespoons chili powder
2 teaspoons ground cumin
1/3 cup chopped dried tomatoes
1 cup frozen corn kernels

Place beans and water in a large pot. Bring to a boil, cover, reduce heat and simmer for 2 hours. Add remaining ingredients, except corn and cook an additional 2 hours. Add corn about 10 minutes before end of cooking time.

BAKED FRENCH FRIES

Servings: variable
Preparation Time: 40 minutes
Cooking Time: 30-40 minutes

Potatoes
Optional Seasoning Mix:
1/3 cup Dijon-style mustard
1/4 teaspoon paprika
1/4 teaspoon chili powder
1/4 teaspoon ground cumin

Preheat oven to 450 degrees.
Scrub potatoes and cut into desired shape (wedges, thick slices, or traditional "French fry" shape). Place in a pot with cold water to cover and soak for 30 minutes.

Remove potatoes from water. Shake to remove excess water. Sprinkle with salt, pepper or other desired seasoning mix. Place on a non-stick baking tray. Bake for 30-40 minutes until lightly browned.
Option: After removing potatoes from water, blot to remove excess water. Set aside. Mix the optional seasoning mix together in a small bowl. Spread a small amount of the mixture thinly on the surface of the potatoes. Bake as above.

KIT'S MOCK GUACAMOLE

Servings: makes about 2 cups
Preparation Time: 20 minutes
Chilling Time: 1 hour

1 potato, boiled and peeled
1 15 ounce can garbanzo beans, drained and rinsed
1/4 lemon, peeled and seeded
2 cloves garlic, chopped
1/2 cup chopped fresh parsley
1/2 cup salsa
1/3 cup chopped fresh cilantro
1/4 cup rice milk
1 teaspoon ground cumin
fresh ground black pepper to taste
1 tomato finely chopped
2 tablespoons finely chopped red onion
2 tablespoons chopped green chilies

Place the first 10 ingredients into a food processor (all except the tomato, onion and chilies). Process until almost smooth. Remove and place in a bowl. Stir in the remaining vegetables. Chill for at least 1 hour before serving. Serve with oil free baked tortilla chips.

GARBANZO SALAD

Servings: 6
Preparation Time: 20 minutes
Chilling Time: 2 hours

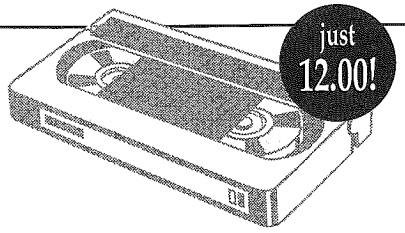
2 15-ounce cans garbanzo beans, drained and rinsed
1 7-ounce jar roasted sweet red peppers, drained and chopped
1/2 cup chopped green onions
1/2 cup chopped celery
2 tablespoons capers
1 clove garlic, minced
3 tablespoons chopped fresh mint
1/2 cup oil free dressing
fresh ground pepper to taste

Combine garbanzos, peppers, green onions, celery and capers in a large bowl. Combine oil free dressing, garlic and mint using a wire whisk. Pour over the vegetables. Toss well to mix. Season with fresh ground pepper. Cover and chill for at least 2 hours before serving.

BULLETIN BOARD

The McDougall Program for Maximum Weight Loss

30-minute VIDEO



INCLUDES:

- Introduction to the Program
- Examples of people who lost large amounts of weight per manently
- Eight steps to change your diet and your life
- Tips on shopping
- Mary shows you how to make 4 dishes:
  Fresh Salsa
  Spicy 3-Bean Salad
  Potato Salad
  Mushrooms McDougall
- John shows you how to make breakfast in a jiffy
- Answers fo 3 of the most commonly asked questions:

1) Why do you recommend starches, when they make me fat?

2) How do I get my protein without meat?

3) How do I get enough calcium if I don't drink milk?

- Price: $12 each
  Bulk orders (10 or more)
  $10 each

Add $4 first item, $2 for each additiojnal item for S & H. Bulk orders $10 S & H, plus actual postage. California residents add 7.5% sales tax.

Call (800) 570-16545 or write: P.O. Box 14039, Santa Rosa, CA 95402

Upcoming Half-Day Classes

39.95

A lively and informative presentation that may change your life! See and hear John and Mary McDougall present the latest information on health and diet.

Call (800) 570-1654 or (707) 576-1654 for reservations

October 14
Santa Rosa: Luther Burbank Center

McDougall Radio Shows

Daily show on KSRO 1350 from 11 AM until noon PST. You can call in with your questions from anywhere in the country and talk to Dr. McDougall (often there is a guest the first half hour, so call at 11:30 AM PST) at (707) 270-1350.

FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show between 7 PM to 9 PM throughout California (and we're starting to go national). Listen on:

NEW STATION!
KLAC 570 AM, Los Angeles

KPIX 1550 AM, 96.5 FM, San Francisco

KSDO 1130 AM, San Diego (replayed Sunday noon to 2 PM)

KQMS 1400 AM, Redding

KSCO 1080 AM, Monterey/ Santa Cruz

KVEN 1450 AM, Ventura

KVON 1440 AM, Napa

KGLW 1340 AM, San Luis Obispo

KYSO 1480 AM, Modesto/ Merced

KINS 980 AM, Eureka

KSRO 1350 AM, Santa Rosa

KPSL 1010 AM Palm Springs

KXLY 920 AM Spokane, WA

Donations to the McDougall Program

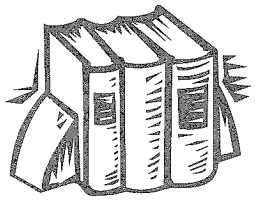
The McDougall Lifestyle Change Research Fund - 2574.1040 will be money I personally manage for research and education. The McDougall Program Fund - 2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education. Send to The McDougall Program, c/o St.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

McDougall Quick Recipe Search

We are looking for recipes to be included in a new "Quick Cuisine" book. Recipe preparation times (apart from cooking times) should be less than 15 minutes. Please send us your recipes to be considered - you will receive credit in the book if they are used! Send to: McDougall Quick Recipes, P.O. Box 14039, Santa Rosa, CA 95402

McDOUGALL ORDER FORM

ITEM	PRICE/UNIT	QUANTITY	TOTAL
The McDougall Program for Maximum Weight Loss	$11.95		
The New McDougall Cookbook	$24.00		
The McDougall Program	$12.00		
The McDougall Plan	$10.95		
McDougall's Medicine	$11.95		
The McDougall Health Supporting Cookbook, Volume I	$9.95		
The McDougall Health Supporting Cookbook, Volume II	$9.95		
The McDougall Audio Tapes (6 tapes)	$39.95		
New Video! The McDougall Program for Maximum Weight Loss 30 min.	$12.00		
The McDougall Video 2 hrs.	$25.00		
Tax			
Shipping & Handling			
The McDougall Newsletter (Bi-monthly) Outside USA	$20.00 $24.00		
Miscellaneous			
Total			



Postage:
USA rates: first Book, Audio or Video $4.00. Each additional item $2.00.

Outside USA, first $5.00, then $3.00. U.S. All funds are in U.S. dollars.

California residents add 7.5% sales tax.

Send to or call:

The McDougalls,
P.O. Box 14039, Santa Rosa, CA 95402.
(707) 576-1654.
FAX (707) 576-3313

Send US funds only! Add extra postage for foreign orders. American Express, Mastercard & VISA accepted.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Phone #: _____ Clerk: _____

VISA • Mastercard • American Express • Discover Card (circle) number:
Expiration Date:

Design by Mona Lisa Design, Santa Rosa, CA • Printing by Letter Shop Printing, Santa Rosa, CA

IS IT TIME TO RENEW?
Look in your mail for a renewal notice. Don't hesitate... this is the only notice you will receive. Make out a check for $20.00 for another year of the McDougall Newsletter. Send your check with your name and address, or even easier, enclose your mailing address from this newsletter. Mail it to:
The McDougall Newsletter, P.O. Box 14039, Santa Rosa, CA 95402.
Previous issues available at $2.75 per copy.

GIVE A GIFT
Send us your name and address, the names and addresses of the people you want to give gift subscriptions to, and a check for $20.00 for each one.
The McDougall Newsletter is now copyrighted. But you have permission to duplicate and share with friends. All other rights restricted.

The McDougall Newsletter
P.O. Box 14039
Santa Rosa, CA 95402
Address correction requested

BULK RATE
U.S.POSTAGE
PAID
PERMIT NO. 47
SANTA ROSA, CA

Lawrence Wheat
65 West Shore Rd
Belvedere CA 94920
0000