

DYNAMIC HEALTH

September 1998 Vol.1 Issue 1



Does Dr. McDougall Cheat on His Diet?

By John McDougall, MD

Yes! But before I get into the seamy details, I'd like to explain why this new newsletter. After all, there are hundreds of health publications out there, so how could this one possibly be any different?

Well, this one is different. Here's how:

(1) *The focus is on food as a preventative, a cure and a life-enhancer.* Certain foods, many of which we consider to be our birthright, are not only "unhealthy," which is a pretty vague term to begin with, but they're also downright deadly; at the levels most of us consume them, they actively promote fatal disease. The good news is that there are other specific foods, and lots of them, that can make us feel, not only better, but actually feel. By eating more of these foods, we assert ourselves—our health—against the mind-numbing effects of mass advertising, which tends to promote whatever is easiest and most profitable.

(2) *We'll always put the latest medical and health news in context,* so you know if it's bogus or beneficial, and we'll always tell you how to apply it to your everyday life. There's a lot of health advice out there, and a lot of it is free because frankly it's not worth much—just a bunch of information thrown at you with no rhyme or reason.

(3) *Our goal is for you to look and feel better with each coming month.*

The newsletter you have in your hands is one of the most important tools I have to help you. Each month, my staff and I will offer you motivating stories, inspiring interviews, lifesaving reports on medical research and practical tips on healthier living. Then just like us, you'll find yourself eating better, exercising more and making better-informed medical decisions.

Good 'n Plenty

OK, so what's the McDougall Program? It's actually very simple: Eat as much as you can of starches (potatoes, rice, beans, pastas, etc.), whole grains, vegetables and some fruit. Eat as little as

possible of meat, milk, eggs and other animal products. And cut way back on all sorts of oils.

There are two major things wrong with the typical American diet: (1)

There are two things wrong with the typical American diet: too much protein; too much fat.

too much protein; (2) too much fat. Both the protein and the fat come mainly from animal products—meat, cheese, creams—that we humans were never meant to consume in such great quantities. Meats and sweets, for instance, have historically been reserved for special occasions and feast days. They are foods of passion, of celebration. Now, everyday is a feast day, with hamburgers for lunch and steaks for dinner.

Our bodies, poor things, are much better at burning complex carbohydrates, and that's why most meals over the centuries have centered on starches—potatoes, rice, beans and noodles—as well as vegetables. We evolved eating mainly these types of foods, and therefore our bodies are very efficient at processing them.

Our bodies have a much harder time dealing with the excess protein, cholesterol and fat found in animal products. And that's why there's such a high preva-

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lence of heart disease, diabetes, osteoporosis and certain types of cancer in this country.

Also, our bodies *need* carbohydrates to feel satiated. That's why after a big sirloin steak we often crave ice cream or cake—sugar is a carbohydrate, albeit a simple one that doesn't do us much good. If, instead, dinner is full of complex carbohydrates, like starches and vegetables, you'll be amazed how much less sugar you crave.

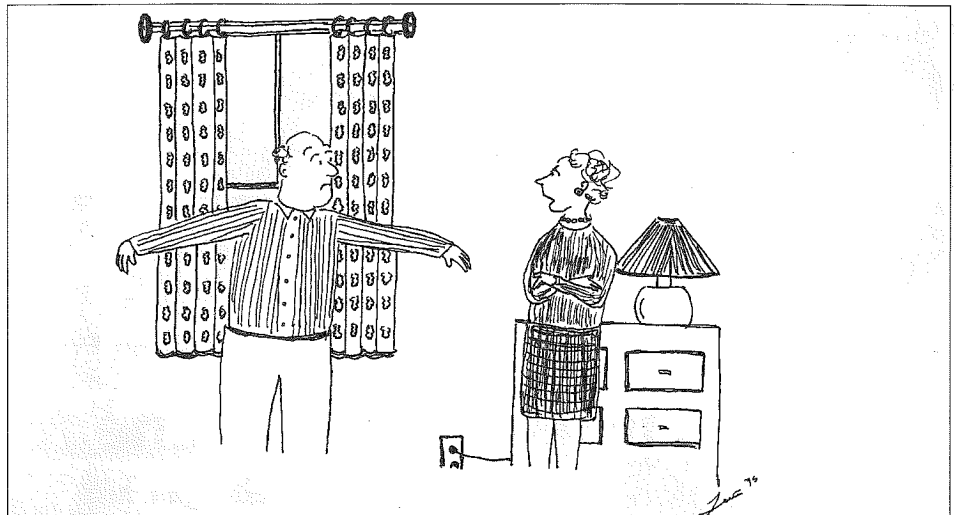
By now, you're probably wondering if I'm going to use the "v" word—vegetarian. Yes, I'm a vegetarian who eats turkey at Thanksgiving and savors the salmon he catches on fishing expeditions.

A friend of mine in Hawaii was a true vegetarian by the typical standards. He was fat, pale and obviously in poor health. He was eating mainly processed foods, chips and sodas; he didn't want to hurt animals, he said. Unfortunately, the only important animal he did hurt was himself.

Hit the Road, Jack

The second leg of the McDougall Program is a daily walk or some other moderate exercise. I used to tell people to exercise, but I didn't think that I really had to—after all, I ate a near perfect diet. My friend, Jack Dixon, convinced me otherwise. He became my personal fitness trainer at the Airport Athletic Club in Santa Rosa. After months of complaining to myself—and everyone around me—I started to realize that I liked the exercise, and I especially liked the aftereffects.

I lost eight pounds, and my joints felt better. But the turning point for me was the evening I sat down on the couch without my shirt, and my wife Mary said, "Hey, you've got muscles." Once a



"When Dr. McDougall said 'lots of starch' he was talking about DIET, not dry-cleaning!"

week has turned into a daily walk and weights a couple of times a week. (I've asked Jack to advise us every month, see page 9).

True Confessions

The McDougall Program is not an all-or-nothing fad diet, or an overnight miracle cure. If you're looking for those, watch more daytime TV or read *The National Enquirer*. The Program is a way of life that even I constantly strive for. Any significant steps you take toward that way of life will bring you not only better health, but possibly more wealth (you'll save on unnecessary treatments) and a fair amount of wisdom.

The Program puts you back in the driver's seat. When you know the basic principles of good health, you can choose to feel good, not-so-good or ill. After decades on the McDougall Program, a rich meal or two helps me remember why I take good care of myself—the indigestion returns, the constipation, the joints start to stiffen, and my skin gets oily. If I kept it up, I'd probably get to experience a heart attack, or diabetes or maybe even a bout

with prostate cancer.

Staying on the McDougall Program is not much of an effort because there's such tremendous variety among starches, grains and vegetables—and the foods taste great and are easy to prepare (see our *Healthy Eating* supplement).

And now for my confession: Back when the kids went trick-or-treating, I'd steal the Babe Ruth bars out of their bags, and then I'd stay clean until the following Halloween. (Sorry kids.) I've also eaten my share of cheesy pizzas. But now that the kids are grown, I find myself cheating less and less.

Compared to the small efforts I make, I see others around me doing really difficult things, like suffering from gout or sleep apnea, or taking blood-pressure pills that make them impotent, or spending three hours in bypass surgery. Don't these things seem hard to you compared to making a bowl of oatmeal and taking a stroll down a country lane?

Thanks for letting me and my team become a part of your life. We won't disappoint you.

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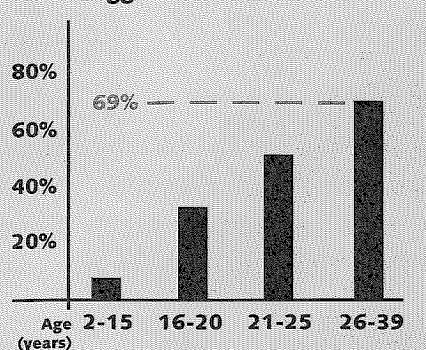


Young At Heart?

Hear disease isn't something that just happens after you turn 50. In a recent study of young people—two to 39 years old—every single one of them (even the two-year-olds!) already had fatty deposits in their heart's major valve, the aorta. Even more shocking: Close to 70% of those over 25 had also developed blockages in their arteries—it is these blockages that eventually can erupt and cause heart attacks. (The research was done on 214 young people who had died in accidents; *The New England Journal of Medicine*, 1998; 338: 1650.)

JM: The chart says it all: by the time we hit 40, most of us are headed for trouble. And it's no wonder. The American diet is high on animal products—steaks, burgers, cheeses, milk and butter—all of which (even the "low-fat" kind)

Percentage of Young People with Clogged* Arteries



Source: *New England Journal of Medicine*, 1998; 338: 1650

*Fibrous-plaque lesions.

drive up our cholesterol levels and literally clog our blood vessels. Fortunately, there is a natural "Drano" that has been proven to stop and then reverse the damage: lots of vegetables, whole grains and starches (potatoes, rice, pastas).

Hear Ye, Hear Ye

For the first time ever, hearing loss in older folks has been attributed to an "environmental factor," namely cigarette smoke. A recent large study (close to 4,000 people aged 48 to 92) shows that smokers were much more likely to have hearing problems. And simply living with a smoker doubled your chances of having hearing problems compared to people in smoke-free households. (*Journal of the American Medical Association*, 1998; 279: 1715.)

JM: The message? Hearing loss isn't inevitable. What's really causing the loss, though, isn't cigarettes; it is thickening of the arteries (atherosclerosis), a precursor to heart problems and many other diseases. And what causes the arteries to thicken? Among the biggest risk factors are cigarettes and a diet heavy on animal products.

Spin Doctors

The truth behind the headlines



Check The Male, First

Even Dear Abby is touting Viagra, the new male impotence pill from Pfizer. But before you go running out to fill—or refill—a prescription at \$10 a pill, realize these two things:

(1) *The drug's touted 70% success rate can be misleading.* Viagra was most effective on men who can have partial erections and on those whose problem is caused by anxiety or depression. But most impotence has a physical cause, and there, success rates are lower. Viagra worked for 50% of the men with diabetes, for example, and 40% of the men with prostate surgery.

(2) *Impotence is often an indication of other health problems,* and that's why many men trying Viagra are also taking other drugs—blood-pressure pills, antidepressants and antacids like Tagamet. The irony is that these types of pills tend to cause impotence, creating a vicious circle. Worse, some medications—those with nitroglycerin—have proven deadly when taken with Viagra.

JM: The alternative? Because impotence is often caused by blood flow

blockages (also a risk factor for heart disease), try a change in diet and exercise first. Also, in some older men, impotence is caused by low testosterone levels, which a shot or a patch can easily adjust. And then there's Yocon, made from the bark of an East African tree. It's so effective that drug companies have packaged it into pills, which require a prescription.

Good News About Bad Habits

Worried about kidney stones? Then load up on coffee and wine, an eight-year study of 81,000 women shows. Because they dilute the urine, these two beverages prevent the formation of the calcium-laden stones much more effectively than water. Interestingly, a glass of grapefruit juice each day raised the risk of kidney stones by 44%, for reasons unknown. (*Annals of Internal Medicine*, 1998; 128: 534.)

JM: Thanks, but no thanks. You can drink water all day long and actually benefit from it. But there's a big downside to lots of wine and coffee. And, there is a more effective treatment:

cutting down on on your protein intake (see "Getting Milked" page 8).

Not So Odd Couples

■ Virtually all—96%—of published authors who support the use of calcium-channel blockers (CCBs), a common blood-pressure pill, have undisclosed financial relationships with the companies that make CCBs. (*New England Journal of Medicine*, 1998; 338: 101.) Annual sales of CCBs run about \$8 billion a year. For our take on CCBs, see page 10.

■ The vast majority—75%—of published authors who deny that passive smoking is a health hazard are affiliated with the tobacco industry. (*British Medical Journal*, 1998; 316: 1840.) For more on passive smoke, see page 9.

Billions Disserved?

Fast-food presents almost as much of a health risk as cigarettes, the American National Cancer Institute recently said. But that message is not getting through. No surprise there. The Institute is spending \$1 million a year to get us to eat more fruits and vegetables. But McDonald's spends 600 times more—about \$600 million—to market Big Macs, Deluxe fries and shakes.



A Maverick In the Field of Medicine

Dr. Henry Heimlich continues to buck the trend with new research on cancer and AIDS.

NO SINGLE DOCTOR HAS SAVED MORE LIVES than my friend Henry J. Heimlich. Henry's anti-choking technique, in use since 1972, has made his name into a household word. What you may not realize, however, is that the Heimlich Maneuver is just one of many firsts for this man.

In the 1950s, Henry did the first successful organ transplant in history—he constructed a new esophagus using part of the patient's stomach. And during the Vietnam War, thousands of lives were saved with the Heimlich Chest Valve, still widely used. Now in his late 70s, Henry is spearheading the research on a promising but unconventional treatment for AIDS and even cancer, which is finally beginning to get recognized.

—JM

Henry, you've often found yourself at odds with the medical establishment. What in your life has made you so willing to stand up for what you believe in?

I think it was probably my father. Dad was a social worker in the New York state prison system, and he fought for a lot of things that are now law, like parole and job-placement.

One of the main reasons you're known as a life saver is because of the Heimlich Maneuver. How did that come about?

Around 1972, I read in *The New York Times* that choking was a leading cause of accidental death. Since I was the leading esophageal surgeon in the world, I felt I ought to do something about that.

For the previous 35 years, the Red Cross had been advising people to slap choking victims on the back. But I found out that every single scientific paper going back 30 years said the opposite: never hit someone on the back because you'll drive the object tighter into the airway.

So I looked for ways to dislodge the

object. Pressing on the diaphragm worked because it diminishes the volume of the whole chest cage.

Of course, I couldn't experiment by choking people. But in one of the medical journals I suggested the Heimlich Maneuver as an alternative to slitting the throat—a tracheotomy. A newspaper writer picked up the story in exactly those terms, and within a week, we had the first life saved.

The Heimlich Maneuver was accepted by the Red Cross and the rest of the medical establishment, right?

No. The Red Cross clung to its back-slapping approach for 14 more years, and it was a terrible fight because I knew this would kill someone. Finally, a choking child in Harrisburg, Pa. fell into a coma and eventually died because the teacher did the four back slaps first, driving the object deeper into the throat. Although the Red Cross now advises to do the Heimlich Maneuver first, it still maintains that the back slapping isn't harmful.

Are there other uses for the Heimlich Maneuver?

The newest thing is that people are using it to stop acute asthma attacks, which kill an average of 14 people every single day. As you and I know, the medications for asthma are very dangerous; they cause glaucoma, blindness and can interfere with the immune system. So it's very important if you can markedly diminish or eliminate their use.

Actually, I think stopping asthma attacks will become the #1 use of the Heimlich Maneuver. There are at least 15 million asthmatics in this country, and most of them are children.

And the Heimlich Maneuver is already being widely used to save drowning victims; it gets the water out of the lungs, and pushing up on the diaphragm stimulates breathing. Again, the Red Cross is doing the wrong thing. It continues to advocate CPR with mouth-to-mouth resuscitation. What they forget is that the lungs are filled with water when you drown. So you can't just blow air into them.

Your latest research is starting to turn some heads. What's that all about?

Our work is based on stimulating the immune system, so it can eliminate the AIDS virus from all parts of the body. I think it'll get even more attention now because not only are the AIDS drugs too expensive for 96% of the world to use, but they are also failing, unfortunately. And an AIDS vaccine is 10 or 20 years away.

How do you strengthen the immune system?

Basically, you inject the patient with a curable form of malaria, which lasts two to three weeks. The approach isn't new. In the U. S., it was used to treat advanced syphilis (after the disease had already spread to brain), and the doctor who came up with this won a Nobel Prize. The Public Health Dept. provided the malaria, and by 1975 all advanced



syphilis had been wiped out.

The malaria has been shown to stimulate the interferons, interleukens, and tumor necrosis factor, all of which are lacking in AIDS patients. There are all sorts of interesting reports. The Centers for Disease Control, for example, followed 112 children with advanced AIDS, 41 of whom also had malaria. After two years, 35% of those who had only AIDS died. But all 41 kids with both malaria and AIDS lived. Other reports show that AIDS doesn't occur in malaria-infested areas of the world—people there have the AIDS antibodies but not the disease.

Have you tested malaria treatment?

We are now working with UCLA. The actual testing is done in China and the lab work at UCLA.

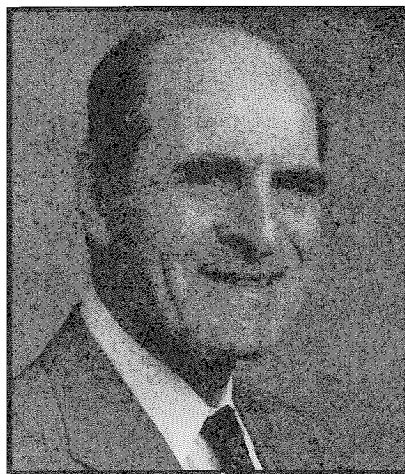
After our first group of AIDS patients overcame the malaria, their immune cells—the CD4s, the T cells—had markedly increased. And without any further treatment, the immune cells stayed at high levels for the next two to three years. UCLA is now doing viral loads, that is measuring the actual virus, and in the next six months we should know if the AIDS patients are cured.

So far, we've treated 18 patients, if you include the second group we're working with now. We want to treat the next 100 immediately and are now seeking funds to do that.

How do you see this malaria treatment relative to cancer patients and other viral diseases?

The same thing applies to cancer patients; their immune system lacks the tumor necrosis factor, and it degenerates. You and I are sitting here, hopefully without cancer, because our immune systems are killing off cancers or preventing them.

Interestingly enough, going back to the turn of the century we found 700



"Our goal is to prove that malaria therapy works and then to get a large company to create a substance that duplicates what malaria does."

cases in which patients with "incurable" cancer got a febrile disease [such as malaria], and their cancer disappeared.

We've treated only a few cases of advanced cancer so far. And we found improvement in breast cancer and melanoma and in one Kaposi Sarcoma [a type of cancer often found in AIDS patients], where we had marked improvement. We'll be able to treat these patients again once funding becomes available.

People with advanced Lyme Disease would also probably benefit, but there aren't enough of them to set up a study. They may be able to get malaria therapy in one of the Latin American countries, though.

Actually, the potential is there for most viral diseases, including Hepatitis B and C. I would be interested in testing if someone were to consider it.

Someone who wrote a check?

Yes.

It all boils down to money, doesn't it?

And the money goes into drugs, which is fine when they work. But we've seen what happened with the antibiotics [they're losing their effectiveness].

Now that the AIDS drugs are failing, the money is being pushed toward developing a vaccine. God bless them, I hope it works. But that's not going to help the 40 million people around the world who have AIDS now.

There's no money to be made with malaria therapy, so no company is going to push it. Our goal is to prove that malaria therapy works and then to get a large company to create a substance that duplicates what malaria does.

Isn't it sad that we have to create a drug out of a widely available parasite? Kind of like taking the foxglove leaf and turning it into the heart drug digoxin.

Yes, exactly, you got it.

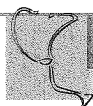
Finally, Henry, do you think "money" or "truth" will win out in the next decade? By truth, I mean scientific research, which shows that unhealthy eating, cigarettes and overuse of medications is harmful. By money, I mean companies like McDonald's and the tobacco giants, which are pushing the exact products known to be harmful.

Truth will win out because the money is going to move toward the truth as more people learn what they should have. Money is starting to move out of tobacco, for example. Not all the news is good publicity, of course, but it's all moving in a direction that never existed before. Absolutely.

Just a Reminder

The non-profit Heimlich Institute, set up to do medical research, also sells a variety of how-to products on the Heimlich Maneuver—posters (\$10 to \$15), wallet cards (\$2) and videos. For a \$50 contribution, Dr. Heimlich himself will autograph any of the above.

Write to: Heimlich Institute, 311 Straight St., Cincinnati, OH, 45219. Phone: 513-559-2391; fax: 513-559-2403



Heart & Circulation: Minor Heart Attacks: Easy Does It

Immediately after a mild heart attack (no "Q" waves on the electrocardiogram), you're much better off avoiding a bypass or other invasive treatment like an angioplasty (when a "balloon" is run into the heart to open up arteries).

Recent research at 17 veterans' hospitals shows that: for up to a year after a minor heart attack, patients with aggressive treatment had significantly more heart attacks (both fatal and non) than those treated mostly with medication and monitoring. (*New England Journal of Medicine*, 1998; 338: 1785.)

JM: Here's the problem with the most common invasive procedures:

Bypasses: The lesions that are bypassed are not the ones that usually kill. Lesions that close 70% to 90% of

the artery have been around a long time, and as a result are made up mostly of scar tissue. This type of plaque rarely ruptures.

When are bypasses affective? When there's significant involvement of the heart's largest artery—the left main coronary artery (4% to 11% of surgeries), or when a certain amount

Beware...

If your hospital does fewer than 400 angioplasties a year, then you may want to have the procedure done elsewhere. Mortality rates and follow-up surgery rates were significantly higher at hospitals that do fewer than 400 of these procedures annually, says a recent large study conducted in New York state. (*Journal of the American Medical Assoc.*, 1998; 277: 892.)

of heart muscle is lost.

Angioplasties: This procedure has not been shown to save lives, and it also has serious complications. About 40% of all arteries treated with angioplasty close up within four months. However, if chest pain does need to be relieved by surgery, angioplasty is preferred over a bypass.

Your best bet? After a minor heart attack, immediately switch to a very low-fat diet that has no cholesterol. This means cutting out all animal products. Your blood will thin out as a result, and you should get some relief in chest pain.

Unfortunately, even good doctors don't consider food; to them, therapy means a handful of drugs.

Weight Loss: Fiber Fights Fat

Fiber can help you shed weight (as well as filling you up and keeping you regular), according to researchers at the USDA Human Nutrition Center in Beltsville, Md. They tracked two groups of people eating the same number of calories. But one group was also eating a lot more fiber. The results?

■ Women who doubled their daily intake of fiber to 24 grams absorbed 90 fewer calories each day. That may

not seem like much, but it adds up to about 10 pounds a year!

■ Men who doubled their daily fiber intake to 36 grams, absorbed 130 fewer calories each day.

JM: These results aren't at all surprising. Fiber blocks the digestion of some of the fat, carbohydrates and protein consumed with it, so fewer of these calories make it into the bloodstream.

So load up on fiber. There's no fi-

ber at all in meats and other animal products. But there's plenty of it in grains and vegetables, and it's real easy to get 30 grams of it a day. I usually eat 60 to 100 grams daily.

30 Grams of Fiber, Please

1 cup cooked oatmeal	4 grams
1 banana	3
2 slices whole-wheat bread	3
1 cup kidney beans	14
1 baked potato with skin	5
1 cup spinach	3

Cancer: Mammograms May Do More Harm Than Good

If you're under 50, annual mammograms to detect breast cancer do more harm than good.

A lot of false alarms: Half of the women screened annually over 10 years will have a false positive result, and 20% of these will suffer through unnecessary biopsies, a recent study found. Even after the biopsy proves there is nothing wrong, about 26% of women still have a lot of anxiety. (*New England Journal of Medicine*, 1998; 338: 1089.)

No obvious benefits: For women 40 to 49, routine mammograms have not been shown to improve breast-cancer survival rates in most studies.

(*Lancet*, 1993; 341: 973-8.)

JM: My recommendation? If you're under 50 or over 69, avoid annual mammograms. For women between 50

and 69, the jury's out. Two studies show significant benefits but six others do not! (*Journal of the National Cancer Institute*, 1993; 85: 1644.)

High-School Reunion

The more weight women gain after age 18, the more they're likely to develop breast cancer. Researchers at the Harvard School of Public Health followed 95,000 women for 16 years and found that those who had gained more than 45 pounds after age 18 had nearly double the cancer-rate risk as those who gained less than five pounds. Those who gained 20 to 40 pounds were 61% more likely to develop breast cancer.

Remember this: Women on a high-fat diet produce about 33% more estrogen than women on a low-fat diet. As a result, estrogen-sensitive organs, like the breasts and uterus, are overstimulated, which can lead to cancer. This holds true even for older women. After menopause, the body makes estrogen from its stores of fat tissue—so the more extra pounds in the form of fat, the higher the breast-cancer risk.

Diabetes: Insulin Isn't Always The Answer

About 40% of Americans with adult-onset diabetes are on insulin. But a recent study shows that insulin "rarely" controls blood-sugar levels well enough to stop the ravages of the disease. (*Journal of the American Medical Assoc.*, 1997; 278: 1663.)

JM: Instead of truly regulating blood-sugar levels, injected insulin forces more sugar into cells, resulting in weight gain—an average of eight to 20 pounds—and it may also increase the risk of heart disease and blindness.

What's going on? Fats and oils, which are 40% to 50% of the typical American diet, act by interfering with our body's natural insulin, which helps sugars (the body's energy source) pass into cell membranes. As a result, our cells increasingly fail to respond to natural insulin, as well as to the insulin injected by syringe.

Here's the typical scenario: Doctor says, "blood sugar is too high, take insulin." You go back and Doc says: "Blood sugar is still too high; take more insulin." You get fatter, diabetes gets worse, so you take even more insulin. It's a vicious cycle.

In my clinic, I break the cycle with a diet that makes the body more sensitive to insulin—low fat, lots of fiber and complex carbohydrates. Also, I introduce exercise and stop or reduce diabetes medications. As a result, my patients' blood sugars fall; and they often lose a tremendous amount of weight. (See "The New Bob," page 12.)

On the Rise...

The number of people with adult-onset diabetes rose 9% annually between 1986 and 1996, the American Diabetes Association recently reported.

Men Only: Prostate Screening Falls Short

There's been a lot of talk recently about various types of PSA (prostate-specific antigen) tests for prostate cancer, and how effective they are.

Prostate-cancer deaths cut by 70% due to PSA screening. Wow! This great news, for instance, was presented at the annual meeting of the American Society of Clinical Oncology.

Too bad the researchers fudged the data. Turns out they shifted men back and forth from the PSA-screened group and the non-screened group. When analysts adjusted for those moves, the men who had never been screened actually had

fewer deaths from prostate cancer.

JM: A big problem with prostate-cancer tests of all types is that we have no effective treatments that will change the course of the cancer once detected. Tumors must grow for many years before producing an abnormal amount of PSA, or be big enough to appear on a digital rectal exam. Also, many detected tumors, which are treated, turn out to have been harmless.

The best preventive? A change to a high-starch, low-fat diet. In Asian countries with such diets, prostate cancer is almost nonexistent.

Children's Corner: Ear Infections and Antibiotics

Normal ear infections (not recurring) will do just as well with five days of antibiotics instead of the standard 10 days most doctors prescribe, according to a recent overview of trials going back to 1966. (*Journal of American Medical Association*, 1998; 279: 1736.)

JM: Antibiotics are often unnecessary: About 85% of children will be free of ear pain within 24 hours, regardless of whether they were treated with antibiotics.

But if your child is given antibiotics, be sure to question 10 full days of treatment vs. five.

QUICK FIXES

An Aspirin A Day...

Can do more harm than good, if you don't have a history of heart problems. Adult aspirin contains 300 mg of the drug, but as little as 50 mg daily can completely inactivate your body's ability to create blood clots, which can lead to fatal bleeding.

Aspirin has been shown to reduce heart-attack risk only for people with previous problems—heart attacks, strokes, chest pain, etc. That's because it thins the blood and inhibits clotting. If you're one of these people, a baby aspirin daily (90 mg) may be effective, as well as a low-fat/no-cholesterol diet and exercise.

Got the Blues?

If it's for no apparent reason, then try sleeping less. Partial or complete sleep deprivation often works much better—and faster—than popping pills.

Cutting back to five to seven hours a night works for most people. But try finding your own balance between relieving fatigue and maintaining a good mood.

Arthritis & Diet

This debilitating disease has nothing to do with diet, say the Arthritis Foundation and most arthritis specialists. But numerous studies over the years have shown otherwise. Recently, Dr. John McDougall completed a study on 28 patients with rheumatoid arthritis using the McDougall diet. The results, he says, are remarkable. The study will be published this fall, so stay tuned for the full results.

Oh, the Gall

About 40% of us over 60 have gallstones, although they may be asymptomatic (not hurt). What many of us don't realize:

- 90% of gallstones are made primarily of cholesterol, and they are especially exacerbated by vegetable oils.

- Just a brisk walk five times a week was recently shown to reduce gallstone risk by 34%. (*Annals of Internal Medicine*, 1998; 128: 417.)

- If you're not in pain, you're much better off treating gallstones with a low-fat/high-fiber diet. Complications, including death rates, are higher for people with asymptomatic gallstones who choose surgery rather than leaving them alone.

- Ultrasonic shock treatment doesn't work well. After this procedure, there is persistent pain in 39% to 47% of patients after one to six years.



Club Med

The classic Mediterranean diet not only prevents heart disease, but it also seems to inhibit cancer, French researchers recently found. (*Archives of Internal Medicine*, 1998; 158: 1181.)

The study was based on 605 people who had already suffered heart attacks four years previously. Half of them went Mediterranean—lots of breads, cereals, veggies, fruits, beans, with the fat coming mostly from olive/canola oils and fish. The other half stuck to the 30%-fat diet recommended by the American Heart Association, which includes a fair amount of meat and dairy. After four years, the Med group had dramatically fewer heart attacks (6 vs. 19) as well as fewer cancers (7 vs. 17).

JM: The Med diet works mainly

because it's loaded with grains, veggies and fruits. (As late as 1990, Greeks were eating about three times as many fruits and veggies as the British!) Contrary to popular opinion, the olive oil and fish oil aren't a big plus, and they may well be a negative. Here's why.

Olive oil, even though it doesn't raise your cholesterol, is pure fat. Studies have shown that if you want to stop the buildup of fatty deposits in your arteries, you have to cut out all fats—substituting olive oil for butter simply does not work. Fish is fat combined with protein, and it has about as much cholesterol as meat (see chart). So both olive oil and fish can contribute to heart disease and should be used sparingly.

What about the cancer-prevention of olive oils and fish oils? They contain the essential nutrient omega-3, a fatty acid which in its *pure form* has been found to block tumor growth. But...when omega-3 combines with just a tiny amount of another fatty acid called

omega-6 (almost inevitable in a normal diet), its cancer-prevention ability often goes out the window.

Dig Deep: The most effective way to get more omega-3 fatty acids is through their original source—leafy green vegetables, where they're balanced with other essential nutrients, minerals and antioxidants. Fish, for instance, are high on omega-3 because they eat algae.

Want even more omega-3? Eat five tablespoons of flaxseed daily (buy it whole in natural-foods stores, grind it and pour it over virtually any dish). That amount daily has been shown to lower "bad" LDL cholesterol by 18%. (*British Journal of Nutrition*, 1993; 69: 443.)

Holy Mackerel

Milligrams of cholesterol in 3.5-ounce serving.

Pork	90	Smelts	89
Beef	85	Salmon	86
Chicken	85	Mackerel	75
Turkey	82	Trout	73

SOUND BITES

Chips Off the Old Bloc?

Hurray for Poland! Since 1991, heart disease there has dropped by nearly 20%, a magnitude never before seen during peacetime, according to a recent study. (*British Medical Journal*, 1998; 316: 1047.) The reason? The government cut subsidies on meat and dairy products and started taxing both, so the Poles are eating more veggies and imported fruits.

And hats off to Albania. Even though it's one the world's poorest nations, Albanians live as long as people in the Western world, and with much less heart disease, another study shows. (*Lancet*, 1997; 350: 1815.) Cause? Low meat consumption and lots of bread and veggies.

Maybe this will inspire the Hungarians, leaders in adult mortality, heart disease and alcoholism. "The appetizer was a piece of lard, the main course a heavy pork goulash; everyone smoked and most got roaringly drunk." That's how one health expert described a Hungarian medical conference to *The San Francisco Chronicle*.

Gee Whiz

From 1970 to 1994, we Americans more than doubled our cheese intake, to 27 pounds per person per year! The biggest jump: mozzarella, used often on pizza.

Getting Milked

A model, wearing only a bikini and the Dairy Council's ubiquitous "milk mustache," recently stood in the middle of Manhattan and admitted when asked that the stache is really a mix of sour cream and ice cream.

JM: That's the least misleading thing about the Dairy Council's "Got Milk" campaign. If this woman is in fact a milk guzzler, in 40 years she'll probably have weakened her bones significantly (osteoporosis), and also be suffering from painful kidney stones.

Why? Lots of calcium—more than 1,000 milligrams daily—will not do your bones a bit of good if you're also eating lots of protein (more than 90 grams daily). Scientists have known for 50 years that the breakdown of the excess protein (especially that found in dairy, meat and fish), causes us to urinate virtually all the calcium we take in. Since Americans consume an

average of 160 grams of protein each day, a lot of it from dairy products, most of us have a calcium deficit, which the body sets right by breaking down calcium-rich bones. Result? Osteoporosis and kidney stones.

So please take note: The most important change you can make to protect your skeleton is to eat less protein—not to increase your calcium intake. In fact, you can't help but get enough calcium, even if you drink no milk at all; calcium deficiency in humans is unheard of.

Cold Comfort

The Eskimos eat "tons" of protein—250 to 400 grams daily—from fish, walrus and whale. Plus, they get megadoses of calcium from fish bones—more than 2,000 milligrams daily. Do they have strong skeletons? No way. These very active people have one of the highest rates of osteoporosis in the world.



Take a Hike

In this first column, let's lay the foundation for better health, then we'll work on building and refining that over time. Although I advise people on all sorts of weight and endurance training, the most important thing you can do for yourself right away is: take a walk.

Let's get a couple of things crystal clear:

(1) "No pain, no gain." This certainly does not apply to exercise. It's now been well-documented that *moderate* and *regular* activity is far better at preventing all major health problems—heart disease, diabetes, osteoporosis, cancer, obesity, you name it. So forget about the sporadic heart-thumping romps that leave you feeling inadequate. They do more harm than good.

Even better, walking and other moderate exercise helps you live longer, regardless of your genes. Finnish researchers tracked thousands of twins over 17



Work It Out,
with Jack Dixon
Your Personal
Trainer

years. Those who took a brisk, half-hour walk just six times a month outlived their sedentary twins, reducing their risk of death 43%, on average. Even those who exercised occasionally—less than six times a month—reduced mortality by 29%. (*Journal of the American Medical Assoc.*, 1998; 79: 440.)

(2) "I don't have the time."

Take a look at the chart. In each week, most of us have about 62 "free" hours. If you truly want to live a longer, disease-free life, you'll take a walk.

(3) "Walking isn't enough." Yes, it is. A 175-pound man burns up 432 calories if he walks four miles in one hour; a 125-pound woman, 312 calories. Walking about 28 miles a week allows you to not only lose weight but to keep it off.

(4) "Exercise is optional." Nope. People with high cholesterol, for instance, *must* exercise to get the benefits of a healthy diet. A recent study confirms what I've seen in the gym: 377 volunteers followed a low-fat diet, but half also exercised. For those who exercised, the level of "bad" LDL cholesterol fell 15% in the women and 20% in the men, while the sedentary group saw no change (*New England Journal of Medicine*, 1998; 339: 12.)

Time Is On Your Side

Hours each week	168
Work	40
Commuting	5
Sleep	56
Eating	5
Free time	62 hours

... That's almost 9 hours each day

It's Your Choice

Americans are living 30 years longer today than they were at the end of the century, and more of us are centenarians (at least 100 years old), *The New York Times* recently reported.

JM: But for those of us who make it to age 45, the results are much more sobering—the life expectancy of people 45 or older is now only six years higher than it was a century ago. The *Times* article was referring to life-expectancy at birth, which has dramatically declined due to fewer deaths during childbirth and infancy.

What's going on? Increasingly rich

diets (lots of meat, dairy, few vegetables) and lack of exercise have caused a radical increase in disease (heart attacks, cancer, diabetes), offsetting the benefits of antibiotics, vaccines, sanitation. The good news is that we can choose to live longer, and more of us are.

"Longevity is hereditary," is another often-heard comment. A recent study shows, for instance, that the siblings of centenarians also have above-average lifespans. (*Lancet*, 1998; 351: 1560.) But keep in mind that siblings share not only genes but also the eating and activity habits taught by the parents, and those habits are within our control.

WATCH OUT!

Constipation & Colon Cancer

If you're constipated just 12 to 51 times a year, your risk of colon risk doubles, and more frequent constipation increases your risk more than fourfold, a recent study of middle-age people found. (*Epidemiology*, 1998; 9: 371.)

"The colon is exposed to potential carcinogens in intestinal contents for long periods of time," the authors explain. How do you prevent constipation? "A high-vegetable, low-red meat diet and regular exercise," the study reviewers said.

Cooking Oil & Carcinogens

Don't let cooking oils boil, because they can release cancer-causing byproducts into the air. Although they're not big cigarette smokers, Chinese women have among the world's highest lung-cancer rates, and scientists suspect that's because of wok cooking.

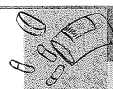
In a recent experiment, several cooking oils were boiled in a wok: unrefined Chinese rapeseed, refined U.S. rapeseed (canola), Chinese soybean and Chinese peanut. Cancer-causing substances were detected, with emissions tending to be highest with unrefined rapeseed oil and lowest for peanut oil. (*Journal of National Cancer Institute*, 1995; 87: 836)

Second-Hand Smoke & Heart Disease

Even if you've never smoked, exposure to second-hand smoke during three years (one hour daily) can cause your arteries to thicken 20% more compared with people in smoke-free environments, a recent study shows. (Thickening of the arteries is a sign of heart disease.) The arteries of current smokers also exposed to second-hand smoke were 50% thicker than those not exposed to any smoke at all.

Especially vulnerable to second-hand smoke are people already prone to heart disease, the study showed. Diabetics exposed to second-hand smoke, for instance, had 40% more thickening of the arteries than diabetics who weren't. (*Journal of the American Medical Assoc.*, 1998; 279: 119.)

Why? The chemicals in smoke reduce oxygen supply, raise blood pressure, lower "good" HDL cholesterol, and make blood platelets more likely to stick together and form clots.



Resist the Pressure

Two more studies recently found danger in blood-pressure pills known as calcium-channel blockers (CCBs)—Procardia, Posicor (see “Total Recall,” below), Cardizem and many others.

■ *CCBs are extremely dangerous for diabetics* (non-insulin dependent). Diabetics on CCBs were five times more likely to have a heart attack than those given another type of blood-pressure pill, researchers at the University of Colorado found. (*New England Journal of Medicine*, 1998; 338: 645.)

■ *CCBs can make you suicidal*. Patients on CCBs were five times more likely to commit suicide than people taking other blood-pressure drugs, a Swedish study found. (*British Medical Journal*, 1998; 316: 741.)

JM: *Do not rush to take blood-pressure pills*. Here's why: (1) It takes 10 to 20 years for high blood pressure to damage blood vessels severely enough to cause a heart attack or stroke. (2) Unless your blood pressure is very high, there's an excellent chance you can normalize it with a change in diet and

lifestyle. (See “The New Bob,” page 12).

What's very high? The ideal blood pressure (not drug-induced) is 110/70. If your bottom “diastolic” number is higher than 100, then you need treatment. In such cases, I prefer “beta blockers,” pills that block the effects of adrenaline.

If you are taking blood-pressure pills, realize that your diastolic pressure can drop too much (under 85 or so). And never stop medication or change your diet without first seeing a doctor.

TOTAL RECALL

■ **Tradename:** Posicor
(Roche Labs)

Generic Name: mibefrabil

Prescriptions: 200,000

Three people became severely ill and one died after they stopped Posicor and switched to another calcium-channel blocker to control high blood pressure. Cause of death: extremely low blood pressure. After discontinuing Posicor, wait seven days before taking other CCBs or beta blockers. Exception: Wait 14 days before taking felodipine and timolol.

■ **Tradename:** Duract
(Wyeth-Ayerst)

Generic name: bromfenac sodium
Prescriptions: 2.5 million

Four people died of liver failure and eight people had liver transplants after taking this powerful pain-killer. Eleven out of the 12 used the drug for more than 10 days, the maximum recommended period.

Warning!

■ **New Warning on Propulsid**
Generic name: cisapride
(Janssen Pharmaceutica)

If you're seriously ill or on medication, this pill for nighttime heartburn can cause heart problems, the FDA recently warned. Propulsid shouldn't be used by people with high blood pressure, heart and respiratory problems, advanced cancer. FDA's take: try lifestyle modifications and other milder drugs first.

The Pill for Breast Cancer

Women with breast cancer who took tamoxifen pills for five years after initial surgery had almost half the risk of recurrence over the next 10 years. That was true regardless of age and whether the women were undergoing chemotherapy. The results are from a recent and very extensive overview of tamoxifen trials going back to the early 1980s—55 trials; 37,000 women. (*Lancet*, 1998; 351: 1451.)

BUT...women on tamoxifen (brand name Nolvadex) were at much higher risk for uterine cancer. After just one to two years on tamoxifen, they were twice as likely to develop uterine cancer—and four times as likely after five years.

JM: *Tamoxifen does work...* on women at high-risk for breast cancer

as well as those who've already had surgery. But great caution is warranted. Tamoxifen must be coupled with frequent ultrasounds of the uterus. If pre-cancerous signs are detected (a thicker uterine lining), the drug should be stopped immediately.

The First

Now the most widely prescribed anti-cancer drug in the world, tamoxifen was the first “designer” estrogen, created in the 1970s to counteract some of the negative affects of that female hormone. The drug latches on to the estrogen-receptor sites on breast cells, thus blocking the stronger, more-damaging estrogens from doing so. In many other respects, though, it acts just like regular estrogen.

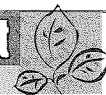
Is Evista Worth It?

After menopause, a new choice to prevent osteoporosis,” says the ad in *People* magazine for Evista, the latest designer estrogen.

JM: *Let's weigh the pros and cons*. Evista's one big advantage over straight estrogen is that it does not increase the risk of cancer (uterine and breast). In many other respects, though, it's not as effective as straight estrogen. Evista (generic name raloxifene) benefits bone density about half as much as straight estrogen, and only one out of three trials

have shown it to reduce heart disease. Also, it does not alleviate symptoms of menopause—hot flashes and vaginal atrophy. And it's a lifelong treatment that costs about \$2 a pill.

How else can you fight osteoporosis? Lower your protein intake (see “Getting Milked” page 8), and go for a daily walk. Consider Evista and other hormone-replacement therapy only as a last resort. Remember: Because of side effects, less than 20% of women ever take estrogens and nearly half of those who do discontinue within a year.



Cholestin on Trial

Is Cholestin, a red yeast fermented from rice, a drug? That political debate continues, spearheaded by the FDA and the drug giant Merck. But the more important question is: Is Cholestin, worth trying?

JM: Cholestin is worth a try, only if the Tier 1 approaches (see box) haven't lowered your cholesterol to at least acceptable levels (200 or below), or better yet, at or below 150.

Cholestin's active ingredient—a type of “reductase inhibitor”—inhibits the

liver enzyme that triggers cholesterol synthesis. And this ingredient, known as “mevinolin” has the exact same effect as “lovastatin,” the primary driver in Merck's powerful anti-cholesterol drug Mevacor. (Merck's drug is also derived from fermentation, using another species of yeast.) Cholestin, though, contains half the dosage of Mevacor and costs about 75% less.

The FDA has not questioned the safety or benefit of Cholestin, which has been sold as a dietary supplement since last fall and has been used in China for thousands of years. During 20 recent trials in China, Cholestin was shown to reduce cholesterol an average of 25 to 40 points, claims Pharmanex, its maker. The most frequent side effects so far: gastritis, abdominal discomfort and elevation in liver enzymes.

Cholestin is not for: People with serious medical problems, including high cholesterol (over 240); heart and liver trouble; recent surgery; infections. Dosage is two pills twice daily with meals.

The Facts

■ Only cholesterol levels of 150 mg/dl or less protect you against heart disease.

■ Dogs, cats and other innate meat eaters have an almost unlimited capacity to excrete cholesterol; we humans do not because we evolved eating plants, not animals.

Step Up Only If You Must

Tier I—Change in Diet & Lifestyle: No animal products (including fish, chicken and dairy), plus oat bran, garlic, vitamins C and E. Regular exercise.

Tier II—Natural Medicines: Cholestin, and perhaps niacin (vitamin B3). Niacin can be toxic to the liver and has recently been found to result in blurred vision and other eye problems. (*Journal of American Medical Assoc.*, 1998; 279: 1702.)

Tier III—Milder Drugs: Like Colestid and Questran. These drugs do not enter the bloodstream; they bind to cholesterol in the intestine and remove it.

Tier IV—Powerful Drugs: The so-called statins, such as Mevacor and Pravachol. These drugs can have blockbuster effects, as two more studies recently proved, and they have helped save lives. But they should be used only as a last resort and in addition to Tier I.

Enough Vitamin C?

Just 500 mg of Vitamin C daily can damage the body's disease-fighting white cells, a recent study found. (*Nature*, 1998; 392: 559.) Although the study was small—30 people over six weeks—it has raised concern. About the same time, another study showed that not enough Vitamin C (less than 109 mg daily) can cause lead to build up in the blood. (*American Journal of Epidemiology*, 1998; 147: 1162.)

JM: The point? Go easy on vitamins and supplements because their long-term benefits/side effects remain

unknown. Remember that 11 of the 13 known vitamins are made by plants (Vitamin D is from sunlight and B12 from bacteria). So if you eat plenty of fruits and veggies, you're protected.

But if you want to supplement, especially because you're in poor health, I would include these three basic vitamins at relatively low dosages: Beta-carotene, the plant-derived form of Vitamin A (25,000 IU); Vitamin C (2,000 mg) and Vitamin E in dry form (2,000 mg). To have an impact, vitamins must be taken daily, but few people remember to do so.

SHORT TAKES

A Clove a Day...

Of garlic does not reduce cholesterol, two major three-month studies recently said. Although both studies were very thorough (double-blind, randomized, placebo-controlled), they tested “equivalents”—pills made of garlic oil or powder—not actual cloves. It may very well be that the active ingredient in garlic—allicin—loses some of its effectiveness in the manufacturing process. We'll keep you posted...but if you're taking garlic now, especially a clove a day, don't stop.

Citronella, a Lemon?

Forget about citronella and other plant-based mosquito repellents. A recent in-depth study says the most effective mosquito deterrent by far is the chemical DEET (*Annals of Internal Medicine*, 1998; 128: 931), and its safety record is also good. Products with 10% to 35% DEET provide “adequate protection under most conditions,” and repellents for kids “should contain no more than 10%.”

Some DEET suppliers:

Products	DEET Potency
■ HourGuard	25%, 35%
Amway Corp (800-544-7167)	
■ Skedaddle	6.5% to 10%
Minnentonka Brands (800-940-4464)	
■ Off!	5% to 100%
S.C. Johnson Wax (800-558-5566)	

P.S. Ultrasonic devices, outdoor bug zappers, and bat houses are simply “not effective” against mosquitoes, the study says. And although candles do reduce bites, citronella candles are no better than regular ones. “Candles may act as a decoy source of warmth, moisture and carbon dioxide.”

Zinc Gets Zapped

Zinc does not relieve cold symptoms, a recent study found (*Journal of the American Medical Assoc.*, 1998; 279: 1962). The researchers treated 249 sick students, grades 1 through 12, with zinc (10 mg) five or six times daily.

Like vitamins A and C, zinc may boost the immunity system of malnourished people, but in otherwise healthy people too much of it can be toxic, and its long-term effects aren't known, especially on children, said the study reviewers. There have been at least 10 different trials of zinc lozenges on adults—five were positive, five negative.



The New Bob

Deep In The Heart Of Texas

Unlike many Americans, Bob Shields jumped off his downward spiral: he came to the McDougall Program at St. Helena Hospital. After just 12 days on a starch-based diet and a daily walk, Bob's high blood sugar, blood pressure and cholesterol all normalized. This was no miracle. Bob simply took control of his life and proved what we at the Clinic already know: often, all it takes to recover your health is a fork, a spoon and some walking shoes. —JM

What kind of medications were you on?

Each day, I was taking about 100 insulin units and a handful of pills: Niacispan for cholesterol; Cordura for a blocked prostate; Adalat and Vasotec for high-blood pressure; Atenolol for chest pain; Resolin for diabetes; Zantac for indigestion.

What did you think when the Clinic asked you to reduce the insulin and stop most pills?

I really had been lead to believe by all my doctors that the pills would take care of everything. But after talking to the staff and lecturers for one or two days, things started to make sense.

What did you find hardest?

The first morning, the schedule was to get up and walk; I couldn't even walk enough to go shopping with my wife. But I got out there, and after a lap or two, I started feeling better, and it just gradually increased.

What about the food?

The food is real good. The McDougall Program isn't as restrictive as it seems when you find out all the options to meat and dairy. I didn't realize you could get calcium out of vegetables. I'm amazed at how good baked potatoes are—you don't need all that sour cream. And I've grown to like fruit a lot. Some habits, though, are impos-



Name: Bob Shields

Home: Grapevine, TX

Age: 65; **Height:** 6'; **Weight:** 192

Occupation: Deputy Sheriff,

Dallas County—retired 1995.

Family: Married, daughter Tina.

sible to break. We use a coffee substitute called Teecino Mocha Flavored, which we love.

You've been home about six weeks. How are things going?

Great. I've lost 20 pounds, I'm walking three miles a day and not taking any insulin or blood-pressure pills. I don't take a nap anymore. Before, every time I'd sit down, I'd get sleepy. I'm not going to be in that position again. To tell you the truth, it scares the living day-lights out of me.

How have your doctors reacted?

When I told my endocrinologist I was coming to St. Helena, he said, "Who's going to take care of your diabetes, Dr. McDougall or me?" I could tell he'd feel more comfortable if I was on insulin. I did tell the doctor who prescribed the Niacispan that I was off that. And he seemed to accept that. But a few days later, I got a note saying I should restart Niacispan.

I gave my doctors free rein. And then when I got to thinking about it, I realized we were going down the wrong path. I don't want to be too hardnosed, but I think I've been too soft in the past. It's my body; my health.

Any last words?

Going on the McDougall Program is kind of like priming a pump. First, it doesn't want to work. But once it catches hold, every day you're improving.

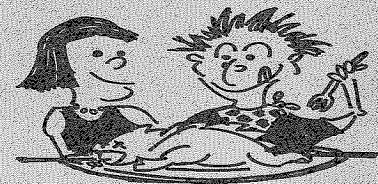
Dr. McDougall's To-Do List September 1998

Look at the nutrition labels on whatever you're eating and jot down the amount of protein and amount of fiber. Then make these adjustments:

✓ **Eat less protein.** The body strains to process excess protein. So try to cut back to at least 90 grams a day, and be especially wary of animal protein (meat, milk, etc.)

✓ **Eat more fiber.** It not only cleans out your system but it also absorbs calories. Shoot for at least 30 grams a day, and see if you notice a difference. Remember: cereals, breads, beans, fruits and veggies have lots of fiber; meat, milk and other animal products have none.

✓ **Go for a long walk** (three miles) at least every other day.



The Wrongways Go Wild

Sitting under the head of a stuffed bison, Joe and Nancy can't wait to try the fare at the new wild-game restaurant. They've both heard that wild-animal meat has much less fat than the grocery-store sirloin, and the dining experience itself is invigorating, sort of like being Tarzan and Jane. So they decide to binge on the variety plate.

JM: You do get less fat in game because the animals eat tree bark, leaves and grasses. But before you go hog wild, realize that some game has considerably more cholesterol. And, there's not much wildlife left, folks.

Variety Plate

3.5 Oz. Serving	Calories	Fat	Cholesterol
Venison (Deer)	158	3 grams	112 mg
Wild Boar	160	4 grams	109 mg
Buffalo	138	2 grams	62 mg
Elk	146	2 grams	73 mg
Beef, Sirloin	230	12 grams	75 mg

COMING NEXT MONTH...

- An interview with Howard Lyman: Plain truth from the cattle rancher who won't eat meat.
- Alzheimer's and body fat.