

# Dynamic HEALTH

October 1998 Vol. 1 Issue 2

## The Numbers Game: No One Wins Without Trying

By John McDougall, M.D.

**P**eople like numbers; they like results. Tell them their cholesterol is 170, and they light up. Say their blood pressure is 160 over 95, and they quiet down. But is this overwhelming focus on the numbers justified? Probably not.

In all my years in practice, I've never seen anyone die from high cholesterol, high blood sugar or high blood pressure. What do people usually die from? They die from collapsed arteries that have closed down after years of maltreatment. Yet almost everyone, patients and doctors alike, obsesses over a handful of numbers, so much so that the goal becomes correcting the numbers, not stopping or reversing the disease.

Whipping the numbers into shape is (1) easy—thanks to modern medicine, doctors have all sorts of weapons guaranteed to do just that; and (2) gratifying. On a superficial level

at least, it means we're in control, we've beaten back fatality. The irony is that the underlying lethal disease usually goes untreated, and the risk of dying, or becoming disabled, doesn't change one iota.

If you have high blood pressure, for example, you're three times as likely to die from a heart attack. Blood-pressure

pills do not change those odds. In fact, too aggressive treatment with pills *substantially increases* your risk of dying from heart disease, if your diastolic pressure (bottom number) drops below 85 and heads toward the ideal reading of 70.

### Sending Out an SOS

Still, you can't ignore the numbers. They're important distress signals, warning of trouble down below. Here's a roundup of four key signals; the "ideal" readings may surprise you.

■ **Blood Pressure.** The ideal, without medication, is 110/70 or less, not 120/80, as many believe. In fact, if the bottom "diastolic" number is just 10 points above normal, at 80, the arteries are twice as likely to close down as those reflecting normal pressure.

Certain drugs (diuretics and beta-blockers) have been

shown to reduce the risk of stroke in people with chronic pressure—higher than 100 mm Hg diastolic for many years. But probably because they reduce blood flow to the heart's arteries, blood-pressure drugs can kill if they drive the diastolic pressure below 85 mm Hg. So the patient has to stay in the 85 to 100 diastolic range, and this tight control is

hard, if not impossible, to achieve.

■ **Cholesterol.** "Normal" cholesterol is 210 mg/dl. When it rises by 60 points (say from 200 to 260), you're five times more likely to suffer a heart attack.

Note that "normal" is far from ideal; it's based on the average for all Americans, who are hardly a model group. Americans, after all, have a 50% chance of dying prematurely from a heart attack or stroke. Ideal cholesterol is 150 mg/dl or below. In populations with this

*continued next page*

**In all my years in practice, I've never seen anyone die from high cholesterol, high blood sugar or high blood pressure. They die from collapsed arteries that close down after years of maltreatment.**

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level (rural Asia and Africa), heart disease is virtually unknown.

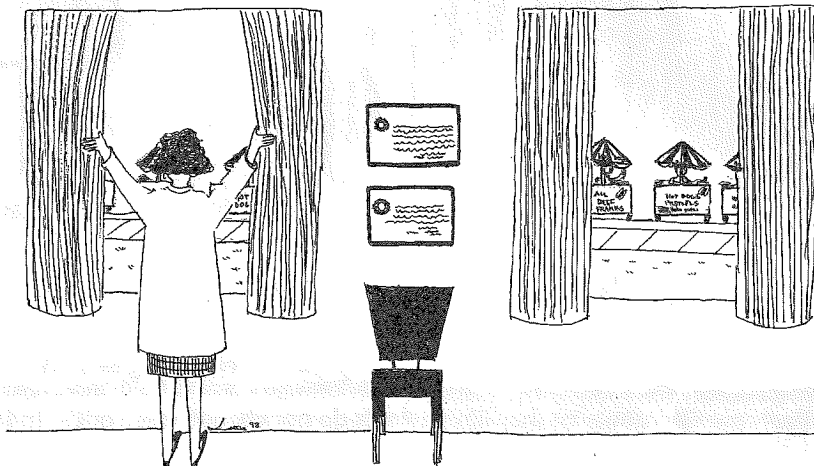
I prescribe cholesterol-lowering drugs, usually the "statins," only if someone is at high risk, say a man in his 60s who just had a heart attack followed by bypass surgery. However, a young woman is not at risk for a heart attack for several more decades. So for her, I'd stress diet and perhaps one of the "natural" cholesterol-lowering medications, such as garlic, oat bran, vitamins C and E, and/or guggulipid, an herb found in health food stores.

■ **Triglycerides.** These are the fats circulating in the blood, and a high level is another sign that the blood vessels are in trouble. An ideal reading is below 150 mg/dl. However, triglycerides change rapidly; after eating, they often rise 100 points or more. The highest level I've ever seen was more than 5,000 mg/dl.

Drugs that lower triglycerides have not been shown to prolong life, but I sometimes will prescribe them for patients with readings over 500. I might start with natural ones, like guggulipid or niacin. The latter can dramatically lower triglycerides, but side effects like flushing and elevated blood sugar often limit its use. Time release varieties of niacin should not be used because they cause a type of hepatitis in about half the users.

■ **Weight.** Many people believe excess body fat is harmful because it puts added strain on the heart. But I think it's just another unmistakable sign that someone is eating too many unhealthy foods and not exercising enough. It's yet another warning: "You're much more likely to suffer from illness or premature death." Once overweight people start to eat the right low-fat foods, and

News item: Dr. McDougall cites sausages and hot dogs as two foods that contribute to high blood pressure and high cholesterol...



"Dr. McDougall! The office has been surrounded by hot dog carts!"

exercise a bit, they shed pounds without feeling hungry (see "The New Joe," page 12), and their other numbers also start to fall.

## What Must Be Done

As you may have already noticed, more than one flare usually goes off—the blood pressure is up, and so is the weight and the cholesterol. That's because all these warning signals are being set off by the same thing: what you're doing to your body—what you're eating and your level of activity. And the only way to truly stop the distress signals is to change what you're doing.

Yes, you might say, but isn't it easier to just take a pill. Is it? Think of it like this: Would you put a heavy smoker on drugs to open up his breathing tubes, or would you just ask him to quit? Wouldn't quitting actually be a lot easier, and much more effective?

"Change how?" you might ask. And I have just two hyphenated words for you: low-fat and high-starch. Eat as

much as you can of vegetables, grains, starches (pastas, potatoes, rice) and beans. And greatly limit, or cut out, all animal products (including fish) and oils. Try this for two weeks and see if you don't notice a difference.

Also, add moderate exercise (a fast three-mile walk three times a week). And stop, or greatly limit, the everyday drugs—tobacco, coffee and alcohol.

If you actually make these fundamental changes, I can assure you that the foreboding numbers will start looking more favorable. And your chances of living a longer, healthier life will also greatly improve.

As a second-line therapy, medications can play an important role. For example, cholesterol-lowering drugs, such as the "statins" (Mevacor, Zocor, etc.) have been shown to reduce the risk of dying from heart disease, and probably strokes.

But realize that medications have significant side effects and costs, and they're never as effective at restoring health as a good diet and lifestyle.

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## AHA! They're Wrong

There's now more evidence that the diets recommended by the American Heart Association (AHA) and the National Cholesterol Education Program (NCEP) are basically ineffective.

In a recent study, 197 men and 180 women with high cholesterol and triglycerides were put on the NCEP's Step 2 diet, which is: up to 30% total fat, less than 7% saturated fat, and less than 200 mg of cholesterol a day. Participants were divided into three groups—one group dieted only, another dieted and exercised (briskly walked or jogged 10 miles a week), and a third "control" group didn't make any changes.

Results: The diet group had an *insignificant* decrease in cholesterol, even though it was eating fewer calories and cholesterol. Meanwhile, the diet-plus-exercise group saw about a 9% drop. (*New England Journal of Medicine*, 1998; 339: 12.)

**JM:** The only diet that significantly lowers cholesterol, and the risk of heart disease, is very low in fat (10% to 15%) and high in complex carbohydrates. Ironically, the AHA recently criticized such a diet, saying that

**A low level of "good" cholesterol is not necessarily a bad sign.**

very low levels of fat may not provide any additional benefit and may actually be harmful to some.

The basis for this conclusion? The AHA points out that many studies of very low-fat diets report a rise in triglycerides (fat molecules circulating in the blood) and a drop in "good" HDL cholesterol, which appears to offer some protection against heart disease.

### Low-fat high-sugar

Let's consider triglycerides first. A careful analysis reveals that most very low-fat diets studied consist largely of sugars and other refined carbohydrates, including fruits and juices, which are very high in calories. Why? Because researchers want to compare

diets with the same amount of calories (as are in the typical American diet), but different levels of fat. So they end up force-feeding the very low-fat groups, and naturally their triglycerides rise.

But when people on very low-fat diets aren't force-fed sugar-laden foods, they lose weight and triglycerides stay down. (*Journal of the American Medical Assoc.*, 1995; 274: 1450.) Our patients at St. Helena Hospital eat as much as they possibly can of a *healthy* very low-

fat diet (vegetables, grains, starches and beans). In 11 days, their triglyceride levels decrease an average of 10 mg/dl. Those with high levels to begin with (over 600 mg/dl), see almost a 50% drop, to 311 mg/dl, on average.

### The good and the bad

As the AHA should know, the drop in "good" (HDL) cholesterol on a very low-fat diet is a natural consequence of low *total* cholesterol, the key to cardiovascular health. My patients at St. Helena Hospital typically experience a 22% drop in HDL cholesterol after just 11 days on a healthy, very low-fat diet. I never worry about the big drop in "good" cholesterol at this point because when total cholesterol is low, the body stops producing "good" cholesterol; it simply isn't needed. So a low level of "good" cholesterol is not necessarily a bad sign. (*Journal of Clinical Nutrition*, 1998; 85: 144.)

In fact, populations with the lowest "good" cholesterol levels have the lowest death rates from heart disease. (*Lancet*, 1981; 2: 367.) When these same people migrate to rich countries, their cholesterol (including the "good" kind), triglycerides, blood sugars and weight all go up. So does their risk of heart attack, diabetes and hypertension.

## Spin Doctors

The truth behind the hype



### Latest Sales Pitch

"Mammograms pick up 90% of breast cancers." This and other statements, taken out of context, are often used to convince women to get annual mammograms, according to a recent study of 58 different Australian pamphlets. (*British Medical Journal*, 1998; 317: 263.) Basically, researcher Emma Slaytor found that women's willingness to participate in mammography screening is manipulated by disclosure of biased data.

The pamphlets focused mainly on incidence—for instance, telling women they have a 6% to 9% chance of developing breast cancer. But they did not

mention by how much mammograms reduce the risk of dying from breast cancer.

The authors point out that mammograms do not reduce the incidence of breast cancer, although they may reduce mortality. Actually, "mammographic screening increases the in-

cidence of breast cancer by detecting innocuous disease that would never become clinically important."

**JM:** Thanks to such advertising, many women now think there's an easy way to prevent breast cancer. But it has not been proven that mammograms save lives. Studies show that out of 7,086 mammograms per year, only one may result in preventing a death, at best. If these slim benefits were clearly communicated, far fewer women would put their faith in mammograms. Instead, they would be more apt to focus on diet and lifestyle, which are often the predominant causes of breast cancer.

### What They Didn't Say

Information	% of Pamphlets
Survival rates for breast cancer .....	5%
Lifetime risk of dying from breast cancer .....	2%
Absolute risk reduction .....	0%
Number needed to be screened to avoid one death from breast cancer .....	0%





## Why This Montana Cattle Rancher Won't Eat Meat

*Undaunted, Howard Lyman spreads the word about organic farming and a diet that's best for us & the planet.*

**"PUBLIC ENEMY #1"—THAT'S WHAT CATTLEMEN HAVE DUBBED HOWARD F. LYMAN, a successful rancher himself until age 40. After he appeared on the Oprah Winfrey show in April 1996 to discuss Mad Cow Disease, both he and Oprah were sued by a group of Texas cattlemen for publicly disparaging a perishable commodity.**

**But Howard has done much more than tick off ranchers. For the past 15 years, he has been educating the public about organic farming and making informed food choices. As a Washington, D.C. lobbyist for small farmers, he helped pass the Organic Standards Act, and today he heads the Humane Society's "Eating with Conscience" campaign. Below, Howard discusses the trial and what he's been doing since.—JM**

**W**hy were you sued by the Texas cattlemen?

John, the only thing I called for in that show was that we stop grinding up cows and feeding them to other cows. When I said that, 20 million viewers understood exactly what I was saying. Had I said we have to stop feeding "bovines to bovines," or "ruminant protein" to "ruminates," the cattlemen wouldn't have been pissed off.

I also said that if we didn't stop feeding cows to cows, in 10 years we could have an event that makes AIDS look like the common cold. That's because England had just announced that Mad Cow Disease can spread to humans.

Several months later, the U.S. in fact banned the feeding of cow parts, goats and sheep to cows. But this ban doesn't go far enough. Today, cows can still be fed cow blood as well as other animals, such as horses and pigs, which may have eaten other diseased animals. (Mad Cow Disease started in England when cows were fed sheep infected with scrapie.) In fact, about 75% of the 95 million beef

cattle in America are routinely given feed that includes animal parts, aka "protein concentrates."

**What were some of the highlights of the Amarillo, Texas trial?**

One of their expert witnesses admitted on the stand he was being paid \$150,000 to \$200,000, and he testified for 10 minutes. I do believe the cattlemen spent more money in this trial than what they were suing us for.

Another man from the Chicago Board of Trade tes-

tified that the Oprah show had driven the futures market in beef way down. But the same day of the so-called Oprah drop he had said something completely different on Chicago TV. In an interview, he said the market had been driven down by high grain prices, not the Oprah show. And we got hold of that videotape.

At first, I thought they were going to win. The largest employer in Amarillo is a cattle-slaughter facility, and the income of everyone on that jury, in one way or another, depended on the cattle

industry. You never saw so many hats, boots and belt buckles in all your life. We asked for a change in venue, and the judge denied it out of hand. But I think the jury believed in the right of free speech as much as we did. After six weeks of trial, they came back in less than six hours and found us not liable.

**And that should have been the end of it?**

It should have been. But the cattle ranchers have appealed, with a ruling expected spring 1999. Also, 130 feedlot operators have filed another suit. I believe when we win the appeal, the second suit will be thrown out and this chapter will come to an end.

**Don't you think they've brought a lot of negative publicity to themselves?**

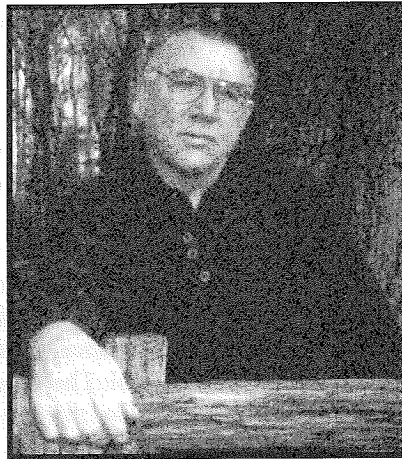
Oh, I think they not only shot their foot off, they shot their head off. The cattle industry today is dying, and I think this was the worst publicity it could have ever received. Remember, U.S. per-capita consumption of beef used to be 95 pounds annually, and today it's down to 65 pounds. Meanwhile, the trial has given me a much bigger forum and media profile; I'm broadcast on 3,000 radio shows a month.

**It's a dying industry in the United States, but not around the world.**

That's right. But remember that the United States is a major exporter and our lifestyles influence what other countries eventually consume.

**Why did you stop cattle ranching 20 years ago?**

In 1979, when I had 7,000 head of cattle, 12,000 acres of crop and 30 employees, I became paralyzed from the waist down because of a tumor in my spinal cord. I was told I had a one in a million chance of walking again.



**"In Montana, you're better off caught riding a stolen horse than admitting to somebody you don't eat meat."**

My doctor said the tumor cells were stimulated by the chemicals we were using. And that was the first time in my life I really looked seriously at how I was farming. I was buying hundreds of thousands of dollars worth of chemicals [pesticides, fertilizers, beef hormones and antibiotics] that were killing the birds, the trees, and making the soil sterile. Incredibly, I walked out of a hospital, John, but I walked out a much different individual.

## **Where did things go for you from that point?**

I knew that what I'd learned at Montana State University was nothing more than brainwashing—better living through chemistry. So I started reading other things. I started out with Rachel Carson's *Silent Spring*, and then Frances Moore Lappé and others.

When I told my banker we wanted to become organic farmers, he laughed and said, "You want me to lend you money you're not going to spend with my other customers—the chemical dealer, the pharmaceutical dealer, the fertilizer dealer? There will never be a day like that."

And so in 1983, I sold most of my farm to pay debts. And I organized Montana farmers and even ran for Congress. In 1987, I started working in Washington, D.C. for the National Farmers Union, which represents small family farms. After five frustrating years there, I started traveling again and talking to people about clean air, clean food and clean water.

## **You went a lot further than that. You went from trying to grow clean beef to trying to convince people not to eat beef.**

When I became an advocate of organic farming, it was for environmental reasons. But then I realized the health reasons. I used to weigh well over 300

pounds. My blood pressure was sky high, and my cholesterol was over 300. I would sit down and have lunch, and I swear to God my nose would bleed.

So I gave up meat. Now in Montana, you're better off caught riding a stolen horse than admitting to somebody you don't eat meat. So I didn't tell anyone, even though I ate just lettuce and dairy products for a year. I lost some weight, and my blood pressure and cholesterol came down slightly.

But cutting out all animal products did much more for me than giving up just meat. After I did that, I had more energy, my blood pressure went to normal, I lost 130 pounds, and my cholesterol went from 300 to 135.

## **How'd you get involved with the Humane Society?**

In 1994, they asked me to run their "Eating with Conscience" campaign. I travel about 100,000 miles a year getting people to ask these questions: Who produced my food? What did they use on it? What's it doing to me, the environment and the animals? What it comes down to, John, is that the way we're producing and eating our food is absolutely not sustainable.

## **It seems logical that the Humane**

## **Society would be interested in not eating animal products. How much of the Humane Society can see things from that point of view?**

The amazing thing is that of the 200 employees in the Humane Society of the U.S., the umbrella organization, 25% of them don't eat any animal products; half don't eat meat. They've increased their membership from 2.5 million in 1993 to 5.8 million members today. So I would say the organization is growing, the awareness is growing and the focus is on doing better.

## **That's all good to say. But there seems to be a big backlash, especially when you see Atkins, who recommends an all-meat diet, on the best-seller list. So really, Howard, where do you think things are going?**

If you look at the Zone diet and all other fad diets out there, they are telling people that "your bad habits are OK." And people love to hear that.

But, John, look at it like this. Each year in the U.S. 1 million more people give up meat. And ask yourself: If we are not becoming effective, why did the cattlemen sue us? I think the sales of the meat and dairy industries are dropping like a rock. So I think we're winning.

## **Excerpts from *Mad Cowboy***

by Howard Lyman and Glen Merzer (Scribner, 1998, \$23.50)

■ Crops grown for feed cattle are allowed to have higher levels of pesticides than crops grown for human consumption.

■ About 80% of pesticides are targeted at four crops—corn, soybeans, cotton and wheat—the main constituents of livestock feed.

■ Animals store pesticides and other toxic substances in their fat.

■ "Extra-lean" beef is 54% fat.

## Heart & Circulation ~ Diabetics Beware

If you have adult-onset diabetes, you're much more likely to suffer a heart attack, recent research shows. The Finnish study compared the heart-attack rates of those with diabetes (1,400 people) and those without the disease (1,000). During seven years of tracking, 20% of the diabetics had a heart attack vs. only 3.5% of the non-diabetics (neither group in this case had

had previous heart attacks). Of those with a previous heart attack, almost half—45%—of the diabetics experienced another one vs. 19% of the non-diabetics. (*New England Journal of Medicine*, 1998; 339: 229.)

**JM:** *Diabetics usually have higher risk factors for heart disease*, including higher weight, higher blood pressure, and higher cholesterol. The good

news is that all these risk factors, as well as diabetes itself, are often treatable without medication. Switching to a low-fat, high-starch diet and moderate exercise will often stabilize blood sugar levels and lower blood pressure as well as cholesterol. For those who can't make such changes, medications can reduce the risk of heart attack. But they're treating the symptoms, not the disease.

## Women's Issues ~ Estrogen and Heart Disease

Postmenopausal women with existing heart problems should be very wary of hormone-replacement therapy (HRT), according to a very credible recent study.

A total of 2,763 women with past heart problems were studied over four years. One group was given HRT (estrogen coupled with progestin) and the other a placebo. HRT had no effect on the overall rate of heart disease, although women on HRT did experience more heart attacks in the first year.

The HRT women also had almost three times the risk of blood clots and 38% more gallbladder disease, compared with the group given a placebo. This was despite the fact that the women on HRT had significantly better cholesterol readings than the placebo group.

The authors' recommendation: HRT should not be used for the treatment of ongoing heart disease. (*Journal of American Medical Assoc.*, 1998; 280: 605.)

**JM:** *This the first high-quality study done on HRT and heart disease,*

and the results speak for themselves. Previous "observational" studies had found that HRT users have less heart disease, but they've long been suspected of bias. That's because women with healthier lifestyles (low-fat diet, exercise) are more apt to try HRT and therefore less apt to suffer from heart disease.

HRT does not prevent heart disease because the hormones given increase blood clotting. Remember how a heart attack occurs: A small atherosclerotic plaque ruptures, and its inner contents spurt into the blood, initiating the formation of a blood clot, which blocks the flow of blood to the heart.

A similar study done on men in the 1960s had similar results. (*Journal of American Medical Assoc.*, 1970; 214: 1303.) Hormones improved cholesterol readings. But they did not reduce the risk of another heart attack because the adverse effects of blood clotting dominated.

One author of this recent study suggests that women with heart disease who choose HRT for other reasons (to prevent

osteoporosis or hot flashes) "should be offered a lower dose of estrogen and concomitant anticoagulation therapy, like aspirin, and be monitored carefully."

I have several better suggestions:

(1) If you're going to take hormones, follow a low-fat, high-starch diet (and exercise) to reduce your risk of blood clotting and heart disease. (2) Take hormones only to relieve symptoms of menopause and improve your feelings of well-being. To treat heart disease and osteoporosis, follow a low-fat, high-starch diet that contains few, or no, animal products. Remember, a major cause of osteoporosis is too much animal protein (see Sept. 1998 issue, page 6).

(3) If you do choose to use hormones, use the more natural ones—estradiol and progesterone, and take them in low doses through the skin as creams. (4) Last, and most important, never feel pressured to take hormones; menopause is a natural event in a woman's life, and interference usually has some negative consequences.

## Weight Loss ~ It's Simple Sugar

Don't let the marketing hype fool you: Even though you're eating only low-fat foods, you're still likely to gain weight, if those foods are loaded with sugar. A recent study confirms that on a low-fat/high-sugar diet, the body makes more triglycerides, the fats that are carried in the blood stream and end up as fat tissue. (Triglycerides are also suspected of contributing to

heart disease.)

The good news? Fat production can decrease if you eat mostly foods that are naturally low in both fat and sugars—vegetables, starches (pastas, rice, potatoes, whole grains) and other so-called complex carbohydrates. (*American Journal of Clinical Nutrition*, 1998; 67: 631.)

**JM:** *Despite the best intentions, it is extremely difficult to cut out*

sugar. Instead, try eating a lot more vegetables, starches and whole grains. I have never seen this approach to sugar-reduction fail.

A stomach full of well-prepared foods low in fat and high in complex carbohydrates increasingly craves less of the simple sugars found in sweets. In fact, the more complex carbohydrates you eat, the less simple sugars you'll want.



## Cancer ~ The Problem with Lung Radiation

**L**ung-cancer patients treated with radiotherapy after surgery had a 21% higher risk of death than those treated with surgery alone. No subgroup (people at various stages of disease) showed benefit from radiation. These grim results are from a review of nine randomized controlled trials. (*Lancet*, 1998; 352: 257.)

**JM:** As this study shows, radiation is not a solution. It's supposed to kill as many cancer cells as possible, but the disease is often well-advanced by the time of diagnosis. Only about 20% of the tumors are even operable; even then, there's only a 40% chance of living five years more.

Radiation can cause inflammation of the lungs, leading to death. And side

effects, such as nausea, vomiting and pain, worsen the patient's quality of life, not to mention the increased cost to the patient and the healthcare system.

The above study should cause doctors to think twice about prescribing post-surgery radiation to lung cancer patients. But if history repeats itself, this isn't likely. Economics, egos, tradition and "the need to do everything possible for the patient" will cause inertia to prevail.

Therefore, if you are faced with cancer treatments for yourself or those close to you, it's critical that you do the research necessary to determine the real value of the proposed therapy. If you have access to the internet, you can search the National Library of Medicine free at [www.nlm.nih.gov](http://www.nlm.nih.gov)

## Multiple Sclerosis ~ The Impact of Diet

**W**omen with multiple sclerosis had dramatically fewer relapses (sudden worsening of the disease) during pregnancy, especially in the last trimester, when relapses declined by 70%. Within three months after birth, however, relapses increased to normal levels. These results are from a study of 254 women in 12 European countries. (*New England Journal of Medicine*, 1998; 339: 285.) Changes in the immune system during pregnancy are believed to have caused the decrease in relapses; breast feeding also helped.

**JM:** Most women have healthier diets when pregnant, and this may greatly explain the fewer relapses of multiple sclerosis (MS). In fact, the above study seems to confirm the pioneering work done by Dr. Roy Swank of the University of Oregon Medical School. During World War II, he noticed few MS cases in Italy, where people ate less saturated fat than in other European countries. He also noticed that Western Europeans, in general, had fewer cases of MS during the war because, he surmised, they couldn't eat a rich diet. Swank then extended these observations worldwide. In the early

1950s, he began treating MS with a diet high in complex carbohydrates and low in fat. The results? His patients experienced only a 5% chance of getting worse during 45 years of tracking. (*Lancet*, 1990; 336: 37.)

These are phenomenal results. Consider that within 10 years of being diagnosed, half of MS patients are dead or severely disabled, even with the best drug treatments.

MS, twice as common in women, now afflicts 300,000 Americans. A disease of the immune system, MS attacks the central nervous system (brain and spinal cord), sometimes leaving permanent damage, such as partial blindness, paralysis, or no bladder control. Drugs—interferon beta-1a, interferon beta 1-b and glatiramer—are expensive, toxic, of limited benefit and cannot be used during pregnancy.

If doctors and dietitians took advantage of women's heightened interest in eating well during pregnancy, they could encourage them to stick to a low-fat, high-carbohydrate diet, something that may give them a real chance of beating this terrible disease. With present-day drug therapy, half the MS patients won't see their children grow to be adults.

## QUICK FIXES

### Easy to Swallow

If you're having a hard time swallowing after a stroke, Dr. Henry Heimlich, the renowned esophageal surgeon, offers this suggestion, which he says is taught by speech therapists nationwide:

1. Suck on a finger, gradually increasing to moderately strong suction.
2. Put a finger on your Adam's apple and help it move up as you try to swallow; practice this in front of a mirror.
3. Coordinate the two motions—sucking, immediately followed by elevating the Adam's apple.

(An interview with Dr. Heimlich is in our September 1998 issue.)

### Water and Skin Rashes

If your grade-school child is suffering from skin rashes (eczema), check your water. Rashes in children may be exacerbated by "hard" water (water that contains more minerals), British researchers recently found. (*Lancet*, 1998; 352: 527.) "Calcium and magnesium may act as direct chemical irritants or may modify the effects of other chemicals." Also, because it's harder to create lather in hard water, children are exposed to more soap and shampoo, whose additives may irritate the skin, the researchers said. Interestingly, high-school kids' skin did not show sensitivity to hard water.

### Breathe Deep

Suffering from chronic heart failure? Then deep, slow breathing can make you feel less out of breath and allow you to exercise longer. Heart failure happens when the heart can't pump enough blood to meet the body's needs.

Researchers recently tracked people who had chronic heart failure and did "yoga" breathing for one hour daily (usually not at one sitting). This type of breathing produces slow, deep breaths by expanding the diaphragm and filling the lungs fully, usually six breaths per minute.

After one month, the yoga breathers' regular breathing rates were lower, their blood oxygen levels were higher and they felt less breathless. They were also able to exercise a bit longer. (*Lancet*, 1998; 351: 1299.) Remember, though, that deep breathing is not a replacement for any other therapy.



## SOUND BITES

### A Long Way, Baby?

Take a look at what Americans are eating, according to the new data released recently by the USDA. We're consuming more grains, fruits and vegetables, and we have cut back on artery-clogging red meat, milk and eggs. But there's been a run on chicken, cheese, refined sugars and oils. Chicken is 50% fat, cheese 70% to 90% fat, and oils 100% fat.

**JM:** No wonder a third of Americans are obese, and we have such high rates of heart disease and diabetes. Don't let the national trend get you down, though. It's up to you to focus on the good—grains, vegetables, starches and some fruit—while avoiding the bad and the ugly. You'll not only lose weight in the process, you'll dramatically improve your health.

### U.S. Per Capita Annual Consumption

(In pounds; drinks in gallons)

	1970	1995	Change
<b>Bravo!</b>			
Grains	135	189	+40%
Fruits	101	124	+23%
Vegetables	217	320	+18%
<b>Bravo!</b>			
Milk	28	15	-46%
(2%, 1%, non-fat)			
Eggs	309	237	-23%
Red meat	132	110	-17%
<b>Boo!</b>			
Cheese	11	27	+145%
Soft drinks	24	52	+117%
Chicken	34	63	+85%
Sugars	123	150	+22%
Fats and oils	55	67	+22%

### Snack Away

Women over 50 are better off eating more smaller meals (250 to 500 calories each) rather than a big lunch and dinner (1,000 calories), Tufts University researchers recently found.

In the study, older women burned off 30% fewer calories from large meals compared with younger women (assuming no exercise). But after smaller meals, both age groups burned off the same amount. The reason isn't known. It could be that younger women have more muscle, which burns off more fat than other body tissues—even when the body is at rest. (For more on muscle development, see page 9.)

## Fishy Results

High mercury content in ocean fish appears not to threaten the neurological development of newborns up to five and a half years of age, says a recent study done in the Republic of Seychelle, whose inhabitants eat fish daily. This is despite the fact that the mercury concentrations are much higher in the Seychelle islands than in the U.S. The mean mercury level as measured in the mothers' hair was 6.8 parts per million (6.5 ppm in the children's). The average U.S. concentration is only 1 ppm. (*Journal of the American Medical Assoc.*, 1998; 280: 701.)

**JM:** These results are suspect because they directly contradict previous work. Similar studies in the Faroe Islands, halfway between Iceland and the Shetland Islands, found mental defects at seven years of age (*Journal of the American Medical Assoc.*, 1998; 280: 737.) The Faroe islanders eat a lot of pilot whales, which have 10 times the typical concentration of mercury because they consume tons of fish, which in turn are mercury carriers. Hair mercury levels in this study were in the 3 to 10 ppm range. The children were found to have problems with language, attention and memory, and to a lesser extent with visual and motor functions.

When inorganic mercury is dumped into lakes, rivers and oceans, it's con-

verted by bacteria into a toxin known as methylmercury. As the methylmercury moves up the food chain, it's concentrated and bio-magnified in the fat of animals, including fish. And it is especially toxic to the nervous system of newborns. Severe exposure has caused microcephaly (small head), seizures, mental retardation, deafness and cerebral palsy.

Methylmercury isn't just a problem overseas. Fish samples from the northeast U.S. analyzed in the mid-1990s, for example, found an average concentration of 0.5 ppm in 20% to 100% of the samples, much higher than the nationwide average of 0.13 ppm.

Because of mercury, fishing advisories have been issued by 41 states. In addition, Maine advises pregnant and nursing women, as well as children under eight, to limit or avoid fish consumption, as does Minnesota. Other recognized toxins to the nervous system, such as PCBs, are also found in fish.

It's ironic that Americans are eating more fish because they've been told it will make them healthier. Not only will fish not prevent heart disease—they're a high-fat, high-protein food, just like meat—but they also contain lots of toxins. There's actually only one proven way to limit consumption of environmental chemicals: eat low on the food chain, which means a plant-based diet.

## Shaking Salt

A change in diet can have a dramatic effect on blood pressure, a recent study confirms. Overweight people on blood-pressure pills who cut salt intake to 1,800 milligrams daily and stopped taking the pills had 31% less chance of a relapse (return of high blood pressure or heart problems) up to three years later. Even more dramatic: those who cut salt and lost at least 10 pounds had 53% less chance of a relapse. (*Journal of American Medical Assoc.*, 1998; 279: 839.)

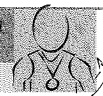
**JM:** Not everybody with high blood pressure is sensitive to salt, but to play it safe, those with hyperten-

sion should reduce salt intake to around 2,000 milligrams daily.

On average, Americans consume 5,000 milligrams of salt each day, the equivalent of two tablespoons. Most of that salt—75%—is in processed foods, everything from soup to nuts. If you actually sprinkled that much salt on your food throughout the day, you'd probably find it unedible.

To really control salt intake, eat fewer prepackaged and canned foods. And sprinkle salt on your meals, instead of cooking with it. Such sprinkles satisfy the taste buds and probably won't add up to 2,000 milligrams daily.





## Give Me Strength!

**W**hy do we get fatter as we age, even those of us who eat well and take long, brisk walks? It's mainly because after we turn 25 or so, we begin to lose muscle mass, which has a higher metabolic rate than other body tissues; the more muscle a body has, the more calories it burns.

Aerobic exercise—jogging, walking, etc.—does build up some muscle. But not nearly as much as “strength training,” which I advise all my clients to do. Strength training is about putting your muscles to work against your own body weight, dumb bells, machines at a club, or even resistance tubing. Another benefit of strength training, especially for older people, is that it creates more stable joints, making accidental falls less likely. And for those suffering from arthritis, it's been shown to increase range of motion and improve muscle function.

Actually, dumb bells are one of the best ways to strength train, especially for seniors, because not only do you lift and lower a weight, but you're also forced to stabilize it, which greatly improves joint stability and gives you better balance.

Here are some very general guidelines: For beginners, I recommend training the entire body, both upper and lower, three times a week, with a day off in between. Note: The muscles gain strength during the one-day recovery period, so if you train the same muscles every day, you're not likely to see any benefits.

A simple exercise would consist of perhaps one exercise per body part, and



**Work It Out,**  
with Jack Dixon  
Your Personal  
Trainer

**Dumb bells are one of the best ways to strength train, especially for seniors**

two to three sets of 10 to 15 repetitions. We know through research that 10 to 15 repetitions help improve function, bone density, muscle mass and range of motion.

How much weight? Choose a level that allows you to do 10 to 15 repetitions in good form. If you can do 20 reps, it's a little too light, and if you can only do 10, it's a little too heavy.

You should change your strength-training program every six to eight weeks. This is key because when your body begins to adapt to the exercise, it stops making the same progress.

To benefit from strength training, you must do it right. Many people go either too hard or too easy, become frustrated and give up. So before starting out, it's good to consult with a trainer, someone at your health club or an independent. Trainers can customize a program, show you exactly how to do it, and periodically check on progress.

Personal trainers aren't just for movie stars and millionaires. They charge \$30 to \$100/hr, but you don't have to see one every week. You can pay for an initial consultation and then see the trainer every month or two, at your home or in a club. Teaming up with a friend or relative keeps the cost down, and it also gives you motivation.

It's crucial that you interview trainers. Ask for references, and about liability insurance, billing policy (including cancellation) and rates. Also, a trainer should always ask you to fill out a health-history questionnaire to determine your needs. Be suspicious of trainers who guarantee results, such as “you'll lose six inches in six weeks.” The only thing they can promise is improvement.

*Jack Dixon, a fitness trainer at Santa Rosa's Airport Club, specializes in strength training and post-rehab conditioning. He's a master member of IDEA, the leading organization for fitness professionals.*

## Signs of the Times

Can inexpensive signs encourage the use of stairs? The answer is “yes.” Next to a shopping-mall elevator, researchers alternated two signs: (1) “Your heart needs exercise, use the stairs” and (2) “Improve your waistline, use the stairs.” With no sign at all, about 5% of shoppers took the stairs. But when the signs were posted, stair usage increased to around 7%. (*Annals of Internal Medicine*, 1998; 129: 363.)

Some interesting facts presented by the authors:

■ There are 1,850 malls in the U.S. The cost of a sign is \$60. If the signs encouraged just 4% more stair use, 1.6 million more Americans would take the stairs each day.

■ Walking up two flights of stairs daily could cause the average man to lose nearly six pounds in a year.

**JM: Why not use this sign idea to promote other healthy habits**—consuming fewer burgers, alcohol, coffee and cigarettes? Because there are mega industries pushing these products.

## Watch Out!

A new *Salmonella* strain may be responsible for causing as many as 340,000 food-borne illnesses annually, the Centers for Disease Control and Prevention recently said. The new strain is called Typhimurium DT-104, and it's resistant to the five antibiotics that normally can kill any *Salmonella* strain.

*Salmonella*, most often found in raw or under-cooked animal products, causes vomiting, diarrhea and stomach cramps. But in those with weak immune systems it can be deadly.

Only two types of antibiotics can kill DT-104—the quinolones and the cephalosporins. But in England, where DT-104 has existed for a decade longer, there are signs that the bacteria are developing resistance to these antibiotics as well.

**JM: Bacterial infections are yet another reason to avoid meat, chicken and eggs.** Fortunately, *Salmonella* is always killed by heat. So if you partake, cook the food thoroughly. Resistant bugs like DT-104 won't go away, experts say, until the use of antibiotics to promote growth in livestock is reduced. Antibiotics kill the usual bacteria in livestock, allowing the resistant strains more room to multiply and take over.

## How to draw an ACE

States don't license personal trainers, yet. But they should be certified through an accredited organization, such as the American Council on Exercise (ACE) in San Diego, through which I'm certified. If you call ACE (800-825-3636), they can provide you with a list of ACE-certified personal trainers in your area. —JD



## WARNINGS

■ **Urokinase**, used to dissolve blood clots in the legs, can cause serious bleeding, says a recent study commissioned by Abbott Labs, the drug's maker. About a third of the 544 patients given urokinase did avoid surgery, but their risk of dying or having an amputation was roughly the same as that of people who had the clots surgically removed. Plus, 13% of the people given urokinase had serious bleeding. (*New England Journal of Medicine*, 1998; 338: 1105.)

"Because of the bleeding risk and lack of clear advantages, clot dissolvers should not be considered first line treatment for artery-blocking clots in the legs," said Dr. John Porter of Oregon Health Sciences University.

■ **Selegiline** (trade name Eldepryl or Atatryl) and **Donepezil**, two drugs used to treat Alzheimer's, are not effective against the disease, which now afflicts 24% of Americans over 85, a recent summary of three 1997 studies says. (*Annals of Internal Medicine*, 1998; 129: 217.)

The study reviewers recommend not using selegiline because it provides no benefit but requires careful monitoring. Donepezil, which was recently approved by the FDA, was also found to have little effect.

Two natural supplements—vitamin E and ginkgo biloba—also did not result in significant improvement, although "there may be little harm in trying vitamin E as long as expectations for its efficacy are not too high."

**Note:** In a separate observational study, people diagnosed with Parkinson's disease under age 80 and taking selegiline without levodopa had a significantly higher death rate. (*British Medical Journal*, 1998; 317: 252.)

## Tamoxifen Fails as Preventative

It's way too early to think of tamoxifen as a preventative for breast cancer. The drug has been shown to dramatically reduce the recurrence of breast cancer in women, but two recent studies show it is not a preventative.

For almost six years, a British study tracked close to 2,500 women who had a strong family history of breast cancer. (*Lancet*, 1998; 352: 98.) And for four years, an Italian study tracked more than 5,000 women, most of them *not* at risk for breast cancer. (*Lancet*, 1998; 352: 93.) In both studies, women on tamoxifen had as many cases of breast cancer as those given a placebo.

**JM:** Women concerned about developing breast cancer should not take tamoxifen (trade name Nolvadex), based on current evidence. The two latest studies contradict the National Cancer Institute study, released earlier this year, which tracked 13,000 women with non-genetic risk for breast cancer for 3.5 years. That study showed a 45% decline in breast cancer for women taking tamoxifen.

In addition to the differences in the structure of these studies, experts offer these possible explanations for the discrepancy: Tamoxifen may fight existing microscopic cancers but not block formation of new ones. Or tamoxifen may stop being beneficial after about five years. Or it could be that women with genetic predisposition to breast cancer, like the ones in

the British study, don't benefit from estrogen-like drugs.

"The failure of these trials to confirm the results of the U.S. study casts doubt on the wisdom of the rush, at least in some places, to prescribe tamoxifen widely for prevention," said University of Toronto's Kathleen Pritchard in the editorial accompanying the studies.

Another important trial—the International

Breast Cancer Intervention Study—is being formulated now, and its goal is to enroll 7,000 women. The results of this, plus further followup on the three existing trials, will be extremely important as to how tamoxifen is finally assessed.

Keep in mind that tamoxifen is a so-called designer estrogen with major side effects. For one, it greatly increases the risk of uterine cancer. It also raises a woman's triglycerides, increasing her risk of heart disease and blood clots (thromboembolism). Many women also complain of side effects, such as hot flashes. In fact, 26% of the women in the Italian study dropped out in the first year, many because of the side effects.

Although drug companies have great incentive to push for "chemoprevention," it has been well documented that the best preventative for breast cancer is a low-fat, high-fiber diet and moderate exercise. But since there's no profit in this, and diet and lifestyle changes require effort, many of us still put our faith in drugs.

**Women on tamoxifen had as many cases of breast cancer as those given a placebo.**

## Migraine Drugs May Restrict Heart Arteries

If you have heart problems, or are at risk for heart disease, be very careful about taking migraine drugs. (*Journal of the American Medical Assoc.*, 1998; 98: 25.) The drugs work, in part, by constricting the arteries in the brain. But recent research shows that several of the drugs can cause the heart's arteries to contract, too.

Researchers looked at the coronary arteries of 14 people who died from heart disease. They exposed the arteries to each of the medications at right and measured for how much, and for how long, the heart arteries contracted. All the drugs caused constriction, but ergotamine and the related dihydroergotamine had the greatest effect.

Generic Name	Trade Name(s)
ergotamine	Cafergot Ergomar Wigraine
dihydroergotamine	DHE 45
methysergide	Sansert
sumatriptan	Imitrex
naratriptan	Amerge
rizatriptan	Maxalt
zolmitriptan	Zomig





## Not the Same Old Saw: A Better Way to Treat BHP

Most men over 60 years old—an estimated 75%—suffer from benign prostatic hyperplasia (BHP), or an enlarged prostate. While this condition isn't cancerous, it does make life a lot less fun (see "What to Look For" below). Many quickly turn to prescription drugs, such as Proscar and Hytrin. But both have serious side effects, and Proscar isn't really effective, to boot.

Thankfully, an enlarged prostate can be treated with a natural, scientifically proven remedy—the oblong, brownish-black berries of the saw palmetto plant (*Serenoa repens*), native to the West Indies and the north Atlantic coast. Up until 1950, these berries were included in *The National Formulary* of the U.S. as an official drug. They had long been used by Native Americans to treat problems of the genital/urinary tract, and later on as a diuretic.

Experts suspect that the culprit behind an enlarged prostate is DHT, a problematic variant of the male hormone testosterone. As the body ages and hormonal changes occur, DHT (dihydrotestosterone) can accumulate in high concentrations in the prostate, stimulating cells to multiply and thus increasing the size of the gland.

Research has shown that saw palmetto berries contain fatty acids and "phytosterols," which are thought to inhibit the enzyme that converts testosterone to DHT. Also, phytosterols are



*Naturally Yours,*  
with John  
Westerdahl

similar in structure to human hormones (testosterone and estrogen), and some scientists think they may block the receptor sites of these hormones, thereby limiting DHT's effect on the prostate.

A number of clinical studies in Europe, and a 1998 study conducted in the U.S., all demonstrate the effectiveness of saw palmetto. One high-quality European study (double-blind, placebo-controlled) tracked 110 outpatients with enlarged prostate. Those taking saw palmetto experienced a 45% reduction in going to the bathroom at night, more than a 50% increase in urinary flow, and a 42% reduction in the amount of urine left in the bladder after urination. (*British Journal of Clinical Pharmacology*, 1984; 18: 461.)

The recent U.S. study found significant improvement in the symptom scores of men with enlarged prostate when they took saw palmetto extract (160 mg twice daily) for two months, and further improvement at four and six months. (*Urology*, 1998; 51: 1003.)

### The Right Stuff

For saw palmetto to be effective, however, you must get the right formulation; many drugstore offerings are virtually worthless. The preparation must contain: "fat-soluble saw palmetto berry extracts standardized to provide 85% to 95% fatty acids and phytosterols." Look for that statement on the bottle. Men who benefit from saw palmetto (40% to 90% of those not requiring surgery) usually notice improvement after a month or two of daily use. The recommended effective dosage is 160 milligrams twice a day.

You can also buy formulations that combine saw palmetto with pumpkin-seed oil extracts and/or beta-sitosterol, a type of phytosterol. Both these plant derivatives have been shown to effectively treat an enlarged prostate. And such combinations may be even more effective than saw palmetto alone.

**Note:** Although saw palmetto formulations do seem to work, they're no replacement for a good diet (low-fat, high-starch). In Asian countries, which have traditionally consumed mainly vegetables and starches, the incidence of both prostate cancer and enlarged prostate is very low.

*John Westerdahl, M.P.H., R.D., C.N.S., is a nutritionist, registered dietitian and master herbalist. He is currently director of nutrition for Dr. McDougall's Right Foods and the author of Medicinal Herbs: A Vital Reference Guide.*

### Some Saw Palmetto Options

Both these formulations contain 160 mg saw palmetto extract per capsule, standardized to 85% to 95% fatty acids and sterols.

■ **Celestial Seasonings Saw Palmetto.** Celestial Seasonings, Boulder, CO 80301. Phone: 303-530-5300.

■ **Shaklee Premium Saw Palmetto Plus.** In addition to the saw palmetto standardized extract, each capsule contains 15 mg of beta-sitosterol and pumpkin seed oil. Shaklee Corp., San Francisco, CA 94111. Phone: 800-SHAKLEE (800-742-5533). — **JW**

### What to Look For

The symptoms of an enlarged prostate (benign prostatic hyperplasia) are:

- A weak stream when urinating.
- Difficulty starting or stopping urination.
- Frequent need to urinate day and night.
- Inability to fully empty the bladder.
- Feeling you must urinate immediately.

Because these can also be symptoms for prostate cancer, it's crucial that you first see a doctor. Remember, however, that a man with an enlarged prostate is *not* at higher risk for developing prostate cancer. — **JW**

### Vitamin E: Is it Natural?

People who took the natural form of vitamin E had twice as much of the vitamin circulating in their blood stream as those who took a synthetic version, a recent study found. (*American Journal of Clinical Nutrition*, 1998; 67: 459.) Earlier studies, mostly with animals, have shown natural vitamin E to be about 36% more potent than the synthetic version, milligram for milligram.

**JM:** When shopping for vitamin E, read the fine print carefully. Natural vitamin E is identified by its chemical name: d-alpha tocopherol (sometimes spelled "tocopheryl"). The synthetic version is listed as dl-alpha tocopherol. So you want the "d-alpha," not the "dl-alpha."

Of vitamin E's potential benefits, the best evidence concerns its protective effect against heart disease. Studies have shown that high levels of vitamin E may lower angina and heart attacks. In addition, vitamin E may boost the immune system. I recommend 400 IU daily of the dry-form "natural" vitamin E.





## The New Joe

### No Hunger for This Hungarian

**J**oe Kercso immigrated to the U.S. from Hungary in 1956 and led the good life. Not only is he brainy—recently retired as a biomedical engineer—he's also a self-proclaimed "jock," having played professional soccer in Hungary and later professional table-tennis in the U.S. Throughout, Joe maintained a rich American-Hungarian diet; "the Hungarians were never skinny people," he quips. Until, finally, Joe's diet started messing with his life.—JM

#### Joe, what kind of things were happening to you that caused you to try the McDougall Program?

My weight got as high as 275 pounds, my cholesterol was 238 and I was taking medication to treat my blood-pressure, which was about 155 over 93. I love to fly airplanes, like you. But I had to ground myself because I knew I wouldn't pass the regular physical. I realized I was heading for trouble a couple years back, but I couldn't bring myself to change my diet.

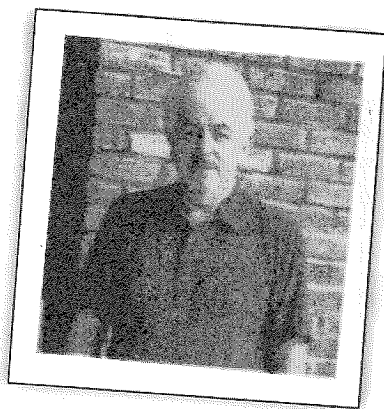
#### What caused someone who was addicted to fatty dishes to cut out meat, oils and simple sugars?

Well, John, I had only one criterion: I never wanted to be hungry. I had been eating a lot all my life because I was an athlete, and I didn't want to give that up. And on the McDougall Program, I am never hungry; I eat as much as I want. It's that simple.

#### What has happened since you started the McDougall Program?

Since I started in February, I've lost 50 pounds and my cholesterol has dropped from 238 to 160. My blood pressure is running about 135 over 82, without any medication. I'm also walking about five miles a day.

#### What kind of obstacles have you had in following a good diet?



**Name:** Josef Kercso

**Home:** Palo Alto, California

**Age:** 63; **Height:** 6'; **Weight:** 221

**Occupation:** biomedical engineer at Syntex—retired Feb. 15, 1998.

I was in Hungary in June, and I ended up losing no weight. You know, Hungarians still eat a lot of lard and beef, which I used to like very much. But I was able to sort out the type of food that is good for me. Instead of eating cooked foods, I ate a lot of raw foods, vegetables. And when I was mentally forced to eat original Hungarian food, I ate an absolutely limited amount. So it was not a detriment to me.

#### You think you've lost the taste for some of your old favorites?

Oh, yes. I didn't lose the mental taste, but I actually lost the physical taste.

#### Are there any Hungarian dishes that fit the McDougall Program?

There's one called *lecsó*, which is wonderful. Sauté some onion in water, and when the onion is brown, add paprika, tomatoes and bell peppers. Simmer until you have a nice rich sauce that you can pour over rice, bread or pasta.

#### Any parting words?

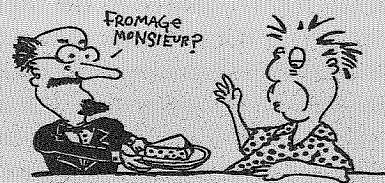
The McDougall Program, it's not enough just to read about it. You have to experience it. And if you experience the program, you come to be a person who is going to follow it the rest of your life, if you understand it. And I think most people understand the program very well.

## Dr. McDougall's To-Do List October 1998

Are you eating more fiber and less protein? If not, go back to last month's To-Do List and give it a try. If yes, then it's time to move on: Look at what you're eating at each meal. Try to base each meal on these food groups: grains (cereals, breads, etc.), starches (pasta, rice, potatoes, beans), vegetables.

✓ **For breakfast**, it's easy to focus on whole-grain cereals (hot and cold), hash browns (avoid oil by cooking in a teflon-coated pan), and a little bit of fruit.

✓ **For lunch and dinner**, try eating at least one starch-based meal every day. Eat as much as you want of: rice, potatoes, beans, pasta. Add a vegetable dish, salad, and fruit for dessert. If you can, extend this menu to both lunch and dinner.



### The Wrongways

Ah, Europe! On a fall vacation, Joe and Nancy are wary about the meat in the Old World, so they become impromptu vegetarians. After a week of eating mostly cheeses, they both get painfully constipated, to the point where they cancel a tour of Venice to seek medical help. Oh, and Joe's face has broken out in pimples and both have put on several pounds. Argh!

**JM:** Cheeses have a lot of "saturated" fat and no fiber, hence the constipation. Worse, once inside the blood stream, saturated fat is eventually transformed by the liver into low-density lipoprotein, or LDL, the "bad" cholesterol that leads to heart disease. There is no doubt among scientists that saturated fat raises LDL cholesterol.

1 oz. Serving	Calories	Fat	Grams of
			Saturated Fat
Asiago	119	9	6
Goat	103	9	6
Edam	101	8	5
Gorgonzola	100	9	6
Gouda	101	8	5
Camembert	85	7	4
Feta	75	6	4

### Correction

Dr. McDougall recommends 400 IU of vitamin E daily, not 2,000 as stated in the Sept. 1998 issue, page 11.