

Dr. John A. McDougall's

To Your Health

How prostate tests can kill you (and what you should do instead)

The medical establishment likes to scare men into submitting to prostate-screening tests. What do I say about these tests? I certainly don't take them, and I don't recommend that you do either.

Why? Because these tests, specifically the prostate-specific-antigen (PSA) blood test and the digital rectal exam (DRE), are overadministered, are often too late to do any good, and may lead to treatments that are unnecessary, damaging, and occasionally even fatal.

Early detection has not been shown to prevent deaths from prostate cancer

It is commonly said that many more men die with prostate cancer than from it.

That means these men are able to live full lives with a tumor that does not spread and causes them no symptoms.

Indeed, microscopic examination has determined that 30 percent of men age 50 or older have prostate cancer but only 3 percent die from it. In fact, since the development of the PSA test, radical-prostate-surgery rates have increased sixfold, yet the death rate from prostate cancer has remained essentially unchanged for the past 30 years.¹

The American College of Physicians, of which I am a member, said in a recent position paper that neither the DRE nor the PSA test reduces a patient's chances of dying of prostate cancer or improves his quality of life.² Dr. Mack Ruffin from the University of Michigan Medical Center writes, "As a part of the informed-consent discussion, physicians should disclose to patients that DRE, PSA, and TRUS (ultrasound) are *unproven screening procedures*. To do otherwise is deceptive and

harmful to the trusting physician-patient relationship."³ Despite these facts, the establishment continues to push for early screening.

Early detection prostate-cancer tests are useless

In order for you to understand why these tests are useless, you need to know the difference between the two forms of cancer, latent and aggressive. Latent prostate cancer grows slowly, remains confined within the prostate, and is not life-threatening. Aggressive prostate cancer spreads to other major organs and is life threatening.

Doctors can't tell conclusively from an elevated PSA level whether or not a man has prostate cancer in either form. If, however, the doctor does find an elevated PSA level, he will then recommend a biopsy. Even when the doctor examines the biopsy results under the microscope and finds cancer, he can't tell if the cancer is latent or aggressive. Most men diagnosed with prostate cancer have the *latent* form.⁴ Yet, a positive biopsy will most often lead to invasive surgery, which often leads to impotence and incontinence. In all cases, if the man with the latent tumor had never been tested, he would have lived out his full life with no symptoms from prostate cancer.

Those who do have the aggressive form of cancer also fail to benefit from the PSA and DRE tests, because the discovery is usually far too late to be of any help.

The argument for early detection of prostate cancer rests on the belief that these tests can discover the disease in its early stages, before it has spread to other parts of the body. Unfortunately, this argument is groundless. Many physicians believe wrongly that prostate cancer goes through a series of steps, remain-

¹Journal of the American Medical Association, vol. 269, pp. 2633, 1993

²Ann Intern Med, vol. 126, pp. 394, 1997

³Journal of the American Medical Association, vol. 273, pp. 1175, 1995

⁴Cancer, vol. 80, pp. 1857, 1997

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Our Mission: For over 27 years, Dr. John McDougall has been fighting to bring nutrition to the forefront of mainstream medicine. Frustrated by the establishment's resistance to logic and years of evidence from his clinic, he set out to educate the health conscious people about the medicinal qualities of food for the treatment and prevention of many of today's most threatening diseases. He is dedicated to teaching you how to transform your life and to achieve optimum health and appearance using the life-giving foods that were designed for your body. In addition, each month he will bring you news of his latest healing and weight-loss discoveries.

Prostate Tests

Continued from page 1

ing within the prostate for some time before spreading to the lymph nodes and then to the rest of the body.

However, this step-by-step progression from a harmless mass to a body full of disease almost never occurs. A cancer that is not of the latent form usually spreads to other parts of the body via the blood in the very early stages of its development.

The PSA test cannot detect cancer until it has been growing for 10 years

Normal, healthy cells multiply only when necessary, such as during the growth of tissue or repair after an injury. Cancer cells, however, divide of their own free will and spread to other parts of the body where they continue this uncontrolled growth. This is how they transform a major organ into a nonfunctioning cancerous mass, and eventually kill the patient.

Like most other cancers, prostate cancer begins with the mutation of a single healthy cell into a malignant one. Once this transformation occurs, the single cell begins to replicate, or divide. The time it takes one cell to become two cells is called the doubling time. The average doubling time for prostate cancer cells (as well as for most other solid tumors) is approximately 100 days.⁵ This means that in 100 days, a single cancer cell will have become two cancer cells. In 200 days, that one cell will have become four cells in a prostate that consists of about 100 billion healthy cells.

After one year, that tumor contains 12 malignant cells. At this doubling rate, it takes about six years for the single cancer cell to

become 1 million malignant cells, which together form a tumor that is about the size of the tip of a lead pencil. A mass of this size is less than 1 millimeter in diameter and is undetectable by the DRE or PSA.

Even though the cancer is so tiny that it cannot be detected, it has most likely already spread (metastasized) to other parts of the body, including such major organs as the liver, the lungs, and the brain. These cancer cells that have already spread, NOT the cancer cells confined to the prostate, are the ones that usually kill the patient.

After about 10 years of growth, the average cancerous mass inside the prostate is about 1 centimeter in diameter, or about the size of an eraser on the end of a pencil, and consists of about 1 billion cells. This is the earliest stage at which most tumors can be felt by the physician's probing finger.

Also, the tumor must reach a similar mass of 1 centimeter before it begins to elevate the PSA level into the abnormal range (above 4 ng/ml).

As you can see, early detection is a misnomer, because by the time of the "early detection," when the disease shows up on either the PSA or the DRE, it has been progressing for nearly a decade.

Testing causes harm in many forms

A diagnosis of cancer is a devastating event.

Suddenly, your family and friends are left to worry about your impending death. In many cases, the diagnosis may lead to depression. Perhaps you can no longer get health or life insurance or the job you want.

In addition to the emotional distress it causes, a diagnosis of cancer can lead to unnecessary

⁵Monographs in Urology, 1982

treatments (e.g., surgery) that often cause impotence and incontinence. In some cases, surgery can even lead to death.

According to an article in the *Journal of the American Medical Association*, a PSA campaign to screen 50,000 men age 75 and older would result in operations that would lead to 123 more deaths than would be expected statistically without their having been performed.⁶ Remembering that the Hippocratic oath begins, "First, do no harm," I find it shocking that the tests, and the treatments that follow a finding of cancer, can be more deadly than the disease.

Early detection tests put money in doctors' pockets

There may be darker ulterior motives afoot. Patients are subjected every day to free PSA tests as part of the national "Prostate Cancer Awareness" campaign. Dr. Ruffin writes that this practice suggests an underlying motive of income enhancement. Free PSA tests often lead to expensive ultrasounds, biopsies, and other unpleasant operations. Patients are often so terrified at the diagnosis of cancer that they will undergo any treatment the doctor recommends, regardless of the wisdom of the recommendation. Often, doctors are the only ones who benefit. Dr. Ruffin adds, "We question the ethics of physicians using their trusted positions of authority to recommend unproven screening procedures for financial gain."⁷

The very fact that the medical trade unions, who are profiting from "early detection," including The American Cancer Society, The American Urological Association, and the American College of Radiology recommend these tests

What is PSA?

PSA is an abbreviation for "prostate-specific antigen." It is a protein secreted by the cells of the prostate gland that liquifies semen so that it can be ejaculated. It was initially discovered in 1971 and was used to help identify rape victims. However, elevated levels of this protein were soon found to be indicative of prostate cancer, a discovery that led to the use of the PSA test. Since small amounts of PSA leak into the bloodstream, doctors are able to use this blood test to measure the levels of PSA. If high PSA levels are found, doctors become suspicious that prostate cancer may be present.

A normal reading is between 0 and 4 ng/mL. Anything above that is considered elevated. Following the discovery of an elevated PSA level, the doctor may want to perform a needle biopsy of the prostate, using ultrasound to guide the way.

whereas unbiased organizations such as The National Cancer Institute, The Canadian Task Force on Periodic Health Examination, and the U.S. Prevention Services Task Force do not, should tell you something. At the very least, it should tell you not to accept your doctor's advice without questioning it.

Make your doctor explain the value of testing

Most of us are intimidated by our doctors and find it easiest just to follow their orders. However, as I have explained to you, much is at stake. When your doctor asks you to take a PSA test, be sure the following questions are answered before you accept.

1. Has the test been shown to save lives?
2. What are the long-range positive and negative consequences of your taking the test?
3. What are the odds that the PSA test might find the latent kind of cancer that would never cause any harm?
4. Does the doctor know of any proven methods of curing advanced prostate cancer?

Most doctors will give honest answers to these questions. If your doctor's responses conflict with the things I've told you, ask for substantiating evidence. You might even bring your issue of *To Your Health* if you think it might help you to explain your concerns to your doctor. If he is not willing to consider your questions, seek a second opinion.

In this article, I've focused on the fact that prostate cancer is most often of the latent form, and therefore harmless. In some cases, however, it is a deadly disease. You need to begin taking steps to defend yourself against this disease now. In next month's issue, I'll discuss the simple steps you can start to take immediately to protect yourself from prostate cancer.

We welcome your input! If you have comments, article ideas, or anything else you wish to share, please write to us at:

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Due to a high volume of reader mail, we may not be able to respond personally to each letter. However, your letter will be read and taken into consideration for future issues and special reports.

⁶Journal of the American Medical Association, vol. 271, pp. 192, 1994

⁷Journal of the American Medical Association, vol. 273, pp. 1175, 1995

Don't be misled: Focus on the big picture and feed your body right

If you've read one of those carbohydrate-bashing diet books, you've probably heard of the concepts of "the glycemic index" and "HDL cholesterol." Such diets focus on these "buzz-words" to make their case. However, both the "glycemic index" and "HDL cholesterol" are diversions from what you should really be looking at. By focusing on these factors alone, you are putting your health at risk.

Now, a recent study is encouraging this narrow focus. The study, published in the March 27, 1999 issue of *Lancet*, found that the higher the glycemic index of a food—in other words, the higher and longer the blood-sugar levels of the patient were raised after his eating the particular food—the greater the reduction in HDL levels. Since low HDL levels have been linked with an increased risk of heart disease, the authors of this study conclude that eating foods with a high-glycemic index can increase your risk of heart disease. If that were true, it would mean we'd have to start eliminating some important nutritional staples that have high glycemic indexes, like carrots, potatoes, brown rice, whole-wheat bread, and broad beans, all of which have higher glycemic indexes than does white sugar.

It's amazing that many diets consider the glycemic index to be more important than the following food factors. Among the many considerations that should take precedence over reliance on this index are: Is the food a whole one? Is it a simple or complex carbohydrate? What is the fat content? Is it of animal or plant origin? The index ignores these questions, as it does environmental and chemical contamination.

Two reasons to disregard the glycemic index

The glycemic index measures how high and for how long a particular food raises blood-sugar levels. A low glycemic index means that the food raises the sugar level less and for a shorter period of time than does a high-glycemic food. But the absurdity of it is apparent. White sugar has a lower glycemic index than whole-wheat bread. If, therefore, our yardstick for measuring health is the glycemic index, then a tablespoon of sugar is healthier than a slice of wheat bread. I've never heard of any diet recommending that you replace your morning toast with a dose of sugar. Also remember this: Any food that doesn't raise blood sugar levels is of little nutritional value, as our body uses this glucose as fuel.

A friend of mine, Professor David Jenkins, Ph.D., of the University of Toronto, department of nutritional science and the department of medicine, invented the concept of the glycemic index in the early 1980s. However, when I recently asked him on my TV show, *McDougall, M.D.*, what the index really means, he said, quite seriously, that he's still not sure and does not understand its importance. I can't imagine basing my nutritional health around a concept that isn't even fully understood by the man who introduced it.

HDL alone means little—it's the total amount of cholesterol that's important

The authors of the study cited above came to their conclusion because low HDL levels have been linked with an increased risk of heart disease. However, it's irresponsible to take such a narrow

focus. When people go on a healthy low-fat, no cholesterol diet like mine, their total cholesterol falls, as does both "bad" LDL and "good" HDL. This is a good thing; remember that worldwide the populations with the lowest HDL cholesterol also enjoy the lowest risk of dying from heart disease, because they also have the lowest "bad" LDL cholesterol. You have to remember to focus on the whole picture. When a person's bad cholesterol (LDL) rises, his good (HDL) cholesterol is also likely to rise. You wouldn't call a man with a cholesterol level of 335 mg/dl healthy just because his "good" cholesterol was 85 mg/dl. (An ideal cholesterol reading is below 150 mg/dl. The HDL cholesterol level should be above 35 mg/dl.)

You can be misled into thinking that all you need to do to be healthy is raise your HDL levels. However, there's danger in focusing on single factors. For instance, raising your glass can raise your HDL, yet drinking alcohol is a tunnel-visioned attempt to raise your good cholesterol and will ruin your health, not improve it.

Turn to plant foods, not abstract concepts, as your source of nutrition

In conclusion, my advice is to forget these individual abstract concepts and eat the foods that God created for you. Although HDL cholesterol and the glycemic index are both intellectual concepts that are interesting to researchers, basing your diet around them is not practical or healthy. Have faith that whole-plant foods, high in fiber and low in fat, are your best sources for good, wholesome nutrition.

Fresh, cool Guayaquil Gazpacho

There are many varieties of gazpacho: white, red, yellow, and green; Spanish, Mexican, Tex-Mex, Italian, and even fruit-based. The word "gazpacho" translates into English as "salad soup," and what better way could there be to describe this refreshing delight?

It's generally acknowledged that gazpacho got its start in the Andalusian area of Spain, where the warm Mediterranean summers are balanced by cool food choices. But it was in the Americas that tomatoes were first added to this dish to create the widely popular red gazpacho.

Of all the varieties, *Guayaquil Gazpacho*, so called because it was discovered in the city of Guayaquil, is my favorite. In June 1999, 46 McDougall adventurers joined John and me aboard the cruise ship *Corinthian* on a cruise to the Galapagos Islands. Let me just diverge a bit at this point to tell you about the Galapagos! These islands rise out of the sea 600 miles off the coast of Ecuador, where Darwin developed his theories of evolution through natural selection almost 165 years ago. Like stranded castaways, most of the plants and animals on these remote islands are found nowhere else. There are even differences between the endemic species on neighboring islands, and I could not help but be amazed at the variety, adaptability, and tenacity of life under these strange, microcosmic conditions.

To get back to how we discovered *Guayaquil Gazpacho*, when we returned from the Galapagos, we stopped in the city of Guayaquil, Ecuador's largest city, for an overnight stay. Our guide, Fernando Salvador, and his wife, Blanca Moran, are vegetarians, and they own a vegetarian restaurant. They invited us in for a quick meal before starting our city tour. She served us a delicious fresh gazpacho with whole-grain breads—just the right amount to give us the energy for a busy day of touring, prior to the dinner we planned at another Guayaquil vegetarian restaurant. In my broken Spanish, I asked Blanca how she made the soup. She showed me, graciously speaking slowly so that I could understand. When I got back home to California, I combined what I remembered from Blanca's description with a little imagination to recreate this wonderful cold soup. Explore and enjoy!

Mary's Corner

Recipe

OF THE MONTH

By Mary McDougall



Guayaquil Gazpacho

Preparation time: 35 minutes

Cooking time: 13 minutes

Chilling time: three hours

1 pound fresh mushrooms, cut in half and sliced

1/2 cup vegetable broth or water

1/4 cup soy sauce

3/4 cup thinly sliced onion wedges, separated

8 tomatoes, chopped (Reserve as much juice as you can.)

1 lime

1/2 cup ketchup

1 1/2 cups hearts of palm, chopped (one 14.5-ounce can, drained)

1/2 cup chopped cilantro

Several twists of freshly ground pepper

Tabasco sauce as desired for more heat

Place mushrooms in a large nonstick frying pan with 1/4 cup of the vegetable broth or water, and the soy sauce. Cook over medium heat, stirring occasionally, for five minutes. Remove from heat, drain, reserving the liquid, and set aside in a large bowl.

Place the remaining 1/4 cup of the vegetable broth or water in the frying pan with the onion. Cook over medium heat, stirring occasionally, for about three minutes, until onions are translucent and most of the liquid has evaporated. Remove from heat and add to mushrooms.

Place the tomatoes and their juice in the frying pan with the juice from one lime (about 1 tablespoon) and the ketchup. Cook over medium heat, stirring occasionally, for five minutes. Remove from heat and add to mushrooms and onions. Add hearts of palm and cilantro. Mix well, cover, and refrigerate for at least three hours to allow flavors to blend.

Before serving, taste the chilled soup and add several twists of freshly ground pepper, Tabasco sauce to taste, and about 2 to 3 tablespoons of the reserved liquid from cooking the mushrooms.

Hint: This is better if you make it a day ahead of time and refrigerate it for 24 hours before serving.

"How a few words helped me lose 80 pounds"

"I used to feel that my body was my enemy," said Sherryl Johnson, an elementary-school principal in Minnesota. After years of her fighting "The Battle of The Bulge," and its accompanying miseries, we met during a one-week nutrition and health program I was teaching. Now Sherryl is slim, active, and healthy. I talked by phone with her recently to discuss the changes she's made.

Sherryl's difficulties with food began in adolescence. "I started over-eating as a teen-ager and put on approximately 40 pounds," she said. And so began a cycle familiar to many Americans: the yo-yo of dieting. She first visited Weight Watchers while she was in high school. She slimmed down for her wedding, but, following a bout of depression after her second pregnancy, she gained back even more weight.

She told me in our recent chat that something I said during one of my talks was a turning point for her. "You said that we can decide for ourselves each day whether we will be active or lethargic, and whether we will overeat or have sensible amounts of healthy, nutri-



tious foods." She credits those words with changing her previous perception, that she had no control over anything in her life, and helping her take charge of her life.

"I've lost 80 pounds, and I intend to keep this health! It has changed just about everything in my life. I used to have migraines almost every week and would take a half-dozen Excedrin every few days. Now, I still have the same bottle of generic Tylenol I bought shortly after I enrolled in the program."

In a huge contrast to previous years of inactivity, Sherryl now exercises frequently. "This summer, I



spent four hours kayaking huge 4-foot waves on Lake Superior, just laughing the whole time. It was fantastic to have that kind of control and skill, and to have my body work with me." That's a long way from thinking that her body was her enemy; she has added not only years to her life, but also life to her years.

"My personal doctor has looked at the progression of my blood work and is amazed," Sherryl said.

She's also changed the way she prepares her meals. "On Sundays, I make enough of a main dish, usually something from one of your cookbooks, to last me most of the week. I'll put some in the refrigerator and some in the freezer, and that saves time, effort, and temptation."

A success story like Sherryl's is among the most rewarding features of my practice. I frequently hear from individuals who have turned their lives around, and it makes me feel good to know that I have helped them to help themselves. If you have a success story, please share it with me and other readers of *To Your Health*. Yours may be the words that will inspire someone else to turn his life around.

The Doctor is in...

"Vegetarian," but still can't lose weight

Q. I adhere to a lacto-ovo vegetarian diet [one that allows dairy and eggs, yet no meat], but I still have problems with water retention and don't lose weight easily. Can you help?

—Susan Evans, New York, NY

JM Yes, I can help, but you have to help yourself as well—to the right foods! Go into any Chinese, Japanese, or Korean restaurant and order the cheese plate. I don't think you'll get much beyond a few quizzical looks. The populations of Japan and China are examples of people who are generally trim and who appear youthful. Their traditional diet contains no dairy products, few eggs, and little meat; they live mostly on starches (mainly rice) and vegetables. They also exercise daily the old-fashioned way; they walk, they bike, and they work hard.

As to your question about water retention and weight loss, consider the "lacto-ovo" part of your intake. Cheese is about three-quarters FAT. Milk is approximately half FAT. Eggs? A whopping 65 percent FAT. They are all totally devoid of any fiber (a component of weight loss), and the salt content of cheese is usually quite high. Salt holds water in the body. Also, the hormones that are raised in your body by eating rich foods like eggs and cheese encourage water retention.

My advice? Let cow's milk do

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Keeping up with Dr. McDougall

Upcoming Events:

October 22 - 24

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"We want to thank you and your lovely family for all your hard work in giving us the nicest, most organized trip we ever experienced. We truly now know the meaning of adventure. We especially liked the food and that was the main reason I wanted Wesley to go on this trip."

—*Jeannine Uffelman, Napa, CA.*

"Walter and I had a vacation of a lifetime. We couldn't have been happier with the experience. Your attention to detail and consideration for each participant made this marvelous experience possible."

—*Nancy Joerg, St. Charles, IL.*

"Thanks for the multitude of wonderful adventures in Costa Rica; our children are very excited about the nutritional information and fun you both provided."

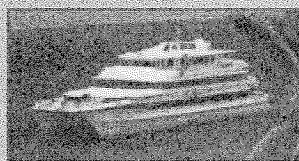
—*Janet Lamb, San Carlos, CA.*

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The Doctor is in...

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what it was intended to do: make little bovines into big bovines. To cure yourself of the cheese habit, take a block of almost any cheese and put it in your microwave on high for about a minute and a half. When it's done, you'll notice that all you see is a puddle of fat. That's what cheese is, and that's a good indication of what it does when you put it in your body—cheese gums up the works with grease. The same for eggs.

You've taken the right first steps on the vegetarian path; now go all the way. Starches, vegetables, and fruits have the carbohydrates that will satisfy your hunger and keep your system functioning smoothly. You'll lose weight and won't retain water.

To bridge the transition, there are many wonderful milklike products made from soy, oats, rice, or almonds. Similarly, replacement soy-based "cheeses" are good, although many (like real cheese) are made with rennet (the lining membrane of a young calf's stomach,) casein, or other animal products. So be sure to check the ingredients.

It really is simple. Once you change your diet and exercise habits, you'll look, feel, and function at your best, without costly, dangerous pills. And tell the waiter at the Chinese restaurant you were only kidding!

With best regards and To Your Health, Dr. McDougall

Relief for diverticulosis

Q. My doctor told me to stay away from nuts and seeds because I have diverticulosis. I really enjoy eating both those things. Do you have another solution?

— J. Boone, Detroit, MI

JM Yes. I believe nuts and seeds can actually relieve some of the pain of your condition. Diverticula are acquired ruptures, sacklike protrusions through the muscle wall of the colon. If you're an American over 50, there's about a 50 percent chance that you have them. These herniations (ruptures) can be caused by years of heavy pressure within the colon; the same pressure that is required in order to move constipated hard stools through your colon.

Chronic constipation results from a low-fiber diet. The standard American diet is low in fiber (relying on animal products and highly refined foods, neither of which contain significant amounts of fiber). The problems of pain and bleeding that occur in some people with diverticula are NOT caused by small seeds getting stuck in the ruptures. On the contrary, a diet high in plant foods, even foods with tiny seeds, should relieve the pain and bleeding of diverticular disease.¹

With best regards and To Your Health, Dr. McDougall

¹ *Postgrad Med*, vol. 99, pp. 153, 1996

Issue wrap up

In this issue I have tried to help you understand why early detection prostate tests, PSA and DRE, are of limited value and potentially harmful. Although this is the majority opinion held by the medical researchers, this truth is rarely communicated to patients by their doctors. I implore you to be very cautious before contributing to the bottom line of this greedy industry.

In addition, I have sought to make you less vulnerable to the paperback diet book industry by exposing the flaws in such concepts as the "glycemic index" and "HDL cholesterol." By focusing on the whole picture, (or the whole food, in this case) you will be less likely (I hope) to believe in the latest fad diet that could be harmful to your health. Remember, if it sounds too good to be true, it usually is.

All issues of *To Your Health* are dedicated to making you a better consumer of health care and a healthier, happier person. Until next month, I wish you the best of health.

John A. McDougall M.D.
Dr. John A. McDougall

P.S. Next month I will tell you how to prevent prostate cancer by avoiding the culprit. I'll also share with you the limitations and flaws of another cancer test—the mammogram. On a lighter note, you'll find out what you can do to prepare for a healthy holiday, and broaden your appreciation of the potato.

John A. McDougall, M.D., graduated from Michigan State University Medical School and completed his residency training in internal medicine at the University of Hawaii. He is a board-certified specialist in internal medicine and one of the world's leading experts on health and nutrition. As medical director of a revolutionary program at St. Helena Hospital in Napa Valley, California, he has attracted national acclaim for helping people of virtually all ages to overcome "chronic" illnesses and reverse life-threatening conditions.

Dr. McDougall is the author of several nationally best-selling books, including *The McDougall Plan*, *McDougall's Medicine: A Challenging Second Opinion*, *The McDougall Program: 12 Days to Dynamic Health* and *The McDougall Program for Maximum Weight Loss*.

Dr. McDougall's face will be familiar to many from his television appearances on CNN, *The Phil Donahue Show*, and other programs. He also hosts his own nationally syndicated television program *McDougall, M.D.* shown throughout the country.