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Dr. John A. McDougall's

TO YOUR HEALTH

The McDougall revolution—let me lead the country in the battle for better health

Our country is fighting a war, and we are losing. Despite record peace and prosperity, the United States of America is killing itself—and not so slowly—with diseases of diet and lifestyle.

We have made tremendous medical strides in the 20th century. Improved sanitation, widespread vaccinations, and the development of antibiotics have nearly eliminated the previous century's infectious killers. But we have traded those terrible diseases—tuberculosis, influenza, diarrhea, and the like—for a new array of problems that are equally deadly—and totally preventable.

Surgeon General McDougall reporting for duty

It is time we faced the battle head-on. The beginning of a new millennium is an ideal time to unveil a new chapter in our country's public health. We need a national leader to champion the cause—and I happen to know just the man for the job. Name me surgeon general of the United States, and I promise you'll see change—from health insurance reform to changes in school lunch programs.

Now, I know I wouldn't win any popularity contests. But that's not why I became a doctor—or why I'd want the job of surgeon general. My goal is to educate and inform people, and ultimately to save lives.

Real problems, real money—even in Washington, my programs make sense

If there's one thing that makes people in Washington sit up and take notice, it's money. And even from a budgetary point of view, change makes sense. The overall cost of treating our most common "incurable diseases" (heart disease, cancer, Alzheimer's, diabetes, arthritis, stroke, and osteoporosis) is a staggering \$529 billion—and all of these are virtually preventable by changes in diet and lifestyle. With the information available today, you can dramatically improve your health—and as a nation we

could dramatically lower health-care costs.

Read on to learn more about the main planks in my "platform." I think you'll agree that, though radical by many standards, these changes would lead to a better, healthier world for us all.

No more soft sell—be honest and direct with the public on the hazards of their food choices

After the surgeon general declared smoking a health hazard in 1964, steps were taken to inform the public—and people quit. Yet, in 1988, the surgeon general declared the rich American diet the nation's No. 1 health hazard—and little has happened. Why? Because the announcement was not followed by the kind of massive educational campaign that the government launched to combat smoking.

Imagine going into the grocery store and seeing this label on a package of steak:

"WARNING: THE SURGEON GENERAL HAS DETERMINED EATING RICH FOODS IS HAZARDOUS TO YOUR HEALTH."

Or picking up a block of cheese to read:

"SURGEON GENERAL'S MESSAGE: FAT AND CHOLESTEROL ARE LEADING CAUSES OF HEART ATTACK AND STROKE."

We have been adding these types of messages to tobacco products for years. Why not put them on our food products, which pose just as big a threat—and reach a much wider segment of our population?

We also need educational messages in the media, similar to those used in the antitobacco campaign. Announcements on TV and radio, in newspapers, and in magazines would inform people of the link between diet and disease, and teach them how to take charge of their health through their lifestyle choices. I'd go so far as to add detailed disclaimers to advertisements for unhealthy foods, just as prescription drug ads are

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To Your Health

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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 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.

McDougall revolution

Continued from page 1

required to list side effects and study results.

Making this message a national priority would have an impact on the country for generations to come. Through public-school health-education and lunch programs, a plant-based diet would become a common and acceptable choice. Welfare and food-stamp programs would include educational components and restrict subsidies to expenditures for healthful food choices.

Reforming health insurance—reward results, not procedures

Today's health-insurance system rewards those who treat diseases. As a result, we pay for doing things to people rather than the results of that care. The tail is wagging the dog, and we need to put things in order.

First, insurance companies should evaluate procedures based on expected benefits. Payments to doctors and hospitals would be made on a sliding scale, depending on the procedure's expected benefit to the patient.

For example, bypass surgery has been shown to save lives when performed on someone with an inefficient heart muscle (ejection fraction below 50 percent). When the procedure is performed for this indication, the surgeon and hospital would receive their \$50,000 fee.

If, however, the indication is for a blocked single artery, where studies show surgery does *not* benefit the patient in the long run, the compensation would be \$3,000 for all. This would force doctors to be more realistic about expected results and would eliminate the thousands of unnecessary proce-

dures performed every year.

Second, more focus needs to be put on prevention. I would institute a policy that mandated equal spending on prevention *and* treatment.

For example, adult type diabetes is due to the American diet, lack of exercise, and resulting obesity. The amount of money spent nationally on insulin, diabetic pills, and hospitalization of diabetics would have to be matched by funding for nutrition and exercise programs. Over time, the amount of money needed for treatment would be greatly diminished. Some of this funding could come from pharmaceutical companies, which make millions of dollars in profits from people's dependence on their drugs.

My system would also reward

doctors who educate their patients and prescribe lifestyle changes instead of medicine and surgery. For example, a doctor who recommends a low-fat diet for relief of chest pains

would get compensation similar to the doctor who performs an angioplasty. In most cases, a low-fat diet is as effective as an angioplasty, and certainly less invasive, dangerous, and expensive.

Encourage referrals to programs that work—not tunnel-vision specialists

In today's system, specialists rule the medical world. As a result, people are being mistreated and overtreated by doctors with a narrow perspective on the whole person. This is another negative result of the treatment-focused insurance system.

Instead of encouraging referrals to specialists, insurance companies should encourage referrals to formal educational programs and live-in rehabilitation centers.

I would institute a policy that mandated equal spending on prevention and treatment.

Doctors could receive bonuses for referring patients to such programs to help them lose weight, quit smoking, or lower their cholesterol levels. This type of referral would go a lot further toward better health than the traditional referral to a medical specialist.

Eliminate toxic chemicals in our food and environment

The environment is not the only victim of our nation's dependence on toxic chemicals. Our health suffers as well, and the effects will only get worse if we do not take steps now. Toxic substances in chemicals and metals have been found to cause a number of diseases, including many of the most common forms of cancer.

Aluminum is the only preventable cause of Alzheimer's disease, and organophosphate is believed to contribute to Parkinson's disease.

People need to know about these risks, and how they can avoid them. As surgeon general, I would introduce programs to encourage organic farming and educate the public on the advantages of organic produce.

Aluminum would be banned from use in cooking ware, additives,

and antiperspirants, just as lead was banned in the 1970s. And I would be tireless in my efforts to make toxic cleanup a national priority.

Paying for change—how we can change behavior and finance these programs at the same time

By now, the cynics among you are saying, "That's all well and good, but how do you propose that we pay for all of this?" As I stated earlier, the savings realized from the reduction in health-care spending would go a long way toward paying for education and prevention campaigns. But more funds will likely be needed.

I suggest a system of "sin taxes" on unhealthful foods, as well as alcohol and tobacco, to further subsidize the health-reform movement. Suppliers would be taxed on the foods they produce based on their fat, cholesterol, and/or sugar content, possibly 1 cent per gram.

This would mean a 32-cent tax for the fat in a Big Mac and 48 cents for the sugar in a Burger King chocolate shake. The revenue from this would go a long way in education and treatment programs, and as the revenue stream dried up, so would the need for

these programs.

I can even foresee the day when class-action suits will be filed against the beef and dairy industries for the collective damage their products have inflicted over the years. The funds collected from these suits—and I'm certain we would win—would be invested in education and prevention programs for generations to come.

Whatever my rank, I'm committed to the war

Certainly, we won't convince everyone. But it's my firm belief that, armed with the right information, most people will make the right choice. That's how change is realized—one person at a time, spreading the word as living evidence.

I don't know if I'll ever really get the chance to serve as surgeon general. But that doesn't mean I'll give up on these ideas.

They may not want me in Washington, but I can still spread the word through publications like this newsletter, my books, and the thousands of people whose lives have been changed by following my programs. I may not be the general, but I can still be a leader in the war.

Senior siestas could signal trouble

A recent study reported in the *Archives of Internal Medicine* found that senior citizens who take a nap in the afternoon have a mortality rate of 20 percent (after a 6 1/2-year follow-up) compared to nonnapping seniors who have an 11 percent mortality rate.¹

The study suggests that this difference is due to the physiological changes that the body undergoes upon awakening from a midday siesta. These changes include increases in blood pressure and

heart rate and blood viscosity (a thickening of the blood that impedes its flow to tissues).

The authors of the study link their findings to longstanding research that indicates that more heart attacks and strokes occur in the morning or waking hours.

If you regularly nap in the afternoon, take a closer look at why you need a nap. Is it a high-fat lunch that is weighing you down? Is it an overall lack of exercise that's leading to low energy levels? Maybe your high-fat diet and sedentary lifestyle are leading to sleep prob-

lems at night, which make you feel more tired during the day.

Like many things in life, too much of a good thing can be detrimental. Most adults need only six to eight hours sleep at night without any daytime siestas.

You should get enough sleep to relieve fatigue, but not so much that your mood suffers. Too much sleep has been tied to bouts of depression.²

So, for health and happiness, obtain the correct amount of sleep, and consider forgoing that nap.

¹*Archives of Internal Medicine*, 159:1582, 1999

²*Am J Psychiatry*, 158:1149, 1999

Iron: Friend or foe? Contrary to popular opinion, this mineral can make you sick

Many people rationalize their consumption of meat by pointing to its high iron content. They feel that the presence of iron somehow makes up for all that fat and cholesterol. Conversely, vegetarians have long been warned that a plant-based diet will lead to anemia, or low iron levels.

This focus on iron to the detriment of other important dietary factors also leads millions of otherwise healthy people to take iron supplements each day. While they may think it's the responsible thing to do, medical research says something very different.

Otherwise healthy people should never take iron supplements. The fact is that a healthy diet provides all the iron you need—and too much iron can cause disastrous results.

Studies show a link between iron and atherosclerosis

More and more evidence points to a connection between atherosclerosis and high iron levels.

Atherosclerosis (clogging of the arteries) leads to cardiovascular incidents like heart attacks and strokes. Studies have shown a link between high iron stores and high LDL-cholesterol levels, which are linked to increased risk of heart disease.¹ In general, research has shown a strong correlation between atherosclerosis and high iron stores in men and women, particularly when high cholesterol levels accompany these conditions.²

There are several reasons for this. First, iron acts as a powerful oxidant

that transforms LDL, or "bad" cholesterol, into an oxidized form that is particularly damaging to the arteries, causing atherosclerosis.

Otherwise healthy people should never take iron supplements... too much can cause disastrous results.

Second, if you have high iron levels in your blood, chances are you eat a diet loaded with meat. Along with the iron, meat brings a host of other toxins into your body, such as cholesterol and saturated fat. Meat is also notoriously low in beneficial substances like fiber, vitamin C, betacarotene, and vitamin E—all powerful antioxidants. (This applies to all kinds of meat, including poultry.)

Anemia—look for the cause

Iron supplements are frequently prescribed to combat anemia, or low iron levels in the blood. My advice is to look for the *cause* of low iron levels and treat the anemia through diet (plenty of asparagus, broccoli, and carrots) before reaching for the pill bottle.

Dairy products, tea, and coffee have all been shown to inhibit iron absorption. A lack of vitamin C can also reduce your body's ability to absorb iron.

Women have long been told that the loss of blood through menstruation can lead to anemia. In fact, menstruation protects women from the elevated iron levels that many men experience.

Save a life—maybe your own—by giving blood

Blood loss may be a *good* thing, and men can reap the benefits through blood donation. Recent studies have suggested that giving blood may have a win-win result: Not only does the donated blood save lives, but the donor benefits by lowering iron levels and, therefore, reducing the risk of heart attack and stroke. One study found that blood donation reduced the risk of myocardial infarction (heart attack) by 86 percent.³

Contrary to popular belief, a plant-based diet provides all the iron the human body needs—without the dangerous side effects of meat sources. After all, all minerals originate in the earth, and plants incorporate them into their tissues as they grow.

A healthy diet should provide all the iron your body needs—without any supplementation.

We welcome your input!

If you're using Dr. McDougall's program, and would like to share your success stories about weight loss, heart disease, arthritis, cancer, headaches, etc., please write to us. Your story may help to inspire others and may give us new ideas for articles. We want to hear your comments and opinions. Send mail to:

**Dr. McDougall's
To Your Health
819 N. Charles Street
Baltimore, MD 21201**

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.

¹Med Hypotheses, 35:96-102, 1991

²Arterioscler Thromb, 14:1625-1630, 1994

³British Medical Journal, 314: 793-794, 1997

One-Dish Meals

One of my family's favorite meals is bean burritos. They're an easy meal for the cook and a versatile one for the diners. Everyone at the table can create burritos by using an assortment of beans, tomatoes, onions, lettuce, and salsa. I refrigerate or freeze the leftover beans and use them to make bean-enchilada casserole another day.

I've been making variations of spinach manicotti for the past 15 years. I used to make my own marinara sauce for this recipe, but today there are so many kinds of fat-free pasta sauce in natural-food stores and supermarkets that I usually save time and use a prepared variety.

The mixed-bean casserole is a quick and easy dish that is perfect to take to a potluck. It may be cooked in the oven or put into a slow cooker and left to cook all day.

Bean-enchilada Casserole

*Preparation Time: 40 mins., Cooking Time: 45 mins.
Servings: 8-10*

Sauce:

3 8-oz. cans tomato sauce 4 1/2 cups water
6 tbsp. cornstarch 4 1/2 tbsp. chili powder
1 1/2 tsp. onion powder 3/4 tsp. garlic powder

Place all ingredients in a saucepan. Mix well with a whisk over medium heat until thickened, about 7 minutes. Set aside.

14 flour tortillas
4-5 cups mashed pinto beans
1/2-1 cup chopped green onions
1/2-1 cup frozen corn kernels, thawed
1-2 tbsp. chopped ripe olives
1-2 tbsp. chopped green chilies

To assemble casserole:

Preheat oven to 350°F. Place 1-2 cups of the sauce in the bottom of a large nonstick oblong baking dish. Take 1 tortilla at a time and spread some beans down the center of the tortilla. Roll up and place seam-side down in the baking dish. Repeat with remaining tortillas, placing them snugly next to each other. Reserve about 1 1/2 cups of the remaining sauce, then pour the rest of the sauce over the tortillas (spread evenly). Sprinkle the remaining ingredients over the sauce. Cover with parchment paper, then cover with aluminum, crimping the edges over the baking dish. Bake for 45 minutes. Remove from oven and let rest for about 5 minutes. Serve with the extra sauce or salsa if desired.

Spinach Manicotti

*Preparation time: 30 mins., Cooking time: 60 mins.
Servings: 6*

12-14 uncooked manicotti 1/2 tsp. minced garlic
1 small onion, chopped fresh ground pepper

FROM *Mary's Kitchen*

By Mary McDougall



1 cup sliced mushrooms 1 1/2 tbsp. lemon juice
1/4 cup vegetable broth
1/8 cup soy parmesan cheese
1 26-oz. jar fat-free pasta sauce
1 12.3-oz. box firm lite tofu
1 10-oz. box frozen chopped spinach, thawed and squeezed dry

Place the onion, mushrooms, garlic, and vegetable broth in a nonstick frying pan. Cook, stirring occasionally, until onions and mushrooms are tender and liquid has evaporated. Sprinkle with pepper. Stir in spinach and mix well. Set aside. In a separate bowl, mash tofu well, then stir in parmesan and lemon juice. Add the vegetable mixture and mix well. Season with pepper to taste.

Preheat oven to 350°F. Spread a little of the pasta sauce in the bottom of an oblong nonstick baking dish. Stuff the manicotti with the tofu-spinach mixture and lay them in the baking dish. Pour the remaining sauce over the manicotti and spread evenly. Sprinkle with more soy parmesan cheese if desired. Cover with parchment paper and then cover with aluminum foil. Bake for 60 minutes. Let sit 10-15 minutes before serving.

Mixed-bean Casserole

*Preparation time: 20 mins., Cooking time: 1 1/2 hours
Servings: 10-12*

1/2 cup vegetable broth 1 onion, chopped
2/3 cup ketchup 1/2 cup brown sugar
1/3 cup red-wine vinegar 1 tbsp. minced garlic
2 tsp. mustard powder 3 bay leaves
1 green bell pepper, chopped
1 14-oz. package Gimme Lean Sausage
1 15-oz. can vegetarian fat-free baked beans
1 15-oz. can white beans, drained and rinsed
1 15-oz. can kidney beans, drained and rinsed
1 15-oz. can black beans, drained and rinsed
1 15-oz. can garbanzo beans, drained and rinsed
1 15-oz. can pinto or red beans, drained and rinsed

Preheat oven to 325°F. Place the broth, onion, and bell pepper in a nonstick frying pan. Break up the sausage and add it to the pan. Cook, stirring frequently, until vegetables are tender and sausage is cooked, about 7-10 minutes. Add remaining ingredients and mix well. Pour into an oblong nonstick baking dish (or place in a slow cooker for the rest of the day). Cover with parchment paper, then cover with aluminum. Bake for 60 minutes; then uncover and bake for 30 more minutes.

News briefs

Too much of a good thing—low doses of aspirin give same blood-thinning benefits

Aspirin has long been prescribed as a “wonder drug” among blood thinners. It works because it inhibits the formation of the blood clots that cause heart attacks and strokes. Aspirin actually inactivates all the platelets in your blood, and then, for the natural blood-clotting mechanism to function again, your body has to build new ones.

But there's a down side to this medicinal “wonder.” Large doses of aspirin can cause burning indigestion and gastrointestinal bleeding, and the blood-thinning effects of

aspirin can increase heavy bleeding that could occur after an accident.

Traditionally, studies on the use of aspirin to prevent strokes and TIAs (temporary strokes) have been conducted using very large doses of aspirin (up to 1,300 mg, or four adult aspirins a day). But recently, one study from the *Lancet* on the effects of aspirin following stroke-prevention surgery (endarterectomy) showed a lower risk of death when lower doses of aspirin were used. The doses tested were 81 mg or 325 mg on the low end and 650 mg or 1,300 mg on the high end.¹

New studies report that as little as 20 to 40 mg of aspirin daily is enough to provide the preventive benefits mentioned in the above study.² Larger doses may actually

be less effective at thinning the blood and could lead to or increase the risk of excessive bleeding, not to mention the possibility of burning indigestion and ulcer formation.

Incredibly, one adult aspirin contains 325 mg and a baby aspirin contains 81 mg. I hope to see on the market a “sub-baby” aspirin that would contain a dose as low as 30 mg a piece.

I agree that aspirin can be a highly beneficial drug if it's used for the proper indications and in the right doses. But if you don't have a medical history that calls for the benefits of blood thinners, such as heart attack, bypass surgery,

Continued on page 8

¹*Lancet*, 353:2179, 1999

²*Lancet*, 353:2172, 1999

Herbal remedies may have dangerous side effects—tell your doctor before surgery

In recent years, many people have discovered the benefits of using herbal remedies to treat ailments. But even these “natural” products can have dangerous side effects, particularly when interacting with anesthesia.

A study presented at the American Association of Anesthesiologists annual meeting this year reported that more than 17% of pre-op patients reported regular use of herbal remedies and nutraceuticals (supplements not derived from plants). Many patients don't think to inform their doctors about these supplements when briefing them on their other daily medications. This can cause an array of problems during and after surgery, including increased

bleeding, prolonged effects of anesthesia, and unstable blood pressure. Certain herbal remedies even interact with common prescription medications.¹

Please remember to tell your

doctor about any medications you take regularly, whether they are prescriptions, over-the-counter drugs, vitamins, or herbal supplements.

¹*Lancet*, 354:1362, 1999

Common herbal remedies, their uses and possible side effects

Ephedra (Ma-Huang): to suppress appetite. May interact with antidepressants or antihypertensives to cause increases in blood pressure or heart rate.

Feverfew: to relieve migraine, arthritis, rheumatic diseases, and allergies. May increase bleeding, especially in patients already taking anticoagulants.

Ginkgo: to improve circulation, memory, and alertness. May increase bleeding, especially in patients already taking anticoagulants.

Ginger: to reduce nausea, vomiting, and vertigo. May increase bleeding, especially in patients already taking anticoagulants.

Ginseng: to increase stamina and concentration. May decrease effectiveness of some anticoagulants; use associated with hypertension, tachycardia, and bleeding.

Kava-kava: to relieve anxiety and as a muscle relaxant. May increase effects of some antiseizure medications or prolong the effects of some anesthetics.

Adapted from ASA publications (<http://www.asahq.org>)

Keeping up with Dr. McDougall

Recommended books:

(Great for gifts!)

The McDougall Program for Women • The McDougall Program for a Healthy Heart • The McDougall Quick and Easy Cookbook • The McDougall Program—Twelve Days to Dynamic Health. Found in bookstores or order at (707)576-1654; fax: (707)576-3313; (800)570-1654; on the web: <http://www.drmcDougall.com>

McDougall programs at St. Helena Hospital and Health Center

If you are serious about regaining lost health and appearance, this is the place to spend your next vacation. For most people, this is a vacation from medication, feeling poorly, and being out of control of their health and future. In 12 days, the average weight loss for overweight people is 5 pounds (even though they eat all of the delicious foods they want), cholesterol levels drop 29 points, blood pressures fall, and most people stop their blood-pressure and diabetic pills. Begin the new millennium on a road to good health and regain the youthful appearance you deserve. Join us for one of the best times of your life on Jan. 9, Feb. 6, or March 5, 2000 at my 12-day live-in clinic, Napa Valley, CA. I (John McDougall, M.D.) personally care for all the participants. Reservations and information: (800)358-9195; (707) 963-6207.

McDougall, M.D. on TV

Nationally Syndicated TV Show found on 150 independent stations, PrimeStar Satellite 8 am EST Saturday, broadcast.com on Kaleidoscope, and at drmcDougall.com. Locate a local station at clicktv.com.

Instant healthy meals

Dr. McDougall's Right Foods; 16 items: cereals, soups and meals in a cup. Found in grocery and natural food stores or order by phone: (800) 367-3844; fax: (650)635-6010; On the web: <http://www.rightfoods.com>.

McDougall adventures for 2000

What people say about McDougall Adventures:

"I've never met so many interesting people in one place, all having the time of their lives."

—Ann Wheat, Belvedere, CA

Ann has been on the last seven McDougall Adventures and will be on the next 2 in the year 2000.

"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

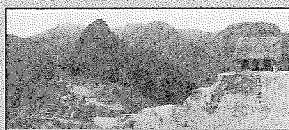
"Walter and I had a vacation of a lifetime. We couldn't have been happier with the experience. Your attention to detail and consideration for each participant made this marvelous experience possible."

—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

12 Days to Peru and Machu Picchu March 20-31, 2000



\$2,675* (Based on double occupancy, includes air and ground transportation within Peru). All inclusive (except alcoholic beverages and air transportation to Lima). Special airfares to Lima available. Visit Lima, Cuzco, Pisac Market, Machu Picchu (with a night spent at the hotel at the ruins), Puno, Lake Titicaca, and much more. Deposit is \$600 per person (fully refundable until Dec. 1, 1999, balance due Jan. 7, 2000).

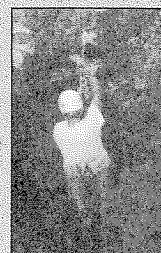
8 Days in Costa Rica July 31-Aug. 7, 2000

\$1,450 and up* All inclusive (except airfare, based on double occupancy). We're leaving July 31 for El Ocotal, a paradise on the northwest coast of Costa Rica. Adventures are planned for Coribici river rafting (Class 1 to 2), Los Inocentes Ranch (horseback

riding if you choose), Tamarindo Estuary (small boats into the mangroves), the Tree Top (easy trip)/Canyon Tour (real scary), national parks, and local attractions. Entertainment most nights. Scuba and snorkeling included. Singles are \$1,850. Deposit is \$400 per person (fully refundable until March 15, 2000, balance due May 1, 2000).

We have rented the entire hotel in Costa Rica, so the food will be excellent, low-fat, no-cholesterol meals, prepared McDougall-style. Peru will be a little more of a challenge. In addition, John and Mary McDougall will be providing education on the McDougall Program. Travel insurance available and recommended. Special airfares available (example: from San Francisco, \$750 to Peru and \$650 to Costa Rica). For more information or reservations for any of these McDougall Adventures, call (800) 570-1654.

*All rates are per person. Itinerary and prices subject to change due to circumstances beyond our control. CST #2049430-50



News briefs

Continued from page 6

endarterectomy, TIA, or stroke, your risk of harm from the aspirin outweighs any potential benefit and you should skip your daily dose.

Drugs vs. angioplasty? How about neither?

Annually, over 350,000 people in the United States are frightened into angioplasties that most of them don't need and that often cause harm.¹

An angioplasty is a surgical procedure in which a catheter is threaded through the patient's leg artery and then moved up to the heart arteries, where a balloon is inflated and the blocked artery is forced open. The catheter rubs against the delicate lining of the arteries called the endothelium, resulting in damage.² As a result, wherever injury occurs, artery disease begins and atherosclerosis develops. Further, even more injury occurs when the blockage is squashed or cut during the angioplasty procedure. Because of this injury, approximately 40 percent of arteries so treated close down within six months.³

According to a study published in the July 1999 *New England Journal of Medicine*, a cholesterol-lowering drug called atorvastatin (Lipitor) is better than angioplasty in preventing heart attacks. The study, conducted on 341 patients with coronary-artery disease, compared their rates of heart attack over an 18-month period, following both courses of treatments, and found a 36 percent lower incidence of

heart attacks in patients treated with atorvastatin as compared with those who had angioplasties.

The study was financed by the pharmaceutical giant Parke-Davis (a division of Warner-Lambert), the maker of Lipitor. The obvious conclusion that Parke-Davis would like us to reach is that the medications benefited the patients. However, I believe much of the actual benefit came not from the drug but from avoiding the surgery, since the surgery causes the harm noted above.

A better way to tell if patients really experience fewer heart attacks after receiving the drug or the surgery would be to have a control group that is not treated by either method. My guess is that this control group would fare about the same as the treated groups. Better yet, the experimental design should include a group that follows a very-low-fat diet, such as the McDougall diet, and exercise.

One fact heart patients should know is that their risk of death is quite low. This article confirmed what many other studies have found: that the annual death rate for people with established, serious, coronary-artery disease is only 2 percent regardless of the treatment. Most likely, those who use scare tactics to get patients to submit to these dangerous procedures either don't have their best interests in mind or are misinformed.

The best way to lower cholesterol, and thus prevent heart attacks, is to follow a high-carbohydrate, low-fat diet with plenty of fresh fruits and vegetables.

¹*Circulation*, 96:1360,1997

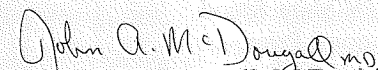
²*Blood Coagul Fibrinolysis*, 10:381,1999

³*Clin Cardiol*, 18: 693,1995

Issue wrap-up

"Like most doctors, I entered the profession of health care with many hopes and dreams and a dedication to the relief of human suffering. During my years of training and as a practicing physician, I have learned that the profession of medicine is more of a profit-oriented business, and less a humanitarian endeavor, achieving far fewer medical miracles than I had once believed it did."

These are the first words of my book *McDougall's Medicine—A Challenging Second Opinion*, published in 1985. Fifteen years later, the trusting patient is even worse off. Unless by some miracle I become surgeon general, with unlimited powers, your best bet is to avoid the medical business entirely by staying well with a healthy diet, exercise, and clean habits. Falling short of that ideal, you will have to become a very informed consumer of health care—each issue of *To Your Health* is dedicated to that end.


John A. McDougall, M.D.

P.S. In our next issue, you'll hear personal success stories from some amazing "McDougallers." You'll also learn about new findings on mitral valve prolapse, safer treatments for carpal tunnel syndrome, and why a high PSA level may be a good sign. Plus, you won't want to miss Mary's sweet recipes for Valentine's Day!

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.