



John A. McDougall, M.D.

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Dr. John A. McDougall's

To Your Health

SAMe—is it the new wonder drug?

The word *S-adenosyl-L-methionine* could become a popular word in your vocabulary. It's more commonly known as SAMe—and if you haven't heard yet, this supplement is the new sweetheart of the alternative-medicine world. It has been reported to aid in combating a variety of conditions, including depression, osteoarthritis, and liver disease. Though widely used in Europe for more than 20 years, this supplement has been available in the United States only since the spring of 1999. Studies and anecdotal evidence suggest that its claims are true for many, without the dangerous side effects connected with many pharmaceuticals.

What is SAMe and how does it work?

SAMe is not an herb or a drug—it is a molecule normally produced by all living cells. Under ideal conditions, the body makes all the SAMe it needs. But, in reality, any number of influences can upset the delicate balance of essential molecules in the body, causing all sorts of problems. The theory behind SAMe supplementation is that if you restore the correct balance of this vital molecule, many positive results will ensue.

SAMe is involved in many important biochemical reactions in the body. One of these is methylation, whereby neighboring molecules donate and receive 4-atom "methyl groups." It is necessary to understand this process in order to grasp how SAMe can affect so many different aspects of our health. Methylation is key to critical chemical processes throughout your body, including repair of damaged DNA, detoxification of carcinogens, and production of antiaging hormones. Insufficient methylation could put you at risk of premature aging, cancer, heart disease, liver disease, fatigue, and depression. Many different molecules participate in methylation, but SAMe is one of the most prolific methyl donors.

Think back to biology class and remember how molecules interact, setting off all kinds of important chain reactions throughout the body. Each time a SAMe molecule donates its methyl group, several other important

compounds are produced, which, in turn, lead to essential reactions. After the donation, for example, SAMe breaks down to form homocysteine. In combination with B vitamins, homocysteine is converted into the antioxidant glutathione, or it receives a methyl group from another donor and evolves back into the amino acid methionine, a building block for making more SAMe.

Each step in the SAMe breakdown cycle produces a substance that performs an important role in some part of the body. Methylation by SAMe helps regulate the action of neurotransmitters like serotonin, melatonin, dopamine, and adrenalin, all crucial components of mental health. The antioxidant glutathione helps fight disease in the liver. The breakdown of homocysteine into glutathione produces sulfate groups that make proteoglycans, which give cartilage its "shock absorber" quality.

Some researchers have hypothesized many other ways that SAMe's biochemical reactions may help fight other common health conditions, such as migraines, fibromyalgia, Parkinson's disease, and Alzheimer's disease. Right now, SAMe's efficacy in fighting depression and osteoarthritis is getting the most attention.

Relief from serious depression—without the toxicity of drugs

SAMe has been prescribed for depression by doctors in Europe for years. Doctors in Germany, Italy, Spain, and Russia have found that it relieves their patients' depression more quickly than antidepressants, and with fewer side effects. A study conducted by doctors in Rome found that the effects of SAMe and those of standard tricyclic antidepressants (Elavil, Vivactil, Pamelor, Norpramin, and others) on depressed patients were comparable.¹ Doctors in California found that SAMe not only relieved depression for a majority of patients but did so faster than the antidepressant imipramine.² In another double-blind, randomized study, 26 patients were divided into two groups and given either SAMe supplements or the antidepressant desipramine. At the end of the four-

¹Acta Neurol Scand Suppl, 154:7-14, 1999

²American Journal of Psychiatry, 145:1110-1114, 1988

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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 by 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.

SAMe—is it the new wonder drug?

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week trial, 62 percent of the SAMe group and 50 percent of the desipramine group reported significant benefits.³

Perhaps more importantly, the patients who had taken desipramine showed significant increases in the concentrations of SAMe in their blood.⁴ Similarly, doctors in London found that the levels of SAMe in the spinal fluid of severely depressed patients and Alzheimer's patients were considerably lower than those of patients in control groups.⁵ These findings confirm the role that naturally occurring SAMe plays in regulating mood.

How does SAMe do it? Remember that the methylation by SAMe helps regulate the action of the neurotransmitters. Serotonin, in particular, has been found to play a major role in depression. Research also suggests that SAMe helps increase the impact of the neurotransmitters and makes receptors on the brain membrane more responsive to them.⁶

While the research doesn't necessarily say that SAMe is more effective than prescription antidepressants, it certainly supports the assertion that it is *as effective and can work more quickly*—and it has no major side effects. Mild stomach upset has been reported by some users, but in comparison to the toxic effects of prescription antidepressants, that is a major improvement. And its effects seem to benefit more severely depressed people (and do so more quickly) than do the effects of St. John's Wort, another natural antidepressant.

Relieve the pain of osteoarthritis and strengthen your joints

SAMe's possibilities for combating osteoarthritis are equally exciting. About 13 million Americans suffer with chronic joint pain, and medicine has yet to offer them an effective cure. Most people suffering from arthritis take nonsteroidal anti-inflammatory drugs, known as NSAIDs. Examples of NSAIDs are common painkillers like aspirin and ibuprofen. NSAIDs can have potentially serious effects on the stomach and digestive tract. And some research has suggested that they may even worsen joint problems in the long run, by interfering with the production of collagen and proteoglycans, which play vital roles in joint health.⁷

On the other hand, SAMe is key to the production of proteoglycans, the "shock absorbers" of cartilage. And SAMe has few gastric side effects. Clinical trials have found that it can be as effective as NSAIDs in relieving joint pain from osteoarthritis.

In a randomized, double-blind study of 81 patients, doctors in Indianapolis found that patients treated with SAMe for mild knee osteoarthritis pain showed a significantly greater reduction in overall pain than the placebo group.⁸ A long-term study in Germany found that SAMe was effective in relieving pain from osteoarthritis in the knee, hip, and spine. Ten general practitioners followed a total of 108 patients for two years, tracking the effects of a daily dose (400-600 mg) of SAMe on their arthritis pain. Results were seen as early as the first weeks of treatment and continued through the end of the trial. The doctors

³*Acta Neurol Scand Suppl*, 154:15-18, 1999

⁴*ibid.*

⁵*J Neurol Neurosurg Psychiatry*, 53:1096-1098, 1990

⁶*SAME—The European Arthritis and Depression Breakthrough*, pp. 132-133

⁷*Eur J Rheumatol Inflamm*, 13: 7-16, 1993

⁸*J Rheumatol*, 21:905-911, 1994

found no significant side effects, and even noted SAME's positive effect on the participants' moods.⁹

Distribution, dosage, and price can be problematic

If you decide to try SAME, there are some things you should know. Experts recommend using tablets that have an enteric coating, to allow it to pass through the stomach and into the intestine for maximum absorption. Also, be sure to buy the product from a reliable manufacturer. One good source for purchasing high-quality supplements is **Vitacost.com**; tel. (800)793-2601, or visit their Website: www.vitacost.com. The unstable raw material used to make SAME and its short shelf life require very careful manufacturing and packaging to ensure its safety.¹⁰ Also, not all brands of SAME supplements on the market now are full-strength. It is not always easy to tell from the bottle how much of the tablet is the active ingredient and how much is filler.

Most SAME is packaged in 100-mg or 200-mg tablets. Recommendations for dosages vary, but most studies suggest starting with 400 mg a day for either depression or arthritis. I recommend starting with 400 mg daily on an empty stomach. (Food interferes with absorption, so take it one hour before or two hours after eating.) In some depression studies, doses have gone as high as 1,600 mg a day, and some trials have suggested anti-inflammatory doses of closer to 1,200 mg. Its generally best to start at the low end and move up if you do not see results.

You will also find that SAME is quite expensive and is

not covered by most insurance plans. The cost for a daily 400-mg dose can range from \$1.90 to \$18.56, depending on the product.¹¹ The daily cost easily can add up to hundreds or even thousands of dollars a year. Many medical professionals think that cost is the major reason SAME has not become more popular in the United States.

SAME is not recommended for certain types of illness

There are some people who should *not* take SAME for depression. Those diagnosed with bipolar disorder, commonly known as manic depression, should stay away from SAME. Research indicates that it can bring on manic episodes.¹²

If you are taking prescription antidepressants now, it is always best to check with your doctor before taking another type of medication, even a nonprescription "natural" supplement. The biochemical reactions of the body and brain are very complex and delicate, as I've explained, and any new substance can alter the balance—sometimes with very serious results.

The medical community is just beginning to understand the role of SAME in dozens of processes crucial to our good health. In the future, we may understand more clearly if and how it can help with such diseases as Parkinson's, fibromyalgia, and Alzheimer's. In the meantime, it can bring relief to the millions suffering from depression and osteoarthritis.

⁹Am J Med, 83:89-94, 1987

¹⁰Internal Medicine News, October 1, 1999, pp. 6

¹¹ibid

¹²ibid

Attention, chocolate lovers: Fat in chocolate found just as damaging as other fats

All of us enjoy indulging once in a while...and for many of us, chocolate is the "sin" of choice. Saved for special occasions, it's OK to splurge; I will admit, I've been known to celebrate with a serving of turkey on Thanksgiving or a homemade piece of chocolate cake on my birthday. But don't let previous reports of possible health benefits fool you into thinking that chocolate, or any other high-fat food, is a health food. I've heard many people say that chocolate isn't as bad for us as cake or cookies because the fat, or fatty acids in chocolate is a "good" fat, or at least it's less harmful than the other types of saturated fatty acids. I'm here to tell you to stop kidding yourself. The fat and health risks far outweigh any minute benefits people use as rationalizations.

A new study reports that the saturated fats in chocolate are just as damaging to your arteries as fats found in other foods. The fat in chocolate is about 30 percent stearic acid, and previous studies had found that this type of fatty acid did not affect plasma-

cholesterol concentrations. But in a recent evaluation of over 80,000 women participating in the Nurses' Health Study, researchers found no differences between the different types of saturated fats.¹ High dietary intake of all long-chain saturated fatty acids, including stearic acid, was associated with an increased risk of coronary heart disease. In fact, stearic acid was found to be more dangerous in some respects, because it can lower HDL, or "good" cholesterol levels.

As I have said for years, "the fat you eat is the fat you wear." There is no benefit to rationalizing the consumption of fat, in any form. But it is OK for healthy people to indulge once in a while; just don't trick yourselves into believing that certain "rich" foods are OK for one reason or another. Recognize these times of indulgence as special occasions, and remember—all fats can be hazardous to your health and should be consumed sparingly.

¹Am J Clin Nutr, 70:951-952, 1999

You can quit smoking—without giving up, or gaining weight!

New study shows a positive link between working out and quitting—for good

You know that exercise is good for you. It builds muscle, strengthens bone, lowers your risk of heart disease, helps you maintain a slender appearance, and even keeps your mind in a happier, healthier state. Well, here's more good news about exercise. Recent research suggests that it can help you quit smoking and remain committed to your non smoking pledge.

A group of 281 sedentary female smokers in Rhode Island was divided into two groups—one that included a three-day-a-week exercise program in addition to a behavioral smoking-cessation program and one that relied on the cessation program alone. The mean age of the women in both groups was close to 40, and they had averaged more than a pack of cigarettes daily for over 20 years.

Over 16 percent of those who participated in the exercise program remained cigarette-free after six months, while only 8.2 percent of the non-exercising women were able to stick with it. The exercisers were also 36 percent less likely to have relapsed one year later.¹ Researchers attribute the difference to the positive mental effects of exercise, which offset the depressed feeling that people feel in the early stages of nicotine withdrawal. Exercise also relieves stress, which can help replace the perceived stress relief that smokers get from cigarettes.

Furthermore, exercise helps prevent every potential quitter's fear—gaining weight. The study found that, on average, the non-

exercisers gained almost 7 pounds more than the exercisers.

No time for exercise? Think again

I often hear people commenting that with work and family there's just no time for exercise...well, if you're a smoker, that excuse just doesn't hold true. I recently saw a letter to the editor in the *British Medical Journal* that brought the point home in a new and com-

Exercise helps prevent every potential quitter's fear—gaining weight.

pellling way. Three British doctors calculated the effects that smoking has on mortality—down to years, days, and minutes. By comparing the life expectancies of smoking and non-smoking men, they estimated that smokers can expect to die a full *six and a half years* earlier than non-smokers. Breaking those numbers down, the findings estimate that each cigarette you smoke reduces your life by 11 minutes.² Based on that calculation, a pack-a-day smoker shortens his or her life each day by more than three and a half hours—and each year by more than 53 days. You could train for a marathon with all the extra time!

If I can do it—so can you

I know, I know—it's easier said than done. I was a smoker for 10 years. It took me four years of smoking to get to the point where I even wanted to quit. And then it took me another six years before I was rid of the addiction for good. I tried (and failed) to quit many times.

As a doctor, I knew I was damaging my health. I didn't like myself as a smoker. I smelled terrible, and my shirts and pants were full of burn holes. I was a young

man but couldn't walk up hills without becoming short of breath. I had plenty of good reasons to quit—and yet I still struggled to free myself from the addiction.

But the fact is that no amount of evidence will make smokers quit if they aren't ready. I know now that the secret to being a successful quitter is to realize you cannot have another cigarette—ever. The addiction is so powerful that if I gave into the slightest temptation, I would be back to smoking two packs a day by next week.

Once you have taken that leap, and are *really* ready to quit, there are many things that can help you. Patches, pills, gums and other cigarette surrogates work for some people. Sheer willpower in addition to exercise works for others. There are many reputable behavioral smoking-cessation programs all over the country that can also help. St. Helena Hospital and Health Center, in the Napa Valley of California (800-358-9195), has a highly effective live-in program for tobacco addiction.

Vow today to quit smoking forever

Mary and I finally quit together after our marriage. We have been smoke-free for 29 years now, and it was one of the best things I ever did for myself. I can run up hills at age 53 that I couldn't *walk* up at age 24 without becoming winded. That's a great feeling.

By subscribing to this newsletter, you've demonstrated your commitment to good health. Isn't it time for you to abandon those old, unhealthy habits? And imagine how you could fill all those extra minutes, days, and years that you can choose to add to your life.

¹Arch Intern Med, 159:1229-1234, 1999

²BMJ, 320:53, 2000

One Great Mexican Meal

As I've mentioned before, my family loves Mexican food. I like to create new recipes and test them out at home. The following meal was a big hit.

MEXICAN STUFFED PEPPERS

Preparation time: 45 minutes

Cooking time: 71 minutes

Servings: 8

Note: The sauce that goes over the baked peppers is an important part of the meal—don't leave it off!

- 8 bell peppers
- 1 onion, chopped
- 1/2 teaspoon minced garlic
- 1/2 cup water
- 1 4-ounce can chopped green chilies
- 1 tablespoon chili powder
- 1 teaspoon ground cumin
- 1 tomato, chopped
- 1 cup frozen corn kernels
- 1 15-ounce can black beans, drained and rinsed
- 2-3 tablespoons chopped fresh cilantro
- 6 cups cooked couscous
- several dashes of Tabasco sauce
- 2 15-ounce cans Mexican-style stewed tomatoes

Wash peppers, cut in half lengthwise, and clean out seeds and membranes. Set aside.

Preheat oven to 375 degrees.

Place the onion, garlic, and water in a large saucepan and cook, stirring occasionally, for 5 minutes. Add green chilies, chili powder, and cumin. Cook and stir for 1 minute. Add tomato and corn and cook, stirring occasionally, for 5 minutes. Add beans and cilantro. Mix well and remove from heat. Stir in cooked couscous. Season to taste with Tabasco sauce.

Puree the stewed tomatoes in a blender. Distribute evenly over the bottom of 1 large baking dish or 2 smaller ones. Stuff the pepper halves with the couscous mixture. Place in the baking dish. Cover with parchment paper and then cover tightly with aluminum foil. Bake for 60 minutes.

Serve with Spicy Mexican Sauce (see below) to ladle over the top.

SPICY MEXICAN SAUCE

- 1 onion, chopped
- 1/2 teaspoon minced garlic
- 1/3 cup water

Mary's Corner

Recipe

OF THE MONTH

By Mary McDougall



- 1 28-ounce can crushed tomatoes
- 1 4-ounce can chopped green chilies
- 3 tablespoons chili powder
- 1/2 teaspoon ground cumin
- 1 1/2 cups water
- 1 tablespoon soy sauce
- 3 tablespoons cornstarch

Place the onion, garlic, and 1/3 cup water in a saucepan. Cook, stirring occasionally, for 3 minutes. Add tomatoes, chilies, chili powder, and cumin. Mix well, cover, and cook for 10 minutes. Add 1 cup of water and the soy sauce. Mix the cornstarch in the remaining 1/2 cup of water. Add to the sauce, stirring constantly until the mixture boils and thickens.

FIESTA MEXICAN SALAD

Preparation time: 10 minutes

Servings: 4-6

- 2-1/2 cups cooked brown rice
- 1 15-ounce can black beans, drained and rinsed
- 1 cup frozen corn kernels, thawed
- 1 medium tomato, chopped
- 4 green onions, chopped
- 1-2 tablespoons chopped cilantro (optional)
- 1/2 cup fresh salsa
- 1/4 cup fat-free mayonnaise

Combine rice, beans, corn, tomatoes, and green onions in a bowl. In a separate bowl, combine salsa and mayonnaise. Pour over rice mixture and toss well. Serve at once or chill before serving.

Hint: This is a very versatile salad. If you add another can of beans (pinto or red), a little more rice, and some chopped green chilies for a bit more heat, the salad becomes a bit more substantial. You may have to increase the amount of salsa used because of the extra beans and rice. This may also be made without the mayonnaise; just add a little more salsa. Nasoya Mayonnaise is the only fat-free mayonnaise product that does not contain any animal products or artificial ingredients. It is found in most natural-food stores.

Zinc consumption may cause prostate problems—a healthy diet can help

If you're over 50, you have a 33 percent chance of suffering from an enlarged prostate (benign prostatic hyperplasia, or BPH). Most men experience frequent urination (especially at night), a problem with urine flow, leakage, or difficulty beginning urination. Now, two new studies show that prostate health can be linked to what you eat—which means that you have a strategy in the fight against developing this problem—a healthy diet.

A recent study in Greece found that a diet low in fat and animal products and rich in fresh fruits and vegetables can help keep your prostate healthy.¹ Over three years, two groups of men were studied: a group of 184 men who had recently been surgically treated for BPH and a control group of 246 men who had never been diagnosed with BPH. The groups were similar in age, height, body-mass index, and total-daily-energy intake.

Researchers found that heavy consumption of butter and margarine had a particularly high correlation to prostate enlargement, as did intake of meats (especially beef) and seed oils. Interestingly, the foods that affected the prostate most also happened to be rich in zinc. In fact, the **men with a high intake of zinc had almost twice the risk of BPH.**

The prostate gland is extremely rich in zinc and is thought by some to be a storage pool for this nutrient. It's been shown that zinc enhances testosterone activity, which in turn stimulates the prostate gland and causes it to enlarge.

While high levels of zinc may not prove that it is a direct cause of prostate enlargement, (they may simply be markers for high levels of animal product intake), I would caution you to cut zinc-saturated foods from your diet such as beef and other red meats, oysters, and shellfish. I also recommend that patients who take zinc supplements for prostate health ask their doctors if this is the best treatment plan. Not only could zinc actually be increasing your risk of developing BPH it also lowers good, HDL cholesterol levels.

The bottom line is cut back on the beef

Maintaining a healthy weight, exercising, and eating properly can keep your prostate healthy. By "eating properly," in this case, I mean staying away from the foods that are loaded with zinc. In other words—cut out the red meat, whenever possible, from your diet.

¹*Urology*, 54:284-290, 1999

Medical Tradition Overturned

Episiotomies can lead to anal incontinence

Although episiotomies have been performed for years under the guise of *preventing* such problems as perineal damage, fetal distress, and anal incontinence after childbirth, a growing body of research proves that they are often more harmful than helpful.

A study performed by doctors at the Obstetrics and Gynecology Epidemiology Center, part of the Harvard School of Medicine, examined some of episiotomies' more unpleasant side effects. Researchers found mid-line episiotomy to be a significant risk factor for postpartum anal incontinence, regardless of the infant's weight and the duration and complications of labor.¹

The study included 626 women who have had only one child each. The women fell into three groups: 211 had no episiotomies and no natural tearing during childbirth, 206 experienced natural tearing, and 209 underwent episiotomies. A self-administered questionnaire was completed six months after childbirth, and the women were asked to report both their current experience, and their experiences at three months postpartum. Anal incontinence was defined in the questionnaire as "having a bowel movement or passing gas when you don't mean to."

About 10 percent of the women with episiotomies were still experiencing fecal incontinence three months after giving birth, while the women with intact perineia or with natural tears had less than half that risk. Even after adjustment for maternal age, infant birth weight, and duration of the second stage of labor, the study found that *women who had episiotomies were more likely to experience problems.*

The researchers theorize that episiotomies contribute to anal incontinence by damage to the sphincter and the nerves surrounding it. Although this study only followed the participants to six months postpartum, the researchers acknowledge that sphincter defects acquired during childbirth could be permanent.

Years ago, women underwent episiotomies as a matter of course and were not provided with information or options for their care. Today, more and more pregnant women are taking control of their childbirth experiences. Drafting a birth plan with the delivery team can help outline the mother's desires for treatment before, during, and after childbirth. Perineal massage in the months leading up to delivery can also help prepare the perineum for childbirth and in some cases prevent the natural tearing.

¹*BMJ*, 320:86-90, 2000

Keeping up with Dr. McDougall

Recommended Books:

(Great for Gifts!)

The McDougall Program for Women (Now available in paperback, \$14.95+ S&H) • *The McDougall Program for a Healthy Heart* • *The McDougall Quick and Easy Cookbook* • *The McDougall Program—12 Days to Dynamic Health*. Found in bookstores or order at (707)576-1654, fax: (707)576-3313 or (800)570-1654; web site: <http://www.drmcDougall.com>

Instant Healthy Meals

Dr. McDougall's Right Foods. 16 items: cereals, soups and meals in a cup. Four new meals available: Chili w/Beans & Corn Chips, Mashed Potatoes—Country Garden Style, Oatmeal & Barley w/Real Peaches & Raspberries, and Oatmeal & Barley w/Real Bananas & Maple. Available in grocery and natural-food stores or by phone: (800)367-3844, fax: (650)635-6010, website: <http://www.rightfoods.com>.

McDougall Program at St. Helena Center for Health

Transform your life for good in California's beautiful Napa Valley. Look and feel better in just 12 days. The McDougall Program will change your life forever and put you on the road to dynamic health.

- Reach your ideal weight
- Watch your cholesterol—and blood-sugar levels fall
- Decrease your dependence on medications
- Manage stress
- Increase endurance for work and play
- Control serious health problems, such as diabetes and high blood pressure
- Reduce risk for cancer, arthritis and heart disease

The McDougall Program at the St. Helena Center for Health was rated the No.1 weight-loss and health-enhancing program in the country by the Physicians Committee for Responsible Medicine.

Take charge of your health. Experience the program that has enabled thousands to change their diet and improve their health and quality of life. Join Dr. John McDougall and his team of professionals in the Napa Valley—residential programs begin on April 2, May 7, and June 4, 2000. For reservations and information, please call us or visit our Web site:

www.sthelenahospital.org

McDougall Program at St. Helena Center for Health
(800)-358-9195

McDougall Costa Rica Adventure

July 31-August 7, 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 now truly 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.



Join us in El Ocotol, a paradise on the northwest coast of Costa Rica

Our first night will be spent in San Jose and then we depart for the El Ocotol Hotel, a first-class luxury ocean-side resort with views that will take your breath away. Each room has its own terrace overlooking the blue Pacific. The lobby and restaurant, perched atop a knoll surrounded by water on three sides and with El Ocotol's third swimming pool below, is regarded as one of Costa Rica's most picturesque spots. In addition, John and Mary McDougall will be providing education on the McDougall program. All meals are pure-vegetarian, low-fat, and delicious. The bar offers tropical cocktails, a varied wine list, and both local and imported spirits...and yes, the tap water is safe to drink.

Our own naturalists will guide us to the national parks, wildlife reserves, nearby towns, and other points of interest. We have five day-long excursions planned for you, including horse-back riding or a wagon ride through the rain forest, Class 1 to 2 (not rough) white-water rafting, swinging through the canopy of the forest, and boating up an estuary. The animal and plant life are exotic. You can spend as much time as you want relaxing, swimming, snorkeling, scuba diving, or on land excursions.

The total cost of the trip is \$1,450 per person (singles \$1,850) and is all inclusive. (This does not include transportation and airfare to and from San Jose.) **This means all activities, adventures, boat trips, scuba diving, and snorkeling trips, meals, alcoholic and nonalcoholic beverages (local spirits, wines and beers), and transfers are included.**

We have arranged special low-cost, group-based airfares, and have other money-saving tips and discounts to offer. Please call us for details today at (800)570-1654. Deposit is \$400 per person; balance due May 1, 2000.

For more information or reservations, call (800)570-1654 today!

Government panel recommends Medicare coverage for nutrition counseling

A panel formed by the National Academy of Sciences Institute of Medicine has recommended that Medicare coverage be extended to include nutritional counseling.¹ The 14-member panel reported that malnutrition is a serious health problem among the nation's elderly, and noted proper nutrition's role in preventing disease. The report also cited diet's role in relieving the symptoms of problems like

diabetes and hypertension, which affect more than 85 percent of Americans 65 and older.

The institute is an independent agency established by Congress to advise the federal government on scientific and technological issues. Traditionally, Medicare has focused on diagnostic care and treatment of disease, not preventive care. But in recent years, Congress has moved to expand Medicare's coverage of preventive services. I'm gratified to see the concept of "preventive care" expanded to include nutrition—an idea I've been advocating for years.

¹Lancet, 355:51, 2000

The Great Nutrition Debate—who won?

By now you've probably heard about the debate on Feb. 24 in Washington, D.C., dubbed "The Great Nutrition Debate." I joined a panel of doctors and nutritionists with varying views on a health-supporting diet, specifically the high-fat, high-protein diet vs. the high-carbohydrate, low-fat diet. The event attracted quite a bit of national media attention (see the March 6 issue of *Newsweek* magazine), but unfortunately, as with most messages coming out of Washington, the important facts on this issue got lost amongst all the posturing and spinning.

Entertainment or science? The debate left little room for changing minds

While the debate between the high-carbohydrate and high-protein factions might have been entertaining, I had hoped that more real science would be conveyed to the public in this forum. The public needs to know the truth about a diet and a lifestyle that could be (or is) killing them. Dr. Dean Ornish and I tried our best to fight the good fight. I pointed out the contradictory claims of the pro-protein gurus, who see carbohydrates as "evil." For example, if carbohydrates are bad, then why is it that Asian populations, which subsist primarily on rice, are thinner, healthier and live longer? We presented solid scientific evidence proving that the typical American diet, high in fat, cholesterol, and protein, causes a legion of health problems—including those most deadly to our population. But we didn't have much time to change minds.

I doubt that anyone left this event convinced to change his eating habits. And I also doubt that anyone following the media coverage the next day

learned what is truly best to eat to stay healthy. What ended up being "newsworthy" was the controversy. The only sound bite most Americans heard was the heated exchange between Dr. Atkins and other panelists over Atkins' lack of research.

So who won the debate? Certainly not the American people. The panelists, myself included, got some free publicity that day. But that wasn't why I was eager to participate—I wanted to get my message about the far-reaching benefits of a plant-based, health-supporting diet out to millions of Americans. I'm not sure this was accomplished, but at least the debate brought issues of nutrition onto the public's radar screen. And, it seems, onto the government's as well. Secretary of Agriculture Dan Glickman commented after the debate that the government should take a more active role in studying the effects of various diets. And, while we don't really need the government to tell us what to eat, I'm hoping the publicity will help expose the truth about those high-protein "diets."

You can view the debate on the Internet or order videotape at www.usda.gov/cnpp, but I doubt you'll learn more than you already know. As a subscriber to this newsletter, you know more about the subject than most Americans—and have demonstrated your commitment to a healthy diet and lifestyle. I'm grateful for the opportunity this newsletter affords, to share the true news with you. I can stand up to a debate anytime, and I will, but I prefer sending my message directly to the public, loud and clear!

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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.

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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.