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Dr. John A. McDougall's

TO YOUR HEALTH

The natural cholesterol-lowering supplement the government doesn't want you to know about

You've been following your diet carefully. You've been exercising regularly. You've even tried the food cures and natural therapies. But it seems that no matter what you do your cholesterol levels are still too high. Your doctor suggests a cholesterol-lowering drug, but you are concerned about the adverse effects it could have on your liver and possibly the exorbitant cost.

Until recently, there wasn't much else you could do. If diet, exercise, and natural therapies didn't do the trick, the alternative for lowering cholesterol was prescription medication. And for many, that has been a viable option.

I have prescribed cholesterol-lowering medication for some of my patients and have seen very effective results. But the costs are outrageous and for many can be prohibitive. Now, there's an alternative—a natural, over-the-counter dietary supplement that contains the same active ingredient as one of the most popular prescription drugs on the market. It's reported to have no serious adverse side effects, it's effective, and it costs *less than half* as much as the prescription.

That seems like an unbeatable combination. But in the tangled web of our nation's health-care system, nothing is simple. The FDA has been fighting the distribution of this supplement for years and continues to appeal its losses in court. What's the problem? Unfortunately, it all comes down to politics, influence—and money. Read on to learn how this natural product works—and why the FDA doesn't want to make it available to you.

Ancient Chinese food has the same active ingredient as top prescription drug

The dietary supplement I'm talking about is red yeast rice powder, better known as *Cholestin*. Red yeast is actually a fermented product that grows on rice. In China, it's used to make rice wine, as a food preservative, and as an ingredient in many common dishes. But as far back as the Ming dynasty (1368-1644), red yeast rice was recognized for its medicinal powers as well. In fact, it is listed in a Ming-era pharmacopoeia for its

effects on blood circulation.¹

The ancient Chinese were on the right track. Modern studies have shown that the *Monascus purpureus* yeast used to make red yeast rice contains a substance called monacolin K—another name for the cholesterol-lowering statin lovastatin. Synthetically produced lovastatin has been found to inhibit cholesterol synthesis, which is what makes it such an effective ingredient in prescription drugs like Mevacor.

Research shows red yeast rice effectively lowers cholesterol levels

With the same active ingredient, it's no surprise that red yeast rice lowers cholesterol as effectively as do prescription drugs like Mevacor. Many clinical studies have been performed in China showing reductions in total cholesterol of 11 percent to 32 percent and reductions in total triglyceride levels of 12 percent to 19 percent.²

A new study performed in the United States backs up those claims. In a double-blind, randomized trial at the UCLA School of Medicine, 82 participants with high cholesterol (between 204-338 mg/dl) were randomly divided into two groups. Both groups were asked to follow the American Heart Association's Step 1 diet, which recommends a daily intake of no more than 30 percent fat, with less than 10 percent of that from saturated fat, and under 300 mg of cholesterol daily. In addition, one group took 2.4 grams of red yeast rice per day, while the other group received a placebo. The groups followed this program for 12 weeks, with levels tested at eight weeks and again at the conclusion of the study.³

After eight weeks, the treatment group's cholesterol levels were 18.1 percent lower than those in the placebo group. After 12 weeks, the placebo group caught up a little, but the treatment group's cholesterol levels were still 16.1 percent lower. The treatment group also saw a drop in LDL cholesterol and triglyceride levels.⁴ Every patient in the treatment group saw a reduction

¹ *Am J Clin Nutr*, 69:231-236, 1999

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

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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.

Red yeast—the natural cholesterol-lowering supplement

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in their cholesterol level by week 12, whereas the placebo group, which relied on diet alone, saw little change in cholesterol levels.

How do statin drugs regulate cholesterol?

Cholesterol plays a critical role in many important bodily functions, such as cell-membrane development and hormone biosynthesis. Under normal conditions, the liver is responsible for monitoring cholesterol production. When the liver senses that more cholesterol is needed, it secretes an enzyme called HMG-CoA reductase, which triggers cholesterol synthesis.

Statins are HMG-CoA reductase inhibitors, meaning that they stop the enzyme from being secreted. Without the enzyme to spur it on, the liver's cholesterol production is reduced. As a result, cholesterol concentrations drop, supported by a reduced intake of dietary cholesterol. Statins work as long as you continue to take them, but their effects are not cumulative. Once you stop taking the HMG-CoA reductase inhibitors, your cholesterol levels will return to their former high levels.

Unfortunately, the FDA sees Cholestin as an "unapproved drug"

All the evidence supports the ancient claims that red yeast rice can safely and effectively lower cholesterol levels. Why, then, is the FDA fighting it? Unfortunately, it all comes down to politics.

Way back in November of 1997, the FDA began an inquiry into Cholestin. In May of 1998, it ruled that Cholestin was not a dietary supplement as marketed but an unapproved drug, under the Federal Food, Drug, and Cosmetics Act. This meant that Pharmanex, Cholestin's manufacturer, could no longer sell its product legally in the United States. Pharmanex filed an appeal, and less than a month later a U.S. District Court judge granted a preliminary injunction allowing Pharmanex to import a limited quantity of red yeast rice for sale in the United States, pending a final ruling. In February 1999, the same District Court judge overturned the FDA ban, saying that the agency could regulate Cholestin only as a dietary supplement, not as a drug. The FDA has appealed that ruling and is awaiting a decision from the courts.

The FDA never contended that Cholestin posed a threat to anyone's health. That would be tough to do, considering that it approved a synthetic version of an identical ingredient. Its only claim was that it was a drug not a dietary supplement, since it was not sold as a food before Merck introduced its lovastatin drug, Mevacor.

Pharmanex's battle with the FDA is more about politics and economics than medicine and health. The judge agreed that Pharmanex would suffer "irreparable injury" from a ban on Cholestin, while Merck & Co. would hardly experience a dent in its sizable coffers from some competition.

For the pharmaceutical companies that make these drugs, millions in profits are at stake. Unfortunately, they're not thinking about the millions of lives a more accessible, more affordable cholesterol-lowering alternative could help. Hopefully, this product will remain readily available for all who need it. Pharmanex's Cholestin was among the first, and most well-known, red yeast rice supplements available in the United States. Since the FDA's ruling was overturned, several other

Continued on page 6

HRT's secondary benefits are more about hype than health

Each year, millions of women enter menopause and begin hormone-replacement therapy (HRT). Many, I'm sure, make an informed, educated decision to begin that therapy to relieve unwanted side effects of menopause (vaginal dryness, hot flashes, etc.). But many more, I'm afraid, feel pressured by their doctors and by a society that treats menopause as an illness or abnormality that can be cured with a pill, rather than as a normal stage of life.

The pressure to use HRT has been turned up even higher in recent years, as the drug companies have launched PR campaigns touting estrogen's secondary benefits. HRT has been reported to help fight heart disease, prevent osteoporosis, fight off Alzheimer's disease, and even prevent cancer. By attaching these value-added benefits, drug companies make it easier for a woman to resist her natural reluctance to undergo the therapy. And, of course, by enticing even more women to try HRT, the drug companies are counting on bigger profits and higher market shares.

But recent research has shed doubt on some of the pro-estrogen camp's most basic claims. I call them the "four myths of estrogen," and you'll see that they are just that—myths. HRT can still be an effective choice for many women—but don't be fooled into thinking that it's a magic cure-all.

Estrogen and progestin combination will not protect you from cancer

Years ago, doctors learned that taking supplemental estrogen alone

could increase one's risk of endometrial cancer eightfold. Then they found that adding progestin to the mix helped reverse the damage to the uterus and other negative effects of estrogen. The medical community also came to believe that progestin might work to prevent breast cancer. (Progestins are commonly *synthetic* drugs like provera. *Natural* progesterone may actually protect against breast cancer.¹) A combination estrogen/progestin drug became the HRT formula of choice for many, mainly based on these cancer-fighting claims.

But two new studies show that taking estrogen and progestin together actually *increases* your risk of breast cancer. In a clinical study performed at the University of Southern California, 1,897 breast-cancer patients and 1,637 control subjects were interviewed extensively about their daily habits, demographics, and medical histories. The study found that the risk of breast cancer increased 10 percent for each five years of HRT use. But most importantly, it found that the risk was even higher for combination HRT users.² Some experts have suggested that progestin is safer if it is taken for only part of the month, in conjunction with a daily dose of estrogen, but this study found little difference between the two approaches.

The second study involved participants in a breast-cancer-detection demonstration project. Researchers found that participants who were currently taking combination HRT or had taken it recently were 54 percent more likely to have breast cancer than participants with no

hormone use. Participants who took estrogen alone were found to have a 34 percent greater risk than controls.³

These two studies clearly show that taking progestin along with estrogen does not prevent breast cancer and, in fact, may even be a contributing factor for breast-cancer development. While research still supports progestin's protective claims against endometrial cancer, women should recognize the increased risks associated with progestin use. In light of this research, some are suggesting that progestin doses be reduced even further, maybe to once or twice a year. Further research is needed to support this recommendation.

HRT does not slow the spread of breast cancer

Another commonly held belief is that HRT decreases the aggressiveness of breast cancer, resulting in tumors that are slower-growing and easier to detect and treat. Several early studies reported that tumors were more likely to be detected through preventive screenings among women who took HRT and that those tumors were more likely to be grade-one, node-negative ones, which are easier to treat.

But a new study conducted in Scotland pokes holes in that theory. In an analysis of 1,113 women age 50-64 who had been screened for breast cancer between May 1988 and December 1993, researchers found no associations among early detection, tumor type, and HRT use. Only 14.9 percent of the women were using HRT when they were diagnosed, and the study found no

¹ *Fertil Steril*, 63:785-791, 1995

² *Journal of the National Cancer Institute*, 92:328-332, 2000

³ *JAMA*, 283:534-535, 2000

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differences in size, type, or grade of the tumors.⁴

Estrogen does not help treat symptoms of Alzheimer's disease

More than 4 million Americans have Alzheimer's disease, and women seem to be twice as susceptible as men. That has led some to surmise that a decrease in estrogen levels as women age may be at least partially responsible. Some studies have suggested that supplemental estrogen can improve cognitive abilities and mood in women with Alzheimer's.

But a recent study debunks that theory. 120 female patients with mild to moderate Alzheimer's who had also had hysterectomies were recruited through 32 participating sites for an Alzheimer's disease cooperative study. The women were divided into three groups. One group received a high dose of estrogen, one received a lower dose, and the control group received a placebo. The women's cognitive and functional abilities were measured through a variety of common assessment tools at the beginning of the yearlong trial, twice while it was ongoing, at the completion of the study, and then three months later, after a three-month "wash-out" period.

The study found no improvements in cognitive or functional ability in the estrogen-treatment groups as opposed to the placebo group. In fact, the estrogen-treated group actually declined more than the placebo group in one clinical measure.⁵

Estrogen does not protect against heart disease

Women have been told for many years that HRT would help them keep their cholesterol levels low and protect them from heart disease. And, in fact, the evidence did seem to point toward a link between estrogen and heart disease

in women. Heart attacks are practically unheard of among healthy, fertile women; after menopause, however, heart-attack rates and cholesterol levels climb. The missing link seemed to be estrogen, which led even more women to begin HRT.

Now, however, two new studies show that estrogen's role in preventing heart disease has been vastly exaggerated. First, the Heart and Estrogen/Progestin Replacement Study (HERS), followed 2,762 postmenopausal women with heart disease for four years. The women were randomly assigned to take either an estrogen/progestin combination or a placebo for the entire length of the study. During the four years, the study recorded the number of fatal and nonfatal heart attacks, as well as a number of other cardiovascular events, such as congestive heart failure and stroke. Researchers found no significant differences in frequency or type of cardiovascular events between the hormone-treatment group and the placebo group.⁶ And, during the initial phase of the study, there was an increase in heart attacks, probably because estrogens increase the tendency of blood to clot. In another study, from the Women's Health Initiative study of 27,000 women, there was an increase in heart events while taking estrogen along with progestins over a period of two years.⁷

And a brand-new study is reinforcing the lessons learned in HERS. This study, the Estrogen Replacement and Atherosclerosis study (ERA), sponsored by the National Institutes of Health, followed 309 postmenopausal women with heart disease. The women were randomly assigned to take estrogen alone, an estrogen/progestin combination, or a placebo. Using cardiac catheterization, researchers assessed the condition of the women's arteries at several points over a three-year

period. They found no differences in the progression of heart disease among the three groups.

HRT *can* be a viable alternative if you understand the risks

Hormone-replacement therapy may not be all it's cracked up to be, but it can still be a very effective tool for many women. The important thing to remember is that it should be taken to relieve the effects of menopause—not to prevent heart disease or fight Alzheimer's disease. These secondary claims are often more about public relations than they are about health.

Menopause is a natural, normal part of life. It needn't be a time of dread, fear, or suffering. Many women have reported relief from hot flashes and night sweats after beginning an exercise program or adopting a low-fat, high-fiber, plant-based diet like the McDougall program.

For those who need a little more help, there are many herbal products that claim to relieve menopausal symptoms. Some of the more common are black cohosh, chaste berry, ginseng, and hops.

But if you're having a more difficult time with this transition, hormone-replacement therapy may be a viable option for you. Just make sure you enter into the decision with your eyes open and your expectations clear.

I tell my menopausal patients to make a list of the things they want to accomplish in treating the effects of menopause. What symptoms do you want to relieve most? What outcomes are most important to you? Then see which approach best fits your objectives. Each woman is different, and each woman must make her own decision—hopefully, an educated and informed one—about how to handle the changes in her body during menopause.

⁴BMJ, 320:348-349, 2000

⁵JAMA, 283:1,007-1,015, 2000

⁶JAMA, 280:605-613, 1998

⁷San Francisco Chronicle A2: April 5, 2000

I like to experiment with recipes. Often I test them out on my family and friends who offer their opinions and suggestions. The following recipes were made several times over the past two months and we all agreed they were wonderful.

CHUNKY POTATO SOUP

Preparation time: 20 minutes

Cooking time: 60 minutes

Servings: 6-8

- 1/2 cup water
- 1 onion, chopped
- 2 leeks, cut in half lengthwise, then sliced
- 4 cups vegetable broth
- 4 cups Yellow Finn potatoes, peeled and chopped
- 1 cup frozen corn kernels
- 1 tablespoon soy sauce
- 1 tablespoon chopped pimiento
- 1/2 teaspoon dill weed
- 1/4 teaspoon paprika
- 1/16 teaspoon cayenne
- 1/2 cup soy milk
- dash or two Tabasco sauce

Place the water, onion, and leeks in a large pot. Cook, stirring occasionally, until softened—about 5 minutes. Add vegetable broth and potatoes. Bring to a boil, reduce heat, cover, and cook for 30 minutes. Add remaining ingredients, except soy milk and Tabasco and cook uncovered for 30 minutes. Add soy milk and Tabasco. Heat through and serve.

Hint: This can also be made with other types of potatoes, such as Yukon Gold or Russet.

CARIBBEAN SWEET & SOUR TOFU

Preparation time: 25 minutes

Cooking time: 30 minutes

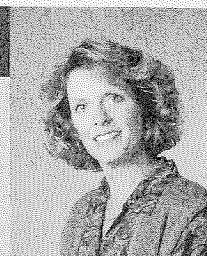
Servings: 6-8

- 3 cups vegetable broth
- 1 onion, coarsely chopped
- 1 cup green bell pepper, cut into 1-inch strips
- 1 cup red bell pepper, cut into 1-inch strips
- 1 1/2 cups peeled, diced sweet potatoes
- 2 teaspoons minced fresh garlic
- 1 teaspoon crushed fresh ginger
- 1 20-ounce can pineapple chunks in juice, undrained
- 1 15-ounce can black beans, drained and rinsed
- 1 4-ounce can chopped green chilies
- 2 tablespoons brown sugar
- 2 tablespoons soy sauce
- 2 tablespoons cider vinegar
- 1/2 teaspoon curry powder
- 1/4 teaspoon crushed red pepper
- 1 1/2 cups firm lite tofu, cut into cubes
- 3 1/2 tablespoons cornstarch mixed in 1/3-cup cold water

Mary's Corner

Recipe OF THE MONTH

By Mary McDougall



Tabasco sauce to taste (optional)

Place 1/2 cup of the broth in a large pot. Add onion, bell peppers, sweet potatoes, garlic, and ginger. Cook, stirring occasionally, for 5 minutes. Add remaining broth, bring to a boil, and cook for 15 minutes. Add pineapple and juice, beans, green chilies, sugar, soy sauce, vinegar, curry powder, and red pepper. Cook, stirring occasionally, for 5 minutes. Add tofu and cook about 3 minutes. Add cornstarch mixture and cook and stir constantly until thickened. Continue to cook over low heat about 2 more minutes, stirring occasionally. Season to taste with Tabasco sauce, if desired. Serve over whole grains or potatoes.

WALNUT SPIRALS

Preparation time: 30 minutes

Cooking time: 10-11 minutes

Servings: 6-8

- 1 cup walnut pieces
- 1 cup vegetable broth
- 2 tablespoons chopped fresh parsley
- 2 tablespoons chopped fresh cilantro
- 1 1/4 teaspoons fresh lemon juice
- 3/4 teaspoon minced fresh garlic
- 1/4 teaspoon salt
- 1/8 teaspoon fresh ground black pepper
- scant 1/8 teaspoon cayenne pepper
- 1 12-ounce package Eden vegetable spirals pasta
- 3 cups broccoli flowerets
- 2 cups mixed bell peppers, seeded and cut into thin strips
- *1 1/2 cups seitan, cut into strips (optional)

Place the walnuts in a blender jar and pulse until finely chopped. Add broth, parsley, cilantro, lemon juice, garlic, salt, pepper, and cayenne. Process until smooth. Set aside.

Bring a large pot of water to a boil. Add pasta and cook for about 6 minutes. Add broccoli and bell peppers and cook for about 4-5 minutes, until vegetables are tender and pasta is al dente. Remove from heat. If desired, drop the seitan into the water with the vegetables and pasta, let rest for 30 seconds, then drain well. Transfer to a bowl and toss with the walnut sauce. Serve at once.

Hint: This may be made with different kinds of pasta. Use 12 ounces of pasta and adjust cooking time to suit the type of pasta used. This is delicious with and without the seitan. *Seitan is seasoned, cooked wheat gluten. It can be found in various flavors in most natural-food stores.

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formulations of red yeast rice have been introduced.

Statins drugs are not for everyone

Although few side effects have been reported from lovastatin and other statin drugs, they are not recommended for premenopausal women, due to possible complications with pregnancy. And since statins affect liver function, people with a history of liver problems should not take them. While taking these types of medications, you should not allow yourself more than two alcoholic drinks a day. Also, studies have shown that grapefruit juice can have dangerous interactions with certain types of statin drugs taken to lower cholesterol. If you're taking a statin drug of any kind, your liver function should be tested every few months to ensure that your enzyme levels are within an acceptable range. A serious muscle condition known as rhabdomyoysis has been linked with statin drugs, but occurs in less than one percent of the population. Still, it is important to discontinue the medication if you experience any unexplained muscle pain, weakness, or soreness, especially if the pain is accompanied by flulike symptoms.

Aside from these precautions, lovastatin has been found to be safe and effective. A five-year study of 745 patients with hypercholesterolemia found that it reduced total cholesterol levels 35 percent, with no significant side effects.⁵

Give natural remedies a chance before resorting to medications

Within a healthy diet, there are certain types of foods you can eat that are particularly helpful in lowering cholesterol levels. Vitamins C, E, and B₆, as well

as betacarotene, help prevent atherosclerosis and slow its progression. These natural antioxidants are found in whole grains, fruits, and vegetables. I also recommend garlic and oat bran, and you could try an herb called *gugulipido*, which has natural cholesterol-fighting properties.

If you are still unable to get your cholesterol to a safe level, and you'd rather not use a synthetic product, consider a red yeast rice supplement like Cholestin. As I said before, I am not against prescribing cholesterol-lowering medications. If your doctor agrees, and your insurance will cover it, a prescription drug like Mevacor may work for you. It's important to remember that statins work much more effectively when combined with a low-fat, low-cholesterol diet. In fact, I've seen people on cholesterol medications for years who change to a low-fat, low-cholesterol diet and experience an additional 40-60 point drop in their cholesterol levels. Red yeast rice supplements are available in health-food stores and on Internet sites. You can order from Pharmanex at www.Pharmanex.com, or call (888)PHARMANEX. Most formulas offer 600-mg capsules, with the recommendation to take two each morning and two each night.

At current prices, the recommended dosage of Cholestin costs about \$20 to \$30 per month, as compared with up to \$300 a month for a prescription statin drug.⁶ For the millions of Americans with no health insurance and/or no prescription plan, those couple of hundred dollars a month can mean the difference between paying the bills or taking care of their health. That's a decision no one should ever have to make.

⁵*Clin Pharmacol Ther*, 63:397-402, 1998

⁶*Arch J Clin Nutr*, 69:231-236, 1999

Low-fat, high-fiber diet best for adolescents

Although low-fat, high-fiber diets have been recommended for adults for some time, there was until recently still some debate concerning the appropriate recommendations for adolescents. Some feared that restricting fat intake could interfere with normal growth and development and reduce one's intake of certain nutrients.

New research has now confirmed, however, that a low-fat, high-fiber diet is the healthiest alternative for growing adolescents.

In the study, 319 ninth-grade students in Louisiana were asked to list what they had eaten in the last 24 hours. Based on this information, the researchers divided the adolescents into four groups: low fat and low fiber, low fat and high fiber, high fat and low fiber, and high fat and high fiber. Participants who followed a low-fat, high-fiber regimen were shown to be adhering to a diet more nutrient-rich than the diets followed by those in the other groups, and the high-fiber diets in particular were associated with high intake of many key nutrients, including vitamins A, B₆, B₁₂ and C;

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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. Send mail to:

Dr. McDougall's To Your Health
819 N. Charles St.
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.

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, Web site: <http://www.rightfoods.com>.

Save \$750 and 1 week on a special 10-day McDougall Program

June 2, 2000 begins a special 10-day program that saves you time (only one week off work!) and money. Transform your life for good in California's beautiful Napa Valley. Look and feel better in just 10 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 program begins on June 2, 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-Aug. 8, 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 daylong excursions planned for you, including horseback 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 or (707)576-1654 today!

Antihistamines impair driving MORE than alcohol

New research by doctors at the University of Iowa found that common first-generation antihistamines might affect your driving ability even more than alcohol.¹ Drugs in this category include Benadryl, Dramamine, Chlor-Trimeton, and Dimetane. These are the originally-developed antihistamines that often cause drowsiness, dry mouth, and urinary retention. In a randomized, double-blind trial, 40 licensed drivers went through a series of simulated driving experiences while under the influence of antihistamines, alcohol, or a placebo.

In nearly every performance category, drivers under the influence of first-generation antihistamines performed as poorly—or more so—than they did while under the influence of alcohol. In fact, under the influence of these drugs they were deemed “legally impaired to drive.”

Participants were randomly divided into four groups and changed groups in each of the four testing sessions. One group received 50 mg of diphenhydramine, a first-generation antihistamine found in common over-the-counter medications like Benadryl. The second group took 60 mg of fexofenadine, a second-generation antihistamine. The third consumed enough alcohol to reach a 0.1 percent blood-alcohol concentration, as measured by a breath analyzer. The fourth group received a placebo.

Researchers evaluated the participants' driving in an Iowa Driving Simulator. Measurements included the drivers' ability to remain at a constant distance behind another car, remain in one lane, steer, and react to the movements of another vehicle.

Drivers who had taken diphenhydramine demonstrated less coherence in following the car in front of

them than did drivers who had taken fexofenadine or even alcohol. Diphenhydramine affected steering ability at the same level as did alcohol. It also generated the highest self-reported drowsiness measure, but the study also concluded that self-assessment of drowsiness is a poor indicator of driving ability. On the other hand, fexofenadine had little impact on drivers' performance and was in many cases indistinguishable from the placebo.

Diphenhydramine is the top-selling nonprescription antihistamine in the United States. If you take over-the-counter antihistamines, check the active ingredients. Take the warnings on the label seriously—you should not operate an automobile or any other machinery while under the influence of these drugs—even if you do not feel drowsy. You might want to try a second-generation antihistamine instead like Claritin or Allegra. These newer products have the strength without as many side effects.

¹Arch Intern Med, 132:354-363, 2000

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thiamin; riboflavin; folacin; magnesium; iron; zinc; phosphorus; and calcium. High-fiber intake was also associated with higher total-energy.¹

This study shows that a low-fat, high-fiber diet is the healthiest alternative, especially for adolescents—who are in a period of rapid growth.

This is a time when every cell, system, and organ is growing, and what you eat plays a huge part in this development. You can't make a healthy body from a diet composed of potato chips and soda.

In my practice, I've seen that a switch to this type of diet can also help clear up oily skin, get rid of acne, improve one's mood, and help performance in school and sports.

¹Pediatrics, 105:e21,2000

Issue wrap-up

Heart disease is rare-to-unknown in parts of the world where people follow a diet like the one I recommend. Furthermore, people who maintain a blood cholesterol level below 150 mg/dl are essentially immune from coronary artery disease that causes heart attacks. Your efforts should first be directed to a healthy diet and lifestyle and then to taking the safest medications available (possibly Cholestin) to maintain an ideal cholesterol.

John A. McDougall M.D.

P.S. Next month you'll learn how to boost libido without prescription drugs, and find out exactly how much alcohol you *really* should be drinking.

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.