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Dr. John A. McDougall's

To Your Health

Nothing is sacred—how drug companies are taking over medical research

Tom McNett was the eccentric of our medical-school class. While the rest of the overworked and underpaid students were gladly accepting gifts from pharmaceutical salespeople, Tom stood firm. He would not accept the doctor's bagful of supplies. He would not take a much-needed, all-expenses-paid vacation to the company's manufacturing headquarters. He said he would not be bought by any drug company. The rest of us just shrugged our shoulders and went our merry way, thinking Tom a bit strange to turn down such generosity.

That was almost 30 years ago, and I've long since lost touch with Tom McNett. But I can't help but wonder now what gave him such insight into the future. For, indeed, drug companies buy doctors all the time. Even worse, now they can buy research, too, in support of their latest products. In today's world, the industry exerts its influence over almost every aspect of modern medicine, from education and private practice to research and journal publication.

You may be asking yourself, "why should I care about what the drug companies and doctors are doing with their time?" I'll tell you why. The tainted relationship between pharmaceutical companies and the medical community ultimately affects the medical care you and your family receive—from the recommendations you get from your family doctor to the availability and efficacy of new drugs that treat serious and common health problems.

There's no such thing as a free prescription

Here's a common example: Let's say you visit the doctor for your annual physical and are told that you have high cholesterol. Your doctor may talk about the importance of diet, exercise, and other lifestyle choices—but he knows that patients would rather take a pill

than address the root causes of their health issues. And it just so happens that a pharmaceutical salesperson visited his office that day and left behind a bunch of free samples of cholesterol-lowering medication. It's quick and easy for the doctor to hand out these free samples—and patients, of course, are happy to receive something for nothing. But let's be real—pharmaceutical companies provide those free samples for a reason. They know that a significant percentage of patients will use up the free sample and then ask the doctor for a prescription. Nine times out of 10, the doctor will write it—and there's another long-term customer on the hook.

Today's drugs require extensive—and expensive—research

And that leads us to another part of the problem. Most new drugs *are* taken on a long-term basis, to prevent and treat chronic diseases like hypertension and high cholesterol. For this reason, efficacy and safety trials must be much more extensive, with extended timelines and huge groups of participants. All that time and all those people add up to very expensive trials. It's estimated that the costs for developing just *one* new drug run between \$300 million and \$600 million.¹

With that much money at stake, pharmaceutical companies get a little impatient. For every day of delay in securing FDA approval, a manufacturer loses an average of \$1.3 million.² These companies want results and want them *now*, so they can get through the costly development phase and move on to making profits.

Drug companies used to rely on medical schools and teaching hospitals to conduct clinical trials for their new products. But academia didn't always share their sense of urgency. The institutions' pesky review processes slowed things down, requiring approval of

¹ *The New England Journal of Medicine*, 342:1539-1544, 2000

² *ibid.*

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Dr. John A. McDougall's

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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 to 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.

Drug companies taking over medical research*Continued from page 1*

studies before they even began. Things just didn't move fast enough to suit the drug companies.

Mercenary research is faster—and may be more favorable

So they've found a way around that problem. A new breed of third-party companies has sprung up, offering to conduct clinical trials for drug companies—for a fee. These contract-research organizations (CROs) can handle every aspect of the research process, from creating the study design (with input from the manufacturer) to preparing articles for submission to medical journals. This relationship is a growing trend; in 1991, academic medical centers received 80 percent of the drug industry's funds for research; by 1998, their share had dropped to only 40 percent.³

Hand in hand with this trend is the new source of the funding for all this expensive private research. As you may have guessed, most of the funds now come from industry. On average, 70 percent of funding for clinical drug trials in the United States now comes from pharmaceutical companies.⁴ The National Institute of Health does provide some funding, but the government cannot keep up with the demand and the expense of long-term, population-based studies.

As they watch a valuable source of revenue dry up, academic medical centers have tried to woo back the drug companies. Not only are they losing funding, they are also losing staff. Academia cannot compete with the high salaries and perks that the CROs can offer. Many teaching centers have created new research divisions in an attempt to stay competitive. Some have relaxed their conflict-of-interest standards, allowing staff members to profit from the fruits of their research. For example, Harvard University School of Medicine had long been the strictest of the strict, prohibiting its staff members from holding more than \$20,000 worth of stock in any company involved in their research. But in the face of growing pressure, even this stalwart institution is considering lowering the bar.⁵

The smoking gun: evidence of influence

When critics begin to point out the obvious problems with these new trends, the pharmaceutical/medical community feigns offense. How could anyone insinuate that these people, who are committed to healing, have anything but the public's best interests at heart? Influence is a difficult thing to prove, but a new report published in the *New England Journal of Medicine* comes close.

In a summary of interviews with 39 people involved in the new-drug-research-and-approval process, the researcher found striking examples of undue influence, from all corners. For example, studies may be carefully designed to produce favorable results for the product. In a series of trials of nonsteroidal anti-inflammatory drugs (NSAIDs), one researcher found that only 2.1 percent of the trial participants were over age 65, even though the use of such drugs is most prevalent among the elderly. Also, in 48 percent of the NSAID comparison trials, the dose of the sponsoring company's drug was higher than that of the competitor's, thereby providing more pain relief.⁶

*Continued on page 4*³ *ibid.*⁴ *ibid.*⁵ *ibid.*⁶ *Int J Technol Assess Health Care* 12:209-237, 1996

Front-page news: debunking the negative coverage of vegetarian diets

Vegetarianism has recently been making front-page news. Unfortunately, the news isn't good. Maybe you've seen the lead stories in the mainstream media that have linked a plant-based diet to such serious health concerns as blindness and birth defects. It may sound real and very scary, but don't be fooled. These loose associations and leaps of logic make good copy and create more fuel for the currently raging "diet wars," but they don't change the truth: Vegetarianism has much less associated health risk than any other type of diet—even if it does receive a lot of negative press. Get the facts before you change your ways.

Vegetarian diet and birth defects: incomplete data, insignificant evidence

First were the reports that mothers who followed a vegetarian diet during pregnancy were five times more likely to have a baby boy with a birth defect known as hypospadias. About one in 300 baby boys is born with this defect, in which the penis opening is found on the underside, rather than at the tip.

Out of the 7,928 baby boys born to mothers participating in the Avon Longitudinal Study of Pregnancy and Childhood, 51 cases of hypospadias were identified. The study then reported that baby boys whose mothers were vegetarian had an adjusted odds ratio of 4.99—meaning that those boys were almost five times more likely to have been born with the defect than other boys.¹

The headline that was splashed across newspapers was "Vegetarian

diet linked to birth defects." But if you read the actual study, some interesting things become apparent. First, the study does not make it clear how the label "vegetarian" was defined. Vegetarian status was determined by a self-reporting questionnaire completed by the women during the 32nd week of pregnancy. The study explains vaguely that women were asked how often they ate various types of food "nowadays" and whether or not they were vegetarians, but it does not elaborate. Many people

Loose associations and leaps of logic make good copy and create fuel for the currently raging "diet wars" but don't change the truth.

call themselves vegetarians without following a truly vegetarian diet. Did these women eat fish? Dairy products? Other animal fats? We just don't know from this research.

Second, the numbers in this study were so small that it's hard to feel confident about the results. When you review the data carefully, you see that only about 321 women in the study identified themselves as vegetarians. That's 321 out of more than 7,000. Among those 321 vegetarian mothers, only *seven* babies were born with hypospadias; that's 2.2 percent. These are hardly staggering numbers.

The researchers involved in this study suggest that phytoestrogens in plant foods and soy products may contribute to hypospadias. And their findings may be cause for additional research. But this single,

small, uncontrolled study should not scare you or your family away from a healthy vegetarian diet.

Vegetarian diet and blindness: making a mountain out of a mole hill

Another example of distorted media coverage occurred when stories appeared with headlines like "Strict Vegetarians Can Develop Blindness and Brain Damage." These headlines were based on a letter to the editor of the *New England Journal of Medicine* concerning the case of one man in France.² The letter reported that a 33-year-old man who had followed a vegan diet for 13 years had developed severe bilateral optic neuropathy, or progressive vision loss. After a complete examination, his doctors determined that his condition was due to a deficiency of vitamin B₁₂, a nutrient found primarily in meats and fish. Vitamin B₁₂ plays an important role in the maintenance of healthy nerves, including the optic nerve. The letter goes on to state that B₁₂ deficiency also causes "neurologic disturbances"; hence, the "brain damage" headline. For the record, the case in question had no signs of such "disturbances."

An isolated case blown out of proportion

Vitamin B₁₂ deficiency is actually very rare, even among vegans, because the vitamin is stored in the body for years. But for people who maintain a strict vegan diet for several years, I do recommend a B₁₂ supplement of approximately 5 micrograms daily. This is particularly important to pregnant or nursing

¹ *British Journal of Urology International* 85:107-113, 2000

² *New England Journal of Medicine* 342:897-898, 2000

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Drug companies taking over medical research

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The report also shows that even if trials still yield unfavorable results, the drug companies can always withhold the research. In shocking examples, several researchers tell how they were threatened with legal action if they published their negative findings on certain drugs. They discovered, too late, that their contracts prohibited the release of any information without consent of the manufacturer. Less overt censorship occurs even more frequently, with companies simply stalling and diverting attention from an unfavorable study until the researcher moves on to a new cause.

Potential for profit more important than the potential to save lives

You may argue that the funding for medical research has to come from somewhere and may as well come from the drug companies, which certainly can afford it. But this means that new drugs are increasingly evaluated by their potential for profit—not on their ability for saving lives or curing illnesses. Pharmaceutical companies want medications that they can patent, and that have the greatest potential market reach. The alternative-medicine community is awash with stories of promising new treatments

that have been pushed by the wayside for lack of research funding. And if we can't trust published medical research, what can we trust? Some things should be held to the highest possible standard—and medical research is one of them.

It's true that drug research has brought us many valuable medicines that improve people's lives every day. But if these disturbing trends are allowed to continue, I'm afraid the situation will only get worse. With the phenomenal profits being made on pharmaceuticals, the push is on to develop new drugs and make more money.

So what can be done? Many of these issues are out of your control, but you can take steps to protect yourself and your family. Don't blindly accept free drug samples from your doctor. Ask questions and do your own research before you begin taking any prescription medication. It may take some digging, but it is possible to get information about prescription medications and the studies that support them—including who funded those studies. And be sure to ask your doctor about this issue—you may just make him think. Maybe we all should have seen this problem coming years ago, as my old friend Tom did. But one thing's for sure—it doesn't take clinical research to tell you that this situation is bad medicine.

News brief

Coenzyme Q₁₀ found not helpful for congestive heart failure

A new study disputes the efficacy of the popular supplement coenzyme Q₁₀ in treating congestive heart failure. This nutrient, also known as CoQ₁₀ or ubiquinone, is believed to affect many key organs in the body, including the heart. CoQ₁₀ plays an important role in the production of energy and is naturally present in high concentrations in the heart. Previous studies have shown that low levels of it may contribute to heart failure.

But in a study of 46 patients with congestive heart failure, CoQ₁₀ did not demonstrate any effect on ejection fraction (blood-pumping contractions), peak oxygen consumption, or exercise duration during standard heart tests.¹

In this study, a group of 46 patients with heart disease were randomly divided into two groups; one group received 200 milligrams of CoQ₁₀ daily, while the other took a placebo. At the beginning of the study, all participants had ejection fractions less than 40 percent (65 percent is the lower end of the normal scale) and peak oxygen consumption of less than 17.0 mL/kg of body weight per minute (less than half

of a normal reading). After six months of treatment with either CoQ₁₀ or placebo, neither group showed significant improvement in any of these key indicators.

This study contradicts several previous studies that supported heart-healthy claims for CoQ₁₀. More research is needed to accurately assess the effects of this nutrient on the heart.

If you're currently taking CoQ₁₀, it's okay to continue. There are few adverse effects that could result from taking the supplement...and, as I said, the final word is not yet in!

¹Ann Intern Med 132:636-640, 2000

We welcome your input!

If you're using Dr. McDougall's program and would like to share your success stories, 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.

Get out of the kitchen! Quick-and-easy wraps and salads

It's hot, the days are long, there are cookouts, picnics, dinners by the pool. You want to prepare delicious meals for your family and friends...that won't keep you in the kitchen over a hot stove. Wraps and salads are two of my favorite things to serve on summer evenings.

You've probably heard of wraps or have seen them on menus all over the country. They hold a variety of fillings from the exotic to the mundane. Wraps are easy to eat, may be served warm or cold, and there's not a lot to clean up.

You can fill a wrap "McDougall-style" very easily. For ideas on what to put in a wrap, look back through past issues of *To Your Health* for sandwich fillings or salads. Even a simple green salad is delicious wrapped up. The tofu, garbanzo bean, hummus, or other bean mixtures found in the *McDougall All-You-Can-Eat Cookbook* also make great fillers.

To assemble your wrap, take a large fat-free flour tortilla. Warm the tortilla (or eat it cold) on a dry nonstick griddle until softened. Use about 1/2 cup of sandwich filling and spread it in a line down the center of the top 3/4 of the tortilla. Layer with assorted stuffings—whatever vegetables you like. Roll up the tortilla, folding the bottom up over the filling, fold the sides over, pick it up, and enjoy!

If you don't have the time to chop up the condiments or make the fillings for wraps, try some of the prepared fat-free spreads and salads that you can buy at the grocery store.

For a heartier wrap filling, try the two variations of the following recipe.

SOUTHWEST TOFU WRAPS

Preparation time: 20 minutes

Cooking time: 10 minutes

Servings: 6-8

- 1 12.3-ounce package Extra Firm Lite Mori-Nu tofu
- 1 1/2 teaspoons ground cumin
- 1 1/2 teaspoons chili powder
- 3/4 teaspoon cinnamon
- 3 teaspoons white wine vinegar
- 1/2 cup vegetable broth
- 1 onion, chopped
- 1 red bell pepper, chopped
- 1 cup frozen corn kernels, thawed
- 1 15-ounce can black beans, drained and rinsed
- 1 cup cooked brown rice
- 3/4 cup salsa
- 6-8 fat-free flour tortillas

Mary's Corner

Recipe OF THE MONTH

By Mary McDougall



Drain the tofu and cut into 1/2-inch cubes. Place in a shallow bowl and sprinkle with cumin, chili powder, cinnamon, and vinegar. Stir gently. Set aside, mixing occasionally.

Place the vegetable broth in a nonstick frying pan. Add onion and bell pepper. Cook, stirring occasionally, for 5 minutes. Stir in corn, black beans, brown rice, and salsa. Cook, stirring occasionally, for 2 minutes. Add tofu and cook an additional 3 minutes, stirring gently when needed.

Warm tortillas according to directions above. Spoon about 1/2 to 3/4 cup of the mixture down the center of the tortilla. Fold up bottom of tortilla, roll up sides, and eat. **Optional:** Top the tofu-bean mixture with shredded lettuce, chopped tomatoes, chopped onions, and additional salsa. **Variation:** Use barbecue sauce instead of salsa for a delicious Barbecue Tofu Wrap.

* * * * *

I've been working on mastering a macaroni-salad recipe for years...and finally it's just right. Just in time for your Labor Day picnic!

MACARONI SALAD

Preparation time: 30 minutes

Cooking time: 12-15 minutes

Chilling time: 4 hours or more

Servings: 6-8

- 6 cups cooked elbow macaroni
- 1 cup chopped celery
- 1 cup chopped red bell pepper
- 1 cup chopped green or orange bell pepper
- 1/4 cup chopped green onions
- 1 cup fat-free soy mayonnaise
- 1 teaspoon prepared mustard
- 2 tablespoons chopped fresh parsley
- 1/2 teaspoon dill weed
- 1/8 teaspoon salt
- several twists freshly ground black pepper

Place the macaroni and the vegetables in a large bowl. Combine the soy mayonnaise, mustard, parsley, dill weed, salt, and pepper in another bowl and mix well with a whisk.

Add the mayonnaise mixture to the vegetables and pasta; stir well. Refrigerate for at least 4 hours to allow flavors to blend. This tastes best if refrigerated overnight. **Options:** Add several dashes of Tabasco sauce for a spicier salad dressing.

Good news for migraine sufferers— a possible cure for the American epidemic

Headaches. They're as American as baseball and apple pie. Some 10 million Americans suffer from the severe migraine variety, while countless others experience frequent pain, tension, and pressure in the head and sinuses. A headache, regardless of the type, is often brushed off as just another symptom of the fast-paced, high-stress world we live in. But before you decide to blame your pain on life in general, take a look at what you're eating.

The diet/headache connection isn't a new theory. For a few years now, doctors have suggested that migraines could result from allergic reactions to certain foods, and there are people who have found relief after identifying and eliminating these offenders. But only recently has mainstream medicine begun to seriously consider dietary influence on migraines, and now there is a growing body of evidence to explain this biochemical phenomenon... which goes way beyond the idea of allergies. New research shows that migraines may be caused by something even more prevalent—a high-fat, high-cholesterol, low-carbohydrate diet.

In a study of 54 migraine sufferers in California, doctors found a strong correlation between the consumption of dietary fats and headache frequency. Participants who took in *less than* 69 grams of fat per day had an estimated mean of 5.4 headaches per month, while the subjects who consumed *at least* 69 grams of fat daily averaged 10 headaches per month.¹

But *less than* 69 grams of fat per day could still be a lot of fat. So the study set out to find if a truly low-fat diet could bring down the migraine frequency even more. All 54 participants were instructed to maintain a food diary and keep their fat intake at or below 20 grams a day for 28 days. Fifty-one subjects reported better than 40 percent improvement in migraine frequency during the intervention period. In fact, 35 of them improved their headache indexes by 85 to 100 percent.²

High-fat diet sets off a chain reaction

This study and others suggest that most migraine sufferers have one thing in common—high blood levels of lipids, like cholesterol, and free fatty acids. High concentrations of these compounds can trigger a whole range of reactions in the body, setting the stage for a pounding pain in the head.

When the bloodstream is full of lipids and fatty

acids (which comes from eating a high-fat diet), platelets clump together, or aggregate. Some platelets are destroyed in this process, releasing their stores of different compounds. This can upset the delicate chemical balance and lead to vasodilation, the expansion of blood vessels. When the blood vessels of the brain expand in this way, it causes pain and, potentially, nausea, vomiting, and vision disturbances—namely, a migraine headache.

Several byproducts of this process may contribute to headaches as well. As platelets are being destroyed, for example, they release the hormone serotonin. You may be familiar with serotonin as a neurotransmitter that plays a role in depression. But this compound has other important jobs too, including stimulating vasoconstriction (the *contraction* of blood vessels). Under normal circumstances, serotonin might be able to counteract the effects of vasodilation and sidetrack that oncoming headache. But when serotonin is released during platelet aggregation, it is broken down and excreted in the urine before it can do its job. Fatty acids in the blood, particularly in the form of linoleic acid, also lead to the increased production of prostaglandins, the compounds that cause vasodilation.

Down with fat, up with complex carbs for a pain-free future

The key, then, to curing migraine headaches is to prevent vasodilation while maintaining steady serotonin levels. A healthy diet can accomplish both of those goals. Other aspects of a good diet can help, too. A diet high in complex carbohydrates is not only low in fat but also rich in vitamin B₆ and tryptophan, both of which play roles in serotonin synthesis.³

Many of my patients have found relief from headaches as a welcome side effect after adopting my plan. A plant-based diet like the McDougall plan, based on vegetables, fruits, whole grains, and legumes, has all the ingredients for a life free of headaches—it's naturally low in fat and cholesterol and is full of complex carbohydrates. If you regularly suffer from migraines, what do you have to lose? Give these suggestions a try, and you'll see that migraines aren't all in your head—they're on your plate.

¹ *Journal of Women's Health and Gender-Based Medicine* 8:623-630, 1999

² *Ibid.*

³ *Medical Hypotheses* 50:1-7, 1998

Keeping up with Dr. McDougall

Recommended Books:

(Half-price sale on books!)

We would like to help you or a friend get started on the McDougall program, so we are offering two of the most fundamental books for half-price: *The McDougall Program-12 Days to Dynamic Health* (regularly \$14.95, now \$7.50); learn how to do the world-renowned hospital-based McDougall program at home (includes 100 recipes). *The New McDougall Cookbook* (regularly \$13.95, now \$7.00); over 300 of our favorite, healthy recipes; tel. (800)570-1654 or (707)576-1654, Web site: drmcDougall@drmcDougall.com. \$4 S&H for first book and \$2 for each additional book in the US (outside US \$7/\$3); 7.5% sales tax in California. Mail orders to P.O. Box 14039, Santa Rosa, CA 95402.

Instant healthy meals

Dr. McDougall's Right Foods provide people with a convenient and delicious way to stick to a healthy diet. Enjoy all 16 varieties (including hot cereals, soups, meals, and dessert)! Try Oatmeal & Barley with Peaches & Raspberries, Mashed Potatoes—Country Garden Style, Chili With Beans and Corn Chips, Split Pea With Barley Soup, or Tortilla Soup with Baked Chips. These meals are perfect for work, school, and travel; tel. (800)367-3844, fax (650)635-6010, Web site: drmcDougall@drmcDougall.com.

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Aug. 11 and Sept. 8, 2000, begin special 10-day programs that save 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 toward your ideal weight.
- Watch your cholesterol and blood-sugar levels fall.
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- Manage stress.
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- Control serious health problems, such as diabetes and high blood pressure.
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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—the residential programs begin on Aug. 11 and Sept. 8, 2000. For reservations and information, please call us or visit our Web site:

www.sthelenahospital.org

McDougall Program at the St. Helena Center for Health
(800)358-9195 or (707)963-6207

12-day programs begin Aug.13, Oct. 8, and Nov. 26.

Don't miss Dr. McDougall on T.V.!

Tune in to the TBN network on Thursday, Aug. 17 (repeated on Aug. 19) for the TV show "McDougall, M.D.," and see a compelling interview between Dr. McDougall and Dr. Henry Heimlich (creator of the Heimlich maneuver). The show airs at 4:30 a.m. PST (7:30 a.m. EST). If you'd like to see more of Dr. McDougall on TBN, write to TBN, P.O. Box A, Santa Anna, CA 92711.

If you'd like to purchase Dr. McDougall television programs on videotape, they're available for \$10 per episode (plus shipping; more outside US). Tapes are 30 minutes each and come in VHS format only.

There is a total of 47 shows. You can find a complete list on Dr. McDougall's Website: www.drmcDougall.com.

SOME FAVORITES:

• DR. HENRY HEIMLICH

Dr. Henry Heimlich, developer of the world-famous Heimlich maneuver, talks about how to save drowning victims, stopping or preventing asthma attacks, and malaria therapy to help fight diseases like AIDS and cancer.

• PROSTATE CANCER

Eighty percent of all men will develop prostate cancer during their lifespan. Learn what new treatments are available and how to catch this problem early.

• DIET AND CANCER

Dr. C. Barber Mueller, pioneer in breast-cancer research, joins Dr. McDougall to discuss the radical mastectomy vs. lumpectomy.

OTHER TITLES ALSO AVAILABLE:

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Calcium in milk linked to prostate cancer

"Drink your milk!" We've been hearing it since before we learned to talk. The legendary benefits of calcium and vitamin D have penetrated most households in our society. Now, however, two new studies show a link between the consumption of dairy products and the risk of prostate cancer.

Researchers at the Harvard School of Public Health and Brigham and Women's Hospital in Boston tracked participants in the Physicians' Health Study for 11 years. At the beginning of the study, participants completed a questionnaire detailing their daily intake of dairy products like milk, cheese, and ice cream. At the end of the study period, 1,012 of the 20,885 men had developed prostate cancer. Not only is a 5 percent cancer development shocking and scary, but researchers determined that the men who consumed at least 2 1/2 servings of dairy food each day were 30 percent more likely to develop prostate cancer than those who consumed less than a half serving per day.¹

You've been hearing all your life that vitamin D is good for you. Dairy products, particularly milk, are fortified with vitamin D. A particular form of the vitamin, known as 1,25 *dihydroxyvitamin D*, is believed to protect against prostate cancer. But this study and others suggest that the calcium in milk

may actually lower levels of this form of vitamin D in the body. A recent press release from the Harvard School of Public Health reported that men who drank more than six glasses of milk per week had lower levels of the protective form of vitamin D than men who drank less than two glasses per week.²

We need to reevaluate what we were taught as children: Milk and other dairy products can do more harm than good.

¹The Santa Rosa Press Democrat, April 5, 2000, A7

²Harvard School of Public Health press release, April 4, 2000

Debunking negative coverage of vegetarian diets

Continued from page 3

women. Still, the widespread reporting of this one isolated case of vision loss, with nothing but anecdotal reports from the patient of his long-term vegan diet, seems irresponsible.

Every year, hundreds of thousands of people die from heart disease as a result of the rich American diet. This epidemic doesn't make headlines. Yet when a few isolated problems are associated with people who claim to follow a plant-based diet, it's a lead story. I've always said that people love to hear good news about their bad habits. These misconstrued news reports just give people one more reason to rationalize their unhealthy lifestyles and continue to eat themselves sick.

Issue wrap-up

Money drives the medical and pharmaceutical industries just as it does most other businesses. However, we commonly lose sight of this fact and think that our doctors and the drug companies are looking out for our best interests; putting *our* welfare first. That's not the case. You're dealing with regular people who are out to make a buck. That doesn't mean you can't trust anyone in the industry; it just means that before you start taking any medications you need to do some research. You should use the same consumer savvy that you use when you're buying a used car or hiring an auto mechanic. You *can* protect yourself and your family.

John A. McDougall M.D.

P.S. In next month's *To Your Health*, you'll learn the truth about Alzheimer's disease—not just what you've been hearing from the mainstream media. Also, find out how women can protect themselves from stroke...and how a common chemical may be influencing the next generation.

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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.