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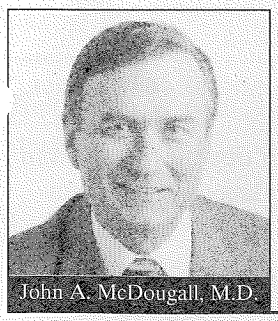
John A. McDougall, M.D.

Dr. John A. McDougall's
TO YOUR HEALTH

Researchers continue their hunt for an Alzheimer's "cure"— but you need to start prevention TODAY

Alzheimer's disease has been hot news lately. First there was the Associated Press article, picked up by nearly every paper across the United States, reporting that Alzheimer's will reach epidemic proportions in the next 20 years with 22 million victims worldwide.[1] Then there was the story in *Time* magazine talking about the various camps of doctors trying to break the mysteries of the disease and racing to find a cure.[2] Powerful stuff.

But what I found most interesting—and frustrating—was that neither one of these articles mentioned the link between Alzheimer's disease and aluminum. How can that be? A simple search on the National Library of Medicine's Internet search engine yields *488 hits* for Alzheimer's and aluminum. That's 488 articles in respected medical journals discussing the link between the metal and the disease. Yet the AP, *Time*, and countless others choose to ignore the evidence and search for a more convenient answer.

Right now, what we *know* about Alzheimer's is that there's a high correlation between aluminum levels in the body and developing the disease. We also *know* how to avoid aluminum. So, while researchers try to find the cure, we can't forget what needs to be done. There is no cure for Alzheimer's today—there aren't even any great medications to control the symptoms. Prevention is your best and only weapon, and you need to exercise it whenever you can!

The arrow of evidence points to aluminum

Alzheimer's disease (AD) affects an estimated 12 million people around the world, and new data suggest that the number could almost quadruple by the year 2050. There is still plenty for scientists to learn about the disease, but here's what we know: Patients with Alzheimer's disease all have lesions on the neurons in their brains. These lesions can be sticky plaque on the outside of the neuron or stringy tangles of nerves inside the neuron. Either way, the lesions eventually trigger an immune response in the body which in turn sends out the forces to attack a perceived invader. The resulting inflammation ends up killing healthy brain cells, which are not regenerated. Over time, this brain-cell death leads to the range of problems now known as Alzheimer's disease.

The key, then, to "curing" Alzheimer's is in finding the cause of the brain lesions. And, for years now, the arrow has kept spinning back around to point to aluminum. As far back as 1978, scientists reported that Alzheimer's patients' aluminum levels were 1.4 times higher than those in healthy people.[3] Later studies found that aluminum concentrations were particularly high in the internal type of neuron lesion, the nerve "tangles."[4] Another study found that aluminum levels in the blood were three to four times higher in patients with dementia than in healthy volunteers,[5] while yet another reported that hip-fracture patients with Alzheimer's showed significantly higher concentrations of aluminum in their bones than did their healthy counterparts.[6] This is just a sampling of the hundreds of medical studies demonstrating that high levels of aluminum contribute to Alzheimer's.

Aluminum-binding drug shows potential for slowing the spread of the disease

Further evidence of the aluminum-Alzheimer's link is provided in studies testing the efficacy of desferrioxamine, a drug that binds aluminum, in the treatment of the disease. A trial including 48 Alzheimer's patients found that treatment with desferrioxamine twice a day five days a week for over two years markedly slowed patients' decline, when compared with AD patients who did not receive the drug.[7] In another study, aluminum was injected into rabbits' brain cells to induce Alzheimer's-type degeneration.

Continued on page 2

[1] *AP* July 10, 2000
[2] *Time*, July 17, 2000
[3] *Biol Psychiatry*, 13:709-718, 1978
[4] *Ciba Found Symp*, 169:217-227, 1992
[5] *J Inorg Biochem*, 69:171-176, 1998
[6] *Actua Orthop Scan*, 68:511-514, 1997
[7] *Ther Drug Monit*, 15:602-607, 1993

Dr. John A. McDougall's
To Your Health

This month...

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The hunt for an Alzheimer's "cure"

Continued from page 1

Later, half the rabbits were given desferrioxamine, and after two days, all the rabbits were sacrificed. The rabbits that had not received the aluminum-binding drug showed much more neuron degeneration than the treated rabbits, while rabbits that had not been injected with aluminum showed no degeneration at all.[8]

The metal disrupts fundamental nerve cells

Obviously, there is plenty of evidence to establish the link. But just how *does* aluminum cause the development of brain lesions? Scientists have suggested several types of action to explain aluminum's effects. First, the metal may affect the production of molecules in the brain, called *tau proteins,* that hold together the fine network of microtubules that support nerve cells. If tau molecules change their shape, the nerve's support system falls apart. This causes the neurofibrillary "tangle" type of brain lesion. Another theory holds that aluminum stimulates the production of certain types of cell proteins known as *beta amyloid proteins.* Excess beta amyloid sticks to the surface of brain neurons, creating the sticky plaque or lesion. Other studies report that aluminum contributes to oxidative stress, intensifying the effects of other free radicals that can damage cells.[9] The final theory suggests that aluminum itself is perceived as a foreign invader by the body's immune system, triggering an immune response that kills healthy nerve cells.[10]

Aluminum absorption takes an unpredictable route

So if we're all exposed to aluminum nearly every day, why do some people develop Alzheimer's while others do not? In most people, any aluminum taken into the body is eliminated by the kidneys and poses no threat. In some cases, however, aluminum is absorbed into the body's tissues, either because of a physical predisposition or because of other influences. Research has suggested several factors that may encourage aluminum absorption. For example, some research proposes that deficiencies of certain essential fatty acids can change the composition of cell membranes and thus allow aluminum to pass through places where it normally would be blocked.[11]

Don't take chances—eliminate aluminum from your life

Since we can't determine until it's too late who has this predisposition and the other influencing factors are not yet well-defined, the best thing we can do is limit our exposure to aluminum. Luckily, many of the sources of this metal are within our control.

Aluminum is used as an additive in many foods, particularly commercial baked goods (due to aluminum in baking powders), American cheese, chocolate-flavored pudding and beverages, salt, and chewing gum. The metal is present in our drinking water as well. Studies have shown that dietary intake of foods and beverages rich in aluminum can increase the risk of Alzheimer's disease. In a study of 23 Alzheimer's patients and 23 otherwise comparable healthy people, researchers found that high lifetime consumption of pancakes, waffles, biscuits, muffins, and other baked goods *doubled* the odds of contracting Alzheimer's.[12]

Continued on page 4

[8] *Neurotoxicology,* 19:209-214, 1998
[9] *Cell Mol Biol,* 46:721-730, 2000
[10] *Dementia,* 7:1-9, 1996
[11] *Med Hypothese,* 54:774-776, 2000
[12] *Age Ageing,* 28:205-209, 1999

You may be at risk for a heart attack—even without the red flags

You'd *know* if you were having a heart attack—wouldn't you? Don't be so sure. Although you'd expect that symptoms would be severe enough to catch your attention, the truth is, heart attacks aren't always that obvious. In the United States alone, about 1.5 million people suffer heart attacks each year…and hundreds of thousands of them never feel them coming.

Medical reference books estimate that about 15 to 20 percent of all myocardial infarctions are *asymptomatic*, meaning without symptoms. But a new study suggests that the number may actually be much higher, possibly putting you at an increased risk of complications—and death.

One in three heart attacks goes undetected—sometimes until it's too late

In this study, researchers drew on patients from the National Registry of Myocardial Infarction 2, which involves 1,674 hospitals across the country. A total of 434,877 patients were included, and all of the participants experienced a confirmed MI between June 1994 and March 1998.

A full *33 percent* of the participants in the study did not experience chest pain before coming to the hospital. Not surprisingly, this group typically waited longer before coming to the ER (a full 2 1/2 hours longer) and only 22 percent of them were diagnosed correctly when they arrived. As a result, they often did not receive such appropriate early-intervention treatments as "clot-buster" medications or beta-blockers. And all too often, these patients never left; 23.3 percent of the patients without chest pain died in the hospital as a result of their heart attacks, as compared to 9.3 percent of the patients with pain.[1]

Interestingly, the study found that the more risk factors you have, the higher your chances of experiencing a pain-free heart attack.

Could *you* have a heart attack without pain? Check the risk factors

Other data gathered from study participants showed that certain variables increase the risk of asymptomatic MI: prior heart failure, prior stroke, older age, diabetes, female gender, and nonwhite racial status. In contrast, patients with typical indicators of poor heart health, such as smoking, high cholesterol, and heart disease, usually had clear indications of pain signaling a heart attack.

Interestingly, the study found that *the more risk factors you have, the higher your chances of experiencing a pain-free heart attack*. If three or more of the risk factors applied to a patient, odds were 50 percent or greater that that person would not feel chest pain when having a heart attack.[2]

Physicians have known for some time that people with Type II diabetes are at an increased risk for asymptomatic myocardial infarction. Over time, diabetes can cause nerve damage, which, in turn, can numb the heart's ability to feel pain. Theoretically, this phenomenon also explains why previous heart failure and strokes, as well as age, are also significant risk factors. Scientists are unsure why women and minorities are more likely to have this experience.

But even without clear-cut explanations, emergency-room physicians across the country can put this information to good use. Physicians and nurses need to be made more aware of the prevalence of asymptomatic MI and learn to better use other indications to diagnose heart attacks, particularly among the high-risk groups.

Cholesterol plaque causes heart attacks—and it doesn't take much

Even better, physicians *and* the public should learn that heart

Continued on page 4

Knowing the signs could save your life!

You should familiarize yourself with the *other* common symptoms of a heart attack—and there are many. If you know what feelings to look for, you'll be able to identify any problem and get to a hospital on time.

Heart-attack victims often report the following:

- weakness
- nausea
- sweating
- anxiety
- giddiness
- vomiting

Less common but other possible symptoms:

- sudden loss of consciousness
- confusion
- an unexplained drop in blood pressure

Patients often say that they just felt "something was wrong," even if they didn't think they were having a heart attack. Memorize this list and share it with your friends. You could save someone's life, and it might be your own.

[1] *JAMA* 283:3223-3229, 2000
[2] *ibid.*

Hunt for an Alzheimer's "cure"

Continued from page 2

Cookware is another source of aluminum, and a way for even healthy foods to become contaminated. Aluminum is widely used in pots, pans, and utensils, as well as in cans. Researchers in Australia analyzed the aluminum content of 106 cans containing 52 different types of beverages and found that non-cola beverages (as pH levels in beverages went down, aluminum content went up) in cans had nearly *five times* the aluminum content that the same beverage had when packaged in a glass bottle.[13]

Certain drugs, particularly antacids, contain significant amounts of aluminum, as do many cosmetics. But perhaps the most widely used sources of aluminum are antiperspirants; if you take a look at the label on yours, you'll see that among the active ingredients is *aluminum chlorohydrate*. One study found that brain-lesion "tangles" tended to develop along the olfactory lobes, the parts of the brain associated with the sense of smell,[14] leading some scientists to implicate spray antiperspirants as a possible source of airborne aluminum and a cause of severe Alzheimer's.

Diet is another factor in prevention

Your diet is another factor in Alzheimer's disease and prevention.[15] Along with the fact that many commercial baked goods and chocolate-flavored foods on the market contain aluminum, and the study that links soy consumption with the disease (see Feb. 2000 issue), there's some evidence that a high-cholesterol diet in general, and heart disease may be forerunners of AD. A test performed on rabbits, conducted primarily in relation to heart disease, showed an accumulation of beta amyloid in the brain that was reversed by removing cholesterol from the rabbits' diets. In culture cells (grown out of the body), a cholesterol challenge (added cholesterol) has been shown to increase production of beta amyloid, while, on the other hand, dramatic reduction of cholesterol via the use of cholesterol-lowering drugs has been shown to decrease production of beta amyloid. Clinical trials testing the benefit of these drugs in the treatment of Alzheimer's disease are under way. Also, a 1993 study found that subjects who ate meat, including poultry and fish, were more than twice as likely to become demented as their vegetarian counterparts.[16] More studies on these subjects need to be done to know for sure what effects diet may have on contracting or preventing Alzheimer's. In the meantime, the same diet recognized as effective in preventing heart disease—a low-fat, low-cholesterol, plant-based one—may save your brain as well as your body.

It's not hard to cut out the metal

All of these factors are within your control. Check the labels on all foods, medicines, and cosmetics for aluminum additives, and choose wisely. Throw away those aluminum pots and pans and choose cookware made of glass or porcelain or coated with a high-quality nonstick surface like Silver Stone or Baker's Secret. Select foods and beverages in glass containers instead of aluminum cans, and switch to a straight deodorant instead of an antiperspirant.

It's true that we don't yet fully understand Alzheimer's disease, but while scientists are busy exploring a possible genetic connection and debating their pet theories, no one is seriously pursuing the only known causal factor—aluminum. Meanwhile, aluminum is omnipresent in our environment. Don't wait for the "authorities" to tell you how to save yourself—take action *today* to reduce your risk.

[13] *Med J Aust*, 156:604-605, 1992
[14] *Ann NY Acad Sci*, 649:8-13, 1991
[15] *Microsc Res Tech* 2000, 15:287-290, 2000
[16] *Neuroepidemiology*, 12:28-36, 1993

You may be at risk for a heart attack

Continued from page 3

attacks don't always send up red flags. You can have a heart attack, even if you're thin, fall within conventional medicine's definition of "acceptable" cholesterol and blood-pressure levels, and don't have angina (chest pains). Very few heart attacks are caused by a lifetime of cholesterol plaque completely clogging an artery. Almost all are caused when a small plaque becomes unstable and ruptures, creating an open wound in the artery wall. In response to the wound, a clot forms quickly and blocks blood flow to the brain or heart. These plaques aren't large enough to cause symptoms, but they are lethal. This process is called *coronary artery thrombosis*, and it is the cause of over 95 percent of heart attacks in America.

The answer is, of course, to reduce the cholesterol and fat in the diet, thereby eliminating the plaque. If there is no volatile plaque, there will be no coronary thrombosis. A program like *The McDougall Program for a Healthy Heart* will reduce cholesterol to a *truly* safe level (150 mg/l or less) and help reverse years of damage to your arteries. It can take up to a year to see the results of a low-fat, low-cholesterol diet via imaging techniques, but the body realizes benefits right away by stabilizing the plaques and preventing their rupture.

If you do suspect that you are having a heart attack, there is an important step you can take that can save your life. Call 911, of course, but also take an aspirin. Aspirin is known to thin the blood and in an emergency can help tide you over until you get to the hospital.

The information and statistics are admittedly

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Hearty autumn meals

It's hard to believe…but autumn is upon us again. I don't mind the change of seasons; in fact, I like to get back to cozy, indoor entertaining with family and friends. I also enjoy cooking a lot more in the winter. During the colder months, I tend to make much heartier meals. Soups, stews, and casseroles are just the things to please a crowd on a fall evening, and they smell great cooking too!

MANY-MUSHROOM STROGANOFF

Preparation time: 15 minutes
Cooking time: 20 minutes
Servings: 6

1 pound uncooked fettuccine or spaghetti
1/3 cup water
1 onion, cut in half lengthwise and then sliced
3 cups sliced fresh white mushrooms
2 cups sliced fresh shiitake mushrooms
1 cup sliced fresh oyster mushrooms
1 cup vegetable broth
1 cup soy milk
3 tablespoons soy sauce + Add. ginger juice
2 tablespoons white wine
a dash of cayenne pepper
freshly ground pepper to taste
2 tablespoons cornstarch mixed in 1/4 cup cold water

Cook pasta according to package directions. Drain and rinse.

Meanwhile, place the water and onion in a large nonstick frying pan and cook for 3 minutes, stirring occasionally. Add the mushrooms and cook until they are slightly limp, about 3 minutes more. Add the remaining ingredients except for the cornstarch mixture. Cook over medium heat, stirring occasionally, for about 12 minutes. Add the cornstarch mixture and stir until thickened. Serve over the pasta.

HEARTY MINESTRONE SOUP

Preparation time: 20 minutes
Cooking time: 3 1/2 hours
Servings: 6-8

1 cup dried kidney beans
2 quarts water
1 onion, chopped
1/2 teaspoon crushed garlic
3 stalks celery, thickly sliced
2 carrots, thickly sliced
2 cups quartered fingerling potatoes
1 15-ounce can chopped tomatoes
1 8-ounce can tomato sauce
1/3 cup chopped fresh parsley
1 tablespoon chopped fresh basil
1 tablespoon chopped fresh oregano
several twists freshly ground black pepper
2 zucchini, thickly sliced
2 cups shredded Savoy cabbage

Mary's Corner

Recipe OF THE MONTH

By Mary McDougall

3/4 cup raw spaghetti, broken into 3-inch pieces
soy parmesan cheese (optional)

Place beans and water in a large pot; bring to a boil. Add onion and garlic; then cover and cook over low heat for 1 1/2 hours. Add celery, carrots, potatoes, tomatoes, tomato sauce, parsley, basil, oregano, and pepper. Continue to cook for 30 minutes; then add zucchini and cook another 60 minutes. Add cabbage and spaghetti and cook for 30 minutes. Sprinkle with soy parmesan cheese if desired before serving.

Serve in a bowl with fresh bread to dunk in the flavorful broth.

Note: This soup takes quite a long time to cook, so make it on the weekend for use during the week. It tastes even better reheated, and it freezes well.

CARIBBEAN VEGETABLE STEW

Preparation time: 35 minutes
Cooking time: 60 minutes
Servings: 8-10

1/3 cup water
1 large onion, chopped
1 red or green bell pepper, chopped
3 cups peeled and chunked sweet potatoes
1 15-ounce can tomato sauce
1 15-ounce can diced tomatoes with jalapeños
1 20-ounce can pineapple chunks with juice
2 cups chunked green apples (unpeeled)
1 4-ounce can chopped green chilies
1/2 cup vegetable broth
1 15-ounce can pinto beans, drained and rinsed
1 15-ounce can black beans, drained and rinsed
1 15-ounce can kidney beans, drained and rinsed
2 tablespoons brown sugar
2 teaspoons chili powder
1 teaspoon ground cumin
1 teaspoon ground oregano
1/4 teaspoon cinnamon

Place water in a large pot. Add onion and bell pepper. Cook, stirring occasionally, for 5 minutes. Add sweet potatoes, tomato sauce, tomatoes, pineapple, apples, chilies, and vegetable broth; bring to a boil. Reduce heat, cover, and cook over low heat for 45 minutes, stirring occasionally. Add beans and seasonings, mix well, and continue to cook over low heat for 10 minutes, stirring occasionally.

Note: This stew reheats well, so it can be made ahead and refrigerated until needed. Serve over brown rice or another whole grain.

Beyond Agent Orange—20 years after the ban, we all are still at risk from deadly dioxins

Dioxin. You don't hear much about that chemical since its ban in the mid-1980s. But new evidence reveals that it is still haunting us, even decades later. We're now learning that dioxin is stored for years in animal fats and in dairy products becoming more and more concentrated and hazardous as it moves through the food chain. And government officials now reveal that dioxin is even *more* deadly than once thought, increasing your risk even more.

You may remember that dioxins were the active ingredients in Agent Orange, the herbicide used by U.S. troops during the Vietnam War. They were also used in a variety of agricultural herbicides and pesticides in the 1960s and 1970s, seeping into soil and water supplies for a generation. After scientists labeled a particular form of dioxin called TCDD a "likely human carcinogen," the U.S. Environmental Protection Agency banned the chemical and authorities around the world followed suit. But a new EPA report warns that dioxins present an even greater cancer risk than originally thought. In fact, TCDD is now classified as a "definite human carcinogen," while the other types have been bumped up to "likely" carcinogen status.[1] The EPA report also links dioxin exposure with many other health conditions, such as diabetes, immune-system irregularities, and birth defects.

True, people who were exposed to high levels of dioxins, either through Agent Orange or through their work environment, run the most risk. A study of 5,132 chemical workers who worked with dioxins in the 1980s at 12 U.S. plants showed that this group is 60 percent more likely to die of cancer than the general population.[2] But other research has shown that others may be at increased risk as well—those who consume a lot of fatty meats and dairy products.

Dioxins link up with fats to move up the food chain

According to news reports of the EPA draft report, people who consume "large amounts" of fatty meats and dairy products may have a one in 100 risk of developing cancer from dioxin exposure—10 times greater than previous estimates.[3] How can that be? Even though dioxins are no longer in production, they are still present in our soil, water, and air. They therefore have easy access to our food chain, and they become more concentrated as they move up the line.

This is because dioxins are *lipophilic*, meaning they have a special affinity for fat. Animals consume dioxins through their feed and water, and the chemicals latch on to the plentiful fats in their tissues and milk stores. The fat-concentrated chemicals are then passed along to humans through their meat and milk. By the time they reach humans, the top of the food chain, the dioxins may have been around for many years, becoming more concentrated and building strength. Scientists have suggested that more than 90 percent of human exposure to dioxin is from food—mainly animal fat.[4]

In 1998, the World Health Organization lowered its recommendation for "tolerable daily intake" (of dioxin in animal feed) to one to four picograms of "toxic equivilants" (TEqs) per kilogram of body weight. Unfortunately, however, animal food sources still commonly exceed this mark, particularly in Europe, where experts are calling for a more organized strategy to test and regulate animal products.

In 1987, the EPA took fat samples from a group of 865 Americans. Concentrations of the two main types of dioxins ranged from 1.98 pg/g in children to 9.4 pg/g in adults of the age of 45, with an average of 5.38 pg/g.[5] While the study concluded that this information provided "a baseline," no one raised the question of whether these "baseline" levels were healthy or not, and if not, how we should work to lower them.

Dioxin is creeping into other parts of life

The people of Seveso, Italy, provide a tragic source for the study of dioxin's long-term effects. In 1976, a herbicide plant in Seveso exploded, exposing the population to high concentrations of chemicals. Researchers have been following the people of this region for decades, and, as children of the tragedy start families of their own, a new disturbing trend is emerging. A new study of this group found significant differences in the sex ratio of babies born to parents that had lived in Seveso as children. The normal sex ratio worldwide is about 106 boy babies for every 100 girls, or 51.4 percent. But among this group, fathers who had been exposed to TCDD before the age of 19 produced a ratio of only 38.2 percent boys.[6] The study's authors suggest that the dioxin exposure permanently damaged the men's epididymus, where sperm matures and is stored. (Other studies have suggested that dioxins have estrogenic effects and work to inhibit male hormones.)

The fathers in this study had about 20 times higher

Continued on page 8

[1] "Dangerous Dioxins" H. Josef Hebert, The Associated Press, abcnews.com, May 17, 2000
[2] *J Natl Cancer Inst,* 91:779-786, 1999
[3] "Dangerous Dioxins" H. Josef Hebert, The Associated Press, abcnews.com, May 17, 2000
[4] *The Lancet,* 355:1883, 2000
[5] *ibid.,* 1883-1885
[6] *ibid.,* 1858-1863

Keeping up with Dr. McDougall

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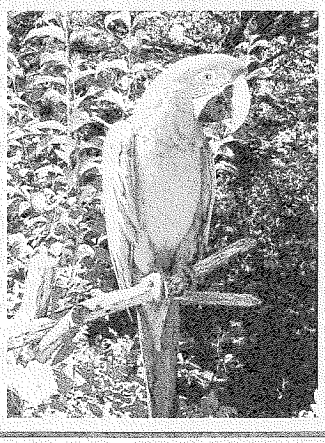

News brief

Sniffing around for evidence on aromatherapy

Fresh bread baking in the oven, honeysuckle in the spring, pine trees in the winter—these smells all conjure up images, memories, and emotions. In turn, these pleasant emotions may help you relax...lower your blood pressure...sleep more soundly. This phenomenon has a name—aromatherapy—and it has become all the rage in alternative-medicine circles.

Medical doctors often snub these practices, or they want proof that they work. But the proof is hard to obtain. While medical science can't necessarily support the use of aromatherapy with clinical evidence, recent articles in the *British Journal of General Practice* point out that it may do some good and certainly can't hurt.

In a review of 12 published studies on aromatherapy, researchers found only weak evidence to support its anxiety-reducing claims.[1] In most of the trials, the aromatherapy was delivered by nurses in a hospital setting as a complement to massages. Control groups in most cases received massages with plain, unscented oil. Methodology, sample size, frequency of treatment, and other factors varied considerably among the studies.

The study's authors conclude that there is *some* evidence of a "transient" effect on anxiety levels but no evidence of a long-term effect. But in an accompanying editorial in the journal, another physician points out the obvious: Evidence of aromatherapy's efficacy really isn't necessary. In a piece titled "Why Aromatherapy Works (Even If It Doesn't) and Why We Need Less Research," the author points out that the essential oils used in aromatherapy are inexpensive and carry no significant risk of side effects or complications. If patients enjoy the effects of aromatherapy and therapists choose to include it, why do we need to analyze it?[2]

We know aromatherapy does not cure disease single-handedly. But if it contributes to a more positive frame of mind and overall quality of life for some people, it's making them healthier. If you enjoy aromatherapy, or are interested in trying it for the first time, go for it—and if it feels good...there's your proof.

[1] *British Journal of General Practice*, 50:493-496, 2000
[2] *ibid., 444-445*

You may be at risk for a heart attack

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frightening. But even if one or more of the risk factors apply to you, you needn't feel powerless. You're taking an important step by learning more about a healthy diet and lifestyle through this newsletter. And learning more about *all* the signs of an impending heart attack will go a long way toward keeping you safe and healthy.

Beyond Agent Orange—20 years after the ban

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TCDD concentrations than normal, which explains the dramatic results. But the far-reaching implications for the general population are still troubling. If dioxin can influence the sex ratio that significantly, in what other ways is it insidiously influencing the world today—and in the future? More breast, ovarian, and uterine cancer? Earlier sexual maturation? Infertility?

Authorities around the world know that dioxin is deadly. And they have taken steps to protect us from its dangers. Industrial emission of dioxins has dropped 80 percent since the 1980s, and environmental dioxin contamination is dropping steadily. We have every reason to expect that trend to continue. In the meantime, however, we must recognize the very real threat of stored dioxins in animal fat. This is just another reason to eliminate animal products, including meat, poultry, and fish, as well as dairy products, from your diet. Your body—and your future grandchildren and great-grandchildren—may have good reason to thank you for it.

Issue wrap-up

Several years ago, spokesmen for the aluminum industry condemned me for some remarks I made on a national radio show about the Alzheimer's connection. I challenged them to a public debate—and I'm still waiting for their acceptance. In the meantime, don't be a guinea pig for the human experiment that may eventually settle the suspicion. Avoid all possible internal contact with this toxic metal!

John A. McDougall M.D.

P.S. Next month, you'll learn about Ayurvedic medicine—and the science behind its healing power.

John A. McDougall, M.D., graduated from the 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.
He 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, The McDougall Program for Maximum Weight Loss, The McDougall Program for Women*, and *The McDougall Program for a Healthy Heart.*
His 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.