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Dr. John A. McDougall's

To Your Health

Low-carb diets ruled dangerous by national physician group

Dear Friend,

It's been a tough few years trying to fight the uphill battle alerting people to the dangers of high-protein, high-fat diets. They're popular because they're fast—and they're different. We've all done it. If "A" doesn't work for us, we want "B" to. If that fails, we turn to "C." And so the low-carb gurus have given many the new solution they demand.

Now, I know a lot of people (including my patients and readers) have tried diets like these, some even with immediate "success." I certainly understand the lure to hearing that butter is the answer to your weight-loss struggles. But as a doctor, I took an oath to "do no harm."

I may not be on a magazine cover at the newsstand or invited to speak on Rosie or Oprah, but I made a commitment over a quarter century ago that the health and safety of my patients would always be my primary concern; otherwise, I had no place going into medicine.

Today, as I read the results of the latest analysis by the Physicians' Committee for Responsible Medicine (PCRM), I was reminded of that promise.

On January 9th the PCRM, a nonprofit group based out of D.C., that is supported by nearly 5,000 physicians, completed its nutritional analysis of the 11 top-selling weight-loss books on the market.

The committee, which promotes preventive medicine, good nutrition, and highly ethical research and studies, assigned The McDougall Program its top, 5-star rating. In fact, my book was one of only two weight-loss programs to receive five stars.

Both *Dr. Atkins' New Diet Revolution* and *The Carbohydrate Addict's Lifespan Program*, by Richard Heller, Ph.D., and Rachel Heller, Ph.D., received zero stars and were described as dangerous because of their promotion of high-protein, low-carbohydrate diets.

PCRM president Neal D. Barnard, M.D., said, "Comparing the choices out there for dieters, the

vegetarian diets are clearly the healthiest, the more moderate low-fat diets are a distant second, and high-protein diets are the worst—in fact, dangerous over the long run."

Just one day after the committee released its findings to the public, the USDA announced that it is launching a two-year analysis of diet plans. Further, according to initial research summaries, it acknowledged that a moderate- to low-fat diet, high in carbohydrates, fruits, and vegetables is preferred to promote long-term weight loss.

It's important to note that this coverage is not relevant only to people who are trying to lose weight. The PCRM shares the view that the leading killers in the Western World—heart disease, cancer, and stroke—can often be prevented or even treated—by eating the right foods and maintaining a healthy lifestyle. The committee's resources help both medical professionals and consumers like you put powerful, preventive medicine to work.

For more information on the 11-diet analysis or to learn about other PCRM programs, you can go to the organization's website at www.pcrm.org.

You've already taken one of the most important steps toward achieving optimum health—recognizing the importance and value of a diet like The McDougall Program. Now the next step: Help me spread the word, including the dangers of today's "fashionable" low-carb diets. Print out copies of the PCRM's press release from its website and give one to any of your friends or family members experimenting with one of these diets. The short-term success they may experience is NOT worth risking their lives for.

To Your VERY Good Health,

John A. McDougall M.D.
John A. McDougall, M.D.

Dr. John A. McDougall's To Your Health

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Our mission: For over 27 years, Dr. John McDougall has been fighting to bring nutrition to the forefront of mainstream medicine. Frustrated by the establishment's resistance to logic and 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.

Discover nature's simplest, cheapest miracle cure

Water. I love it. I love to swim, boat, scuba-dive, and windsurf in it. I even love the rain. And, most of all, I love to drink water. It's the most satisfying drink I've ever found.

I also find myself talking about water a lot—it's one of the most common topics my patients ask about. "How much should I drink?" "When should I drink it?" "Will it help me lose weight?" "What type of water should I drink?" I can't blame them for being confused. There's a lot of information out there—some of it good, some worthless. It's easy to be misled.

Water is critical for good health—but could interfere with weight loss

Up to 70 percent of an adult's body is made up of water, including 80 percent of the blood. Water cushions your joints, protects your organs, regulates your body temperature, carries nutrients and oxygen to cells, and contributes to hundreds of other vital functions in the body each day. It is even more critical to the body's functioning than food; studies have shown that a person can exist without food for longer than six weeks, but no one can survive more than five days without water.

I consider water one of nature's amazing "miracle cures," providing simple and natural relief for common health problems—and more serious risks. I regularly "prescribe" additional water to my patients who have problems with constipation; usually, they report relief within days. Some studies have even shown that high levels of fluid intake can reduce the risk of bladder cancer in men.¹ Recent abstracts from four studies posted in *Osteoporosis International* analyzed dairy calcium absorption vs. mineral-water calcium absorption and recommended mineral water over dairy products as a way to increase calcium intake.²

But I stop short of saying that drinking water can help you lose weight, as many popular diet plans claim. Sure, water can fill up your stomach, reducing the amount of food you eat at one sitting. But it also helps flush that food out of your system more quickly, making you hungry again sooner. So, don't try to fill up with water instead of food. On the McDougall Plan, you can fill up your stomach with plenty of delicious whole grains, juicy fruits, and savory vegetables—why trick your stomach into feeling full with water when there are so many healthful choices to do the job for real? Plus, water does such a good job of cleansing your palate that you may end up wanting to eat more instead of less! If you incorporate water into your overall plan to achieve good health through diet and exercise, the weight loss will come.

Eight glasses a day is not for everyone

Many sources will tell you that adults should drink eight 8-ounce glasses of water each day for optimal health. I'm here to tell you that's *not* the case. As with many things, the key to proper water consumption lies in listening to your body and responding to its cues. Some people need *more* than 64 ounces of water a day, and others do well on less. I usually drink about 72 ounces of water a day—but that doesn't necessarily

¹ *New Engl J Med* 340:1, 390-1, 397, 1999

² *Osteoporosis International, Abstract Volume II*; issue 11:938-943, 2000

mean *you* should!

You don't need some arbitrary formula to tell you if you're drinking enough water. Your Creator gave you the most powerful indicator of all—it's called *thirst*. Pay attention to your body. If you're thirsty, drink more water. Don't ignore the urge. If you're not, you're probably OK. And, keep in mind that your needs will change on a day-to-day basis, depending on the foods you eat, your physical activity, and even the weather.

And, when you do get thirsty, make sure you quench your thirst with water. Many common beverages can actually have *negative* effects on the body's hydration. Drinks with a diuretic effect, like coffee, tea, cola, and alcohol, cause the body to excrete more water in the urine, which can lead to dehydration. Sugared drinks actually rob your body of water, lessening the absorption of water in the intestine. If you get bored with the taste of plain water, don't think that any watery substitute will do. Squeeze a little lemon into the real thing, add a splash of fruit juice, or try seltzer.

And don't forget to account for food sources of water—many fruits, soups, and vegetables are as much as 80 to 90 percent water. On a plant-based diet like the McDougall Plan, you can take in a significant amount of water through the foods you eat.

Millions of toxic substances threaten the water you drink every day

So, should you drink right from the tap, rely on bottled water, or use a filter? I'm sure you've heard the frightening news reports—bacteria contamination, chemical leaks, cancer-causing contaminants leeching into our water supply, and so on. It seems like the ultimate Catch-22: you're supposed to drink water to stay healthy, but the very water you are drinking may be making you sick.

There is reason to be concerned. A report by the Natural Resources Defense Council showed that in 1993 and 1994, 53 million Americans drank water that violated EPA standards.³ That statistic is even scarier when you realize that many scientists think that the current EPA standards are *too lenient*—meaning that even water that *meets* the standards may contain hazardous levels of toxic substances.

Statistically, research still shows that the risks from our water supply are minimal. But *any* avoidable risk is too much when it comes to your health—and many of these risks are avoidable. There are literally mil-

lions of unwanted substances that can find their way into our water supply, but let's focus on some of the most common—and most hazardous—contaminants:

Bacteria. Waterborne bacteria, such as *cryptosporidium*, *guardia*, or *E. coli*, can cause severe gastrointestinal problems, and even death in those with immature or weakened immune systems. It is estimated that one million people become ill each year as a result of waterborne diseases like these.⁴

Nitrates. Nitrates are chemicals found in fertilizers, sewage, and feedlots. They are widely found in water supplies, particularly from groundwater sources and in highly developed areas. Adults are only at risk from very high doses, but even a small amount of nitrates can be fatal to infants, causing "blue-baby disease." If not recognized, "blue babies" can asphyxiate and die, as the nitrates interfere with their uptake of oxygen.⁵

Carcinogenic chemicals. Authorities estimate that 14.1 million people regularly drink water contaminated with five major agricultural herbicides. Even the manufacturers of these chemicals admit that they can cause cancers, birth defects, and genetic mutations.⁶ Other carcinogens found in water include arsenic (naturally occurs in rocks and soil; linked to liver, lung, bladder, and kidney cancer), asbestos (found in cement water pipes; associated with cancer of the lung and gastrointestinal tract), and radon (naturally occurs in soil; linked to lung cancer).⁷

Lead. Although lead's use in gasoline, paint, and other products was banned years ago, many people are still exposed to unacceptable levels of it through their water. In this case, it's not the water that's at fault, but the *pipes* that transport the water from its source into your home. Since 1998, all new pipes, fittings, and related devices must be lead-free. Still however, much of the old lead plumbing is still in place and will probably remain for some time.

Chlorine. Ironically, the most common water-treatment approach may be one of the most dangerous threats to our water's safety. Chlorine, widely used to disinfect water, produces many hazardous byproducts that have been linked with bladder and rectal cancer.⁸ In a study by the National Cancer Institute, scientists found that the risk of bladder cancer increased with one's intake level of beverages made with tap water from chlorinated surface-water sources.⁹

Fluoride. Fluoride has been added to our water deliberately since the 1950s, for the purpose of preventing cavities. But for nearly as long, scientists have been questioning the safety of fluoride and its effectiveness in preventing tooth decay. Fluoride has been linked with a whole host of serious conditions, including osteoporosis, certain types of cancer, and

³"Can You Drink It?" *Conscious Choice: Mostly Water* July/August 1995

⁴*ibid.*

⁵*Water on Tap: A Consumer's Guide to the Nation's Drinking Water*, U.S. EPA Office of Water

⁶"Can You Drink It?" *Conscious Choice: Mostly Water* July/August 1995

⁷*Environ Health Perspect* 103:225-231, 1995

⁸*ibid.*

⁹*J Natl Cancer Inst* 79:1, 269-1, 279, 1987

Continued on page 4

Water—nature's simplest food cure

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arthritis.¹⁰ Interestingly, *hydrofluosilic acid*, one of the most common forms of fluoride added to public water supplies, is a waste byproduct of the aluminum industry. And even more insidious—is the fact that aluminum combines with fluoride ions to create *aluminum fluoride*, allowing the aluminum to be absorbed in the body more readily. And, aluminum is the only known cause of Alzheimer's disease. (See the September 2000 issue of *To Your Health*.)

Choose your water source carefully

That list is intimidating, but there's no reason for panic. The good news is that you'll find plenty of useful information, resources, and options available to you if you know where to look. I learned that lesson quickly when the water from the private well my family uses became contaminated with bacteria. The only option we were given was to treat it with chlorine, but no one was happy with the result. After standing in the shower and burning my eyes with chlorine-treated water, I had enough. If my eyes were bothering me, what could this be doing to my intestines? It was then I switched my family over to bottled water.

But even that solution is not always safe. Bottled-water sources are not necessarily any more pristine or pure than tap-water sources—and in some cases the tap is the source. Bottled-water manufacturers are now required to label their products to reveal the source, and to provide testing information to consumers upon request. Check the resource list (sidebar) for sources of bottled-water information. Also, choose water in glass bottles rather than plastic to avoid petrochemical contaminants that might leech from plastic containers. And always keep bottled water refrigerated—wet and warm conditions are perfect breeding grounds for bacteria.

Simple ways to improve your water supply

Without any effort at all, there are a few simple things you can do to improve the quality of the water you drink and cook with. Flush the standing water out of your pipes each time you run the tap by running the cold water until you feel a change in temperature—at least one minute. Don't ever consume hot tap water—the temperature aggravates the leeching of lead plumbing materials. And don't rely on boiling to protect yourself from contaminants—it can actually *raise* the risk from certain substances. For instance, boiling increases the concentration of nitrates in water—making it an even higher risk for infants.¹¹

If you want more protection than the above steps pro-

vide, another option is to install a home water-treatment device. There are many varieties, each with its strengths and weaknesses. Filtration devices, which use activated carbon filters, are very popular choices. They typically remove bad tastes and odors, chlorine byproducts, cleaning solvents, and some pesticides, but they don't remove contaminants like arsenic, copper, lead, and parasites as thoroughly. Also, these filters can easily get dirty and breed bacteria. Another option is the water distiller. Distillers kill the most water-borne diseases, bacteria, and parasitic life along with chemicals and pollutants, but they also deplete water of all minerals, and the distillation process can be time consuming. I will say, however, that if you're on the McDougall diet, you get all the minerals you need from the foods you eat. Do your homework before purchasing any home-water-treatment device and look for the Water Quality Association's gold seal on these products.

Whatever you do, don't let reports on water quality scare you away from drinking plenty of it. That's still a bigger risk than all of these contaminants combined. Find the best source of good, clean water you can and then drink when you're thirsty.

¹⁰ *BMJ* 321:844-845, 2000

¹¹ *ibid.*

Water resources everywhere

For general information and laboratories in your area:

- **Water Quality Association** <http://www.wqu.org>
(800)749-0234
- **USEPA Safe Water Hotline** (800)426-4792
For home treatment device certifications and general information:
- **NSF International (The Public Health and Safety Company™)**
(800)NSF-MARK; (800)673-6275

Or, write to NSF International for its *Consumer's Guide to Safe Drinking Water*:

NSF International
Attn.: Consumer Affairs Office
P.O. Box 130140
Ann Arbor, MI 48113-0140

For bottled water standards:

- **Food and Drug Administration**
1-888-INFO-FDA; (888)463-6332

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Redoing Restaurant Recipes

When you're following the McDougall diet plan and want to go out to eat, Mexican restaurants are a great option. You can always get a healthy, low-fat meal made with fresh corn, salsa, rice, beans, and tortillas. Instead of eating the fattening, fried tortilla chips that are often on the table, ask for fresh tortillas (corn or wheat) and rip them into pieces. Then, spoon salsa on them and roll them up. Instant bite-sized hors d'oeuvres, the healthy way!

We have our favorite Mexican restaurants in town, and we enjoy trying out new dishes. If my family raves, I try to duplicate them at home so we can eat them any night of the week. Following are three of our recent favorites.

BLACK BEAN DIP

Preparation time: 10 minutes

Servings: 1 1/2 cups

- 1 15-ounce can black beans, drained and rinsed
- 1/2 cup fire-roasted salsa
- 2 tablespoons fresh lime juice
- 2 tablespoons chopped fresh cilantro
- 1/2 teaspoon cumin
- dash salt & pepper

Place the beans, salsa, lime juice, cilantro, and cumin in a blender jar. Process until smooth. Season with salt and pepper. Serve with baked tortilla chips.

TORTILLA SOUP

Preparation time: 15 minutes (cooked rice needed)

Cooking time: 20 minutes

Servings: 6

- 3 1/2 cups vegetable broth
- 1 medium onion, chopped
- 1/2 cup green bell pepper, chopped
- 1 1/2 cups chunky mild salsa
- 1 15-ounce can black beans, drained and rinsed
- 1 15-ounce can pinto beans, drained and rinsed
- 1 cup frozen corn kernels
- 1/4 teaspoon ground cumin
- 1 cup cooked brown rice
- dash or two Tabasco sauce (to taste)
- 1 cup avocado chunks
- 1 cup fat-free baked tortilla chips

Place 1/2 cup of the broth in a saucepan with the onion and bell pepper. Cook, stirring occasionally, for

Mary's Corner

Recipe

OF THE MONTH

By Mary McDougall



5 minutes. Add remaining broth, salsa, beans, corn and cumin. Bring to a boil, cover, and cook over low heat for 10 minutes.

Meanwhile, chop the avocado and break up the chips into bite-sized pieces. Set aside.

Add the rice to the soup and season with Tabasco, if desired. Cook, uncovered, for another 5 minutes, stirring frequently.

To serve, place some of the avocado and chips in individual serving bowls. Ladle the soup over and serve.

MEXICAN BEAN SALAD

Preparation Time: 15 minutes

Chilling Time: 2 hours

Servings: 8

- 1 15-ounce can black beans, drained and rinsed
- 1 15-ounce can garbanzo beans, drained and rinsed
- 1 15-ounce can kidney beans, drained and rinsed
- 1 1/2 cups frozen corn kernels, thawed
- 1/2 cup chopped green onions
- 1/2 cup each chopped red, yellow, and orange bell pepper
- 1/4 cup chopped, seeded cucumber
- 2 tablespoons chopped green chilies
- 1 cup salsa
- 1 tablespoon lime juice
- 1 teaspoon chili powder
- 2 tablespoons chopped cilantro
- 1 tomato, chopped

Place the beans, corn, green onions, bell peppers, cucumber, and chilies in a large bowl and mix well. Combine the salsa, lime juice, and chili powder in a separate bowl. Pour over the salad and mix well. Add the cilantro and tomato and mix gently. Cover and refrigerate for at least 2 hours prior to serving to allow flavors to blend.

Over-the-counter vitamin beats prescription drugs in lowering cholesterol

If you're taking a statin drug to lower your cholesterol, you should know about niacin.

Before statin drugs were developed in the 1980s, niacin was the most common cholesterol-lowering treatment in the United States. And, in fact, niacin and statins work in much the same way—by inhibiting a liver enzyme called *HMG-CoA reductase* that triggers cholesterol synthesis. We know that this approach works, and that niacin can do it just as well if not better than its synthetic counterparts. At doses of 2,000 to 3,000 mg daily, niacin generally reduces cholesterol levels 20 to 25 percent.

Even better, we now know that niacin is even *more* effective than statins at boosting HDL and lowering triglycerides. Recent research shows that the vitamin can lower triglycerides as much as 30 percent and raise HDL ("good" cholesterol) levels as much as 24 percent.¹ Statin drugs can't do that.

"New" niacin means fewer side effects

Many doctors and patients pass over niacin because it has some common, unpleasant side effects. Some people feel nauseous or bloated, but the most notorious side effect is extreme flushing. And for patients with Type II (adult-onset) diabetes, niacin has been considered taboo because its use increases blood-glucose and uric-acid levels (which only a doctor can monitor).

But recently, new types of niacin ("extended-release" formulas) have been developed, including a brand called Niaspan, which claims to minimize the risks. In as-of-yet-unpublished studies done by the makers of Niaspan, researchers found that their extended-release formulation was "safer and more tolerable than immediate-release niacin"² and could be used by diabetics and in combination with statin drugs.

In fact, the research suggests that a combination of niacin and statins can actually remove plaque buildup from the arteries.³ (Traditionally, concurrent use of niacin and statins is not recommended, due to a risk of muscle damage.) However, they can also introduce a higher risk of more serious side effects, including liver damage and chemical hepatitis.

While some of Niaspan's initial results are promising, I would still not recommend extended-release niacin until we see more research on its long-term effects.

There are plenty of ways to reduce the flushing without resorting to extended-release niacin. For most people, starting at a low dose of immediate-release niacin and increasing it gradually is the best way to avoid side effects. Start at 200 to 250 mg per

day and move up slowly until you experience flushing. Remain at that dose, and the side effects should dissipate quickly. Most people can tolerate 1,000 to 2,000 mg daily with minimal flushing. You don't need to take a dozen pills to get to that level—as you increase your dosage, look for a tablet with a stronger concentration that will deliver the correct dosage in fewer pills. Just make sure it's immediate-release niacin (also called *nicotinic acid*). Taking niacin after meals, or taking a *small* dose of aspirin beforehand, can also minimize flushing.

And, if you have Type II diabetes, new research is showing that even diabetics can take the immediate-release type of niacin safely. In the Arterial Disease Multiple Intervention Trial (ADMIT), 468 participants with diagnosed peripheral arterial disease were randomly assigned to receive niacin or a placebo for up to 60 weeks. Of the 468 total participants, 125 had diabetes and were randomly divided between the niacin and placebo groups. On average, both diabetics and non-diabetics saw their HDL levels jump by 29 percent, their LDL drop by 8 or 9 percent, and their triglycerides go down 23 to 28 percent. More importantly, however, glucose levels increased only slightly in both groups. Among people with diabetes, glucose levels increased an average of 8.1 mg/dL.⁴

This should come as welcome news to people with Type II diabetes, who often have low HDL levels and high triglycerides—the very markers most affected by niacin. Diabetics' increased risk of atherosclerosis makes these measures a high priority, and, as I've noted, statin drugs can't always do the job. These findings may offer a new alternative to diabetics and their doctors.

Pay attention to what you buy

Niacin is available without a prescription, but not all niacin is created equal. Many forms of over-the-counter niacin are actually *niacinamide*, which has no effect on cholesterol. For heart healthy benefits, make sure to get *nicotinic acid*, the true form of vitamin B₃.

When a healthy eating plan and regular exercise aren't enough, you may need to call in the reinforcements. Niacin could be your secret weapon. Just make sure you alert your doctor. Niacin's over-the-counter availability can make it hard for a physician to control—but a doctor *should* supervise its use.

¹ JAMA 284:1, 263-1, 270, 2000

² Kos Pharmaceuticals Inc. summary findings, presented at the American Heart Association convention, New Orleans, LA, Nov. 11, 2000

³ University of Washington School of Medicine report, presented at AHA scientific sessions, New Orleans, LA, Nov. 13, 2000

⁴ JAMA 284:1, 263-1, 270, 2000

Keeping up with Dr. McDougall

Half-price McDougall books!

Start the new year right with *The McDougall Program: 12 Days to Dynamic Health* for half price. For each book send \$7.50 plus S&H—\$6 for first book and \$2 for each additional book in the U.S. (Canada: \$8/\$3); 7.5% sales tax in California. Order at (800) 570-1654 or (707) 576-1654 or P.O. Box 14039, Santa Rosa, CA 95402 or drmcDougall@drmcDougall.com. There are seven more McDougall books to choose from, and videotapes too.



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Instant Healthy Meals

Dr. McDougall's Right Foods offers 36 delicious meals. Try Oatmeal & Barley w/ Peaches & Raspberries, Mashed Potatoes Country Garden Style, and Chili w/ Beans & Corn Chips. (Right Foods can also be found in grocery and natural-food stores.) Also available: Dr. McDougall's Maximum Weight Loss kit. To order these products call (800) 367-3844, fax (650)635-6010 or visit our web site: www.rightfoods.com.

Transform your life for good in California's beautiful Napa Valley.

Look and feel better in just 10 to 12 days. The McDougall Program will change your life forever and put you on the road to dynamic health.

- Reach toward your ideal weight.
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- Decrease your dependence on medications.
- Reduce risk of cancer, arthritis, and heart disease.
- Manage stress.
- Increase endurance for work and play.
- Control serious health problems, such as diabetes and high blood pressure.

The McDougall Program at the St. Helena Center for Health at St. Helena Hospital was rated the No.1 weight-loss and health-enhancing program in the country by the Physician's 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 12-day residential programs begin on Apr. 1 and May 20. Ten-day programs begin Mar. 2, Apr. 27, June 22, and July 13. For reservations and information, please call us or visit our web site:

www.sthelenacenterforhealth.org

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

McDougall Costa Rica Adventure July 28, 2001 to Aug. 5, 2001 \$1,550 (all inclusive*)

"What a wonderful trip! For the first time in a long time, this vacation provided a great experience for the entire family. All four of us were active from morning to night. We met great people as well."

Lee Sheldon, Melbourne, FL

Join us on July 28, 2001 as we head for El Ocotal, a paradise on the northwest coast of Costa Rica. Stay at El Ocotal Hotel, a first-class, luxury, oceanside resort with modern rooms and views that take your breath away. The restaurant, perched atop a knoll surrounded by water on three sides and with El Ocotal's third swimming pool below, is regarded as one of Costa Rica's most picturesque spots.

Personally selected naturalists will guide us to the national parks, wildlife reserves, nearby towns, and other points of interest. We have five day long excursions planned for you: horseback riding or a wagon ride through the rain forest; white-water rafting; swinging through the canopy of the forest; a thrilling cable

trip over a canyon; and boating up an estuary, along with snorkeling and scuba-diving. The animal and plant life are exotic. Relax or explore as much as you want.

Evening entertainment will be provided most nights during and after dinner. In addition, my wife Mary and I will be providing education on the McDougall Program. All meals are pure-vegetarian, low-fat, and delicious.

The total cost is \$1,550 per person. (* Trip includes everything except airfare to and from San Jose and airport taxes and gratuities. Ask about our special, low-cost, group-based airfares.) Singles pay \$1,950.

For more information or reservations, call (800)570-1654. Also visit: www.drmcDougall.com.



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Feeling energetic? Before you put on your snow-shoveling gear or your running shoes, the first thing to exercise is caution!

If you've vowed to start exercising in this new year, congratulations! But before you strap on those running shoes or hit the gym for a workout, read on. New research suggests that some people are at a higher risk for sudden death during vigorous exercise *and* for the 30 minutes following a demanding workout. While I'd be the last one to tell you to skip the exercise, I will tell you to exercise caution.

In the Physicians' Health Study, researchers followed 21,481 male physicians for 12 years. The men ranged in age from 40 to 84, and 59 percent of them reportedly participated in a regular program of exercise. During the 12-year study period, 122 men experienced "sudden death"—defined as "death within one hour after the onset of symptoms or death after a witnessed cardiac arrest or abrupt collapse."¹

After adjusting for age and other risk factors, the study found that the men's relative risk of sudden death was *more than 16 times higher* during the one-hour period associated with vigorous exertion as compared with other time periods. For men who exercised less than once a week, the relative risk rose to 74.1—but men who exercised at least five times a week reduced their risk to 10.9.²

Despite these frightening numbers, the real risk of sudden death during exercise is still extremely low—one death per 1.51 million episodes of vigorous exertion. But there are important lessons to be learned here. First, you don't have to run a marathon to be fit. If you haven't exercised in a while, start slowly. This study gauged exertion by metabolic equivalents, or METs—on a scale of 1 to 8 METs, exertion had to be at 6 or above to qualify as "vigorous."³ Most of the men who died during or after vigorous exertion were jogging, playing racquetball, or other kinds of sports. While these are all fine ways to get exercise, they may be too physically demanding for beginning—or returning—exercisers. Start off at a brisk walk, or take a leisurely bike ride—you'll be safer, and you'll be more likely to stick with it.

Note: There's also a risk of sudden death during activities that aren't typically thought of as "exercise," such as shoveling snow, doing yard work, or hiking. If you're not a regular exerciser but occasionally take part in these types of activities, make sure not to overdo it. Do a little at a time, work slowly, and rest often.

¹ *N Eng J Med* 343:1,355-1,361, 2000

² *ibid.*

³ *ibid.*

Medical update:

St. John's wort—as effective as prescription antidepressants—and safer

A new German study reported in the *British Medical Journal* has found that St. John's wort is not only *as effective* as prescription medication in treating moderate depression but is also better tolerated by patients than prescription antidepressants and with fewer side effects.

In a study of 324 outpatients with mild to moderate depression, 167 were given 75 mg of the tricyclic antidepressant imipramine (brand name: Tofranil) twice a day, while 157 received 250 mg of St. John's wort (*Hypericum extract*). After six weeks, mean scores on the Hamilton depression scale improved in both groups—9.35 and 10.4 points respectively. But the real story is that the St. John's wort group reported far fewer side effects than the imipramine group. In fact, a full 63 percent of the imipramine group reported unwanted side effects, while only 39 percent of the St. John's wort group experienced problems.¹

This study joins a growing body of evidence that St. John's wort is an effective alternative to synthetic antidepressants—and may even be safer. Remember, though, that I reported in the March 2000 issue that St. John's wort may interact with certain prescription medications like digoxin, theophylline, and cyclosporin. If you take regular prescription medications, check with your doctor before trying St. John's wort.

¹ *BMJ* 321:536-539, 2000

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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.