



Dr. John A. McDougall's

# To Your Health

## Getting your fill of phytoestrogens by saying "NO" to soy

Everyone is talking about phytoestrogens these days. You see the term thrown around on food labels, in women's magazines, and on television talk shows. If these were your main sources of information, you'd think that phytoestrogens were only available in soy products or in supplement form—and that they were the answer to every women's health concern.

The truth is not so black and white. First, there are far better—and healthier—sources of phytoestrogens than soy and supplements. And while phytoestrogens are a strong example of food's impact on health, they are not a magic cure-all. In fact, there is considerable evidence to suggest that the soy-and-supplements approach may do more harm than good.

It's true that soy foods contain the highest concentration of one type of phytoestrogen, called *isoflavones*. Research has indicated that isoflavones can selectively mimic estrogen and inhibit its action, much like new synthetic cancer drugs like Raloxifen.<sup>1</sup> So there's been a lot of excitement over isoflavones' potential for cancer prevention, and some even suggest it may replicate estrogen's health benefits—such as lowering cholesterol and preventing bone loss.

But there are a few problems with this theory...

**Soy products don't provide everything you need...and provide too much of what you don't**

First of all, any type of excess estrogen, whether synthetic or from plants, should be taken with caution. Supplemental estrogen should only be taken to relieve the symptoms of menopause—not to prevent heart disease, to fight Alzheimer's, or for any of estrogen's other mythological "benefits." (See the May 2000 issue of *To Your Health* for more information on this topic.)

There's some evidence (much of it anecdotal) that phytoestrogens may help relieve hot flashes and vaginal dryness after menopause. But there's also reason to suspect that plant estrogens may carry some of the same risks as synthetic hormones—namely, increased

risk of breast cancer and endometrial cancer. Most of the risk comes from supplements, but excessive consumption of soy products may be risky as well.

Plus, soy isn't the only source of isoflavones—and isoflavones aren't the only type of phytoestrogen. *Coumestans* and *lignans* are two other important types of phytoestrogen, and soy doesn't provide either one in large quantities. Lignans are abundant in whole grains, fruits, and vegetables, and coumestans are found in foods like sprouts. These phytoestrogens provide the same potential benefits as isoflavones, without the potential risks associated with soy products.

**Soy is loaded with fat and protein, while providing little to no dietary fiber**

Moreover, there have also been concerns about the impact of high soy intake on other areas of health. Some research has linked tofu consumption with cognitive impairment and Alzheimer's disease.<sup>2</sup> And there is a growing body of evidence suggesting that that soy products can cause iodine deficiency and thyroid problems.<sup>3</sup>

The current phytoestrogen frenzy has led to an overabundance of soy-based products on grocery store shelves, many with questionable nutritional value. Soy hot dogs, bacon, lunch meat, and cheeses may be healthier than the original products they imitate, but they're not much better. Sure, they may provide some isoflavones, but since they're also swaddled in fat, protein, and artificial fillers, the risks just may cancel out the benefit.

**Phytoestrogen supplements are no better—and they may be worse**

Many women are turning to over-the-counter phytoestrogen remedies as an alternative to traditional HRT, thinking that an "all-natural" alternative is safer. But phytoestrogen pills, like drugs, are made from chemicals. They may occur naturally, but nature never intended for them to be taken as isolated substances in man-made concentrations.

Taking phytoestrogens in a supplemental vacuum denies the power of all the other health-supporting substances in plant foods. Scientists readily admit that

<sup>1</sup> *J Nutr*, 129:758-767, 1999

<sup>2</sup> *J Am Coll Nutr*, 19:1-14, 2000

<sup>3</sup> *Regul Toxicol Pharmacol*, 33:80-101, 2001

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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.

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they don't fully understand how phytoestrogens work and what other factors may influence their actions. Why take a chance with your health when there is a perfectly safe, natural alternative?

### Get your phytoestrogens in their all-natural packages—your food!

The best way to get your phytoestrogens is to eat a wide variety of legumes, whole grains, fruits, and vegetables. Soy products should only be used in small quantities: I liken them to a condiment like salt or pepper—a little goes a long way.

Check out the chart below; it shows the best food sources of *all* the phytoestrogens. Peas, beans, sprouts, nuts, broccoli, grapefruits, berries, zucchini—all these nutritious (and delicious!) foods provide a balanced array of phytoestrogens. Even better, you'll also be getting the benefits of all the other phytochemicals found in plant foods—all in a low-fat, high-fiber package.

#### Food sources of phytoestrogens

Isoflavones	Coumestans	Lignans
Peas	Alfalfa sprouts	Broccoli
Beans	Broccoli	Strawberries
Nuts		Blackberries
Dark/whole grain breads		Dark/whole grain breads
Alfalfa sprouts		Grapefruit
Tea		Cranberries
		Zucchini

### Get your phytoestrogens without soy

#### BROCCOLI SOUP

This delicious soup is a terrific source of two out of three phytoestrogens—lignans and coumestans, which are both present in broccoli.

**Preparation Time:** 15 minutes

**Cooking Time:** 20 minutes

**Servings:** 2-3

2 3/4 cups broccoli florets  
1 1/4 cups vegetable broth  
1 cup finely chopped peeled potatoes  
1/2 cup chopped onion  
1/2 teaspoon dill weed  
1 1/4 cups rice milk  
1/2 tablespoon Dijon mustard  
dash of white pepper

Place 3/4 cup of the broccoli florets in a small saucepan with water to cover. Cook until just tender, about 5 minutes.

Remove from heat, drain, and set aside.

In a medium saucepan, add broth, potatoes, onion, dill weed, and 2 cups of the broccoli. Bring to a boil, reduce heat, cover, and cook for 15 minutes.

After the soup has cooked for 15 minutes, add the rice milk. Mix well, then process a cup or two at a time in a blender or food processor until entire mixture is smooth and creamy. Return soup to pan, stir in mustard and pepper. Add the reserved broccoli florets, heat through, and serve immediately.

**Hint:** Serve this soup with a slice or two of dark whole grain bread, which contains isoflavones, to complete the phytoestrogen trio!



# Eat your way to healthy lungs... even if you're a smoker!

You probably don't give much thought to breathing. It's an automatic function that most of us take for granted. But if you or someone you know has ever had to labor for breath, you know just how important healthy lungs are. Not being able to breathe freely is downright frightening, and the unfortunate truth is that for all too many people each and every breath can be a struggle. Hundreds of thousands of people around the world are afflicted with various respiratory ailments that can make even the most routine activities, like walking to the mailbox or carrying a bag of groceries, difficult.

Many of these people suffer from what physicians call COPD, which stands for *chronic obstructive pulmonary disease*. You may have never heard that term before, but chances are you know someone who suffers with asthma, emphysema, or chronic bronchitis, the three most common conditions under the COPD umbrella. The disease is characterized by shortness of breath and, in some cases, a chronic cough. According to the American Lung Association, COPD is the fourth leading cause of death and claims the lives of over 100,000 people each year in the U.S. alone.

## Smokers can reduce their risk of COPD

It's no surprise that 80 to 90 percent of COPD is caused by cigarette smoking. But you may be surprised to learn that there's something even smokers can do to decrease their chances of developing COPD. Recent research presented at the 97th annual meeting of the American Thoracic Society shows that eating fruits and vegetables on a daily basis cuts the risk of COPD by nearly half—even among people who had smoked a pack a day for more than 10 years!<sup>1</sup>

So, even if you've already developed COPD, the foods you choose can make a big difference. This study offers new hope to people at risk for COPD. But I know from experience that changes in eating and lifestyle habits can also have a positive impact on people *already* suffering with the disease. Here are just a few ways in which a healthy eating plan can help lung function:

(1) Low fat foods improve blood circulation, which helps the lungs function at optimal capacity. Research has shown that dietary fat causes the blood to turn to sludge, decreasing lung function.<sup>2</sup>

(2) Many fruits and vegetables naturally reduce acid reflux, which can cause burning of the bronchial tubes, spasms, and inflammation.<sup>3</sup> Fruits like bananas and figs and vegetables like corn and turnips will neutralize stomach acid.

(3) Eliminating dairy products from your meals can

prevent mucus buildup and spasms of the airways.<sup>4</sup>

(4) Research shows that weight loss allows the lungs to breathe deeper while standing and lying.<sup>5</sup> If you are overweight, losing weight through healthy changes in your eating habits can improve respiratory health.

## Mother Nature's antioxidants can even fight against the substances most toxic to your lungs

Of course, there's another serious lung disease associated with smoking—lung cancer. And this new COPD research is right in line with what we've known about food and lung cancer for years. Several studies have shown that fruit and vegetable consumption can protect smokers from lung cancer. Most scientists credit the protective effect to the antioxidants in plant foods.<sup>6,7</sup>

Eating habits have also been used to explain the geographic differences between smoking habits and lung cancer rates worldwide. For instance, in Japan, where 60 percent of all men smoke cigarettes, lung cancer rates are about one-fourth what they are the U.S. Many scientists believe, as I do, that this is due to their traditional low-fat, low-protein, high-fiber diet.

## It's a phenomenon I've seen in my own mother!

My mother has been a habitual smoker for over six decades. No amount of pleading from me, my two brothers (all of us doctors), or my sister (a nurse) has been able to persuade her to stop. But at age 79, she continues to enjoy good health despite her smoking. She has never suffered from COPD and shows no signs of lung cancer. Her secret? A diet based on fruits, vegetables, and complex carbohydrates and no animal protein or dairy products.

I am certainly not suggesting that it's safe to continue smoking—or that healthy foods can totally negate the disastrous effects that cigarettes have on the body. Quitting smoking is the absolute best thing you can do for your health and should be top on your list! But this research does have some important lessons to teach us. If the antioxidants in fruits and vegetables can even partially neutralize one of the world's worst carcinogens, just imagine the amazing things they can do for your body when tobacco isn't distracting them!

<sup>1</sup> "Fruit, vegetables cut smokers' lung disease risk," *Reuters Health*, May 29, 2001

<sup>2</sup> *Am J Clin Nutr*, 73:295-301, 2001

<sup>3</sup> *Am J Manag Care*, 6(16 Suppl):S876-882, 2000

<sup>4</sup> *J Asthma*, 28:349-355, 1991

<sup>5</sup> *Am J Med Sci*, 321:249-279, 2001

<sup>6</sup> *J Natl Cancer Inst*, 92:1812-1823, 2000

<sup>7</sup> *Cancer Causes Control*, 11:101-115, 2000

# Now you can virtually GUARANTEE that you never get Type II diabetes!

## *Even if you're already at risk...*

That's the great news from a recent study published in the *New England Journal of Medicine*. In a trial of 522 people at high risk for the disease, the experimental group was able to cut its diabetes risk by more than half as compared with controls.<sup>1</sup> Better still, one subgroup cut its risk down to nothing.

In doing so, they also reduced their risks for a whole host of health problems associated with Type II diabetes, including heart disease, high blood pressure, kidney damage, and vision loss.

### Three steps to a diabetes-free future

The people in the study accomplished the above goals by making some healthy changes to their eating habits, beginning exercise regimes, and losing weight. No medication, no complicated diets—just good healthy food and a daily walk were enough to make the difference.

The 522 people in the study were the classic risk group for Type II diabetes: 40 to 65 years old, overweight (BMI of 25 or higher), and with impaired glucose tolerance, a precursor to diabetes marked by plasma glucose levels between 140 and 200 mg per deciliter (200 or higher indicates full-blown diabetes). Half of them were assigned to the control group. The other half received counseling on diet and exercise, and were asked to pursue five goals:

- (1) Reduce weight by five percent or more
- (2) Reduce total fat intake to less than 30 percent of total energy consumed
- (3) Reduce saturated fat intake to less than 10 percent of total energy consumed
- (4) Increase fiber intake to at least 15 grams per 1,000 calories
- (5) Exercise 30 minutes per day or more.<sup>2</sup>

The study followed the groups for an average of four years, with frequent meetings during the first year and annual checkups afterward.

In the first year, participants in the intervention group lost an average of 9.3 pounds, lowered their plasma glucose 15 points, lowered their total cholesterol and triglycerides, and lowered their blood pressure by five points. And over the full four years, the cumulative incidence of diabetes was 58 percent

lower in the intervention group than in the control group. But the real story lies deeper in the data.

### None of the participants who achieved at least four of the established goals developed diabetes...

Yes, you read that right—NONE! I'm not surprised at all by these results. I've had similar experiences with my patients for years. Take a look at the goals again; following the McDougall Program, you can't help but achieve four of the five goals! Add in a daily walk, and you've got all five covered! And as the data shows, this virtually guarantees that you won't develop Type II diabetes—even if you have all the risk factors.

This approach can help you even if you've already been diagnosed with Type II diabetes and have begun taking insulin. Just take a look at some of the letters I've received from patients:

- Scott R. writes: "Going on the McDougall Plan got me off of insulin and completely changed my life."
- Kevin D. writes: "Due to your program, I have lost 35 pounds, my blood pressure has gone from 145/95 to 112/72, and my diabetes is under check without medication. I owe it all to you."
- Steve N. writes: "My mother religiously followed the 'traditional diabetic' diet from her doctor, but she continued to get worse. Within two weeks [of starting the McDougall Program], she has been taken off of some medications... her doctor believes she will be able to come off all diabetes medication by her next visit."

I get letters like this every day. And nearly all of them tell of the dramatic—and fast—drops in glucose levels and diabetic medication dependence after adopting the McDougall Program. My plan goes further than the guidelines used in this study. For instance, total fat intake is generally only about 10 percent of total energy intake on the McDougall Program. But this study is definitely good news—it proves that food can be the most powerful cure of all.

**No medication, no complicated diets—just good healthy food and a daily walk were enough to make the difference.**

<sup>1</sup> *N Engl J Med*, 344:1,343-1,350, 2001

<sup>2</sup> *ibid.*



# Protect yourself from the little-known cancer-causing substance that everyone will be talking about soon

In the June 2001 issue of *To Your Health*, I told you a little bit about a substance called insulin-like growth factor-1, or IGF-1. It's a naturally occurring human hormone that plays an important role in growth and development. It's also strongly associated with an increased risk of cancer.

The first time I brought IGF-1 to your attention, it was in reference to the dishonesty of the dairy industry. But this is an enormous story—and there's much more you need to know right now.

In fact, I believe IGF-1 will be the next health buzzword on everyone's lips, and with good reason. Not only does it pose a significant cancer risk to you and your family...

**You may be unknowingly consuming dangerous quantities of it every day!**

Let's start with the basics: Just what is IGF-1, anyway? It's a natural substance released by the liver in the presence of human growth hormone. IGF-1 plays an important role in the constant turnover of cells in the body; old cells die, new ones are produced, and the body continually rebuilds itself. Growth hormone and IGF-1 are particularly important during early childhood and puberty, when growth is rapid and complex.

Research has shown that normal levels of circulating IGF-1 increase slowly from birth to puberty, surge with puberty, and then decline thereafter.<sup>1</sup> Let me emphasize that this decline is not necessarily a bad thing.

**The same characteristics that make IGF-1 an important part of growth and development can also make it deadly**

When IGF-1 is being used efficiently, everything is fine. But when there is excess IGF-1 in the bloodstream, serious problems can result. IGF-1's ability to stimulate cell proliferation and inhibit cell death (known as *apoptosis*) can be too much of a good thing—particularly when cancerous cells are involved.

Numerous animal and in vitro studies have shown that IGF-1 can stimulate the development of cancer

cells and prevent them from dying. Significant associations have been found between IGF-1 and many of the most common cancers, including breast, prostate, lung, and colorectal.<sup>2</sup>

**And we know that the overall risk of cancer is higher among people with elevated concentrations of IGF-1**

Conversely, cancer risk is lower among people with higher levels of a protein called *IGF binding protein-3*, which binds IGF-1 and neutralizes it.<sup>3</sup>

**How you can control your levels of IGF-1**

The good news is, we can control the sources that load our bodies with excess IGF-1. The bad news is, most people don't know the sources or the risks.

Many people consume growth hormone and IGF-1 willingly, believing that they will prevent the signs of

aging, build muscle, or improve athletic performance.<sup>4</sup> But even more people trigger the over production of IGF-1 on a daily basis without knowing it—just by drinking milk!

Since 1985, U.S. dairy farmers have been allowed to inject their cows with *recombinant bovine growth hormone* (rbGH), a genetically engineered bovine growth hormone that increases milk production. At the time of the decision, the USFDA assured the public that rbGH was not passed along to humans through milk, and therefore posed no threat.

But in 1999, the dairy industry's own research shot holes right through that theory. A study funded by the International Dairy Association reported that higher levels of milk consumption raised plasma levels of IGF-1 by 10 percent.<sup>5</sup> We've since come to understand that the human body detects the presence of the bovine growth hormone, and responds to it by secreting IGF-1. And thus begins the cycle of excess IGF-1, unnecessary cell replication, and, ultimately, the spread of cancer cells.

There are other factors that may stimulate overproduction of IGF-1 as well. Both high calorie consumption and high protein consumption have been linked with increased IGF-1 levels in human and

**Numerous animal and in vitro studies have shown that IGF-1 can stimulate the development of cancer cells and prevent them from dying.**

<sup>1</sup> *J Natl Cancer Inst*, 92:1,472-1,481, 2000

<sup>2</sup> *ibid.*

<sup>3</sup> *BMJ*, 321:847-848, 2000

<sup>4</sup> *ibid.*

<sup>5</sup> *J Am Diet Assoc*, 99:1,228-1,233, 1999

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## Protect the child in your life: Ear tube operations are risky and useless

It's the most common operation performed on children today. Over 2 million surgeries to insert ear tubes are performed each year in the U.S. alone. And they're being done at younger and younger ages, despite the fact that science fails to prove that they offer any real benefit.

The surgery is performed on children who have recurrent ear infections and fluid in the middle ear (known as *otitis media with effusion*—OME, or, more colorfully, “glue ear”). Doctors issue dire warnings of hearing loss, language delays, and future academic problems if the procedure isn't performed. But research shows that those fears are not warranted in most children.

Studies have shown that most ear fluid will clear up all by itself with no medical intervention. In a recent study of kids with persistent OME, simply waiting and watching for nine months cut the number of ear tube surgeries *in half*.<sup>1</sup> This wait-and-see approach does not put children at risk for future problems. In a study of 946 children, doctors found that even longstanding fluid buildup in both ears at younger ages did not affect language, reading, or spelling ability at age 7.<sup>2</sup>

Any surgery that requires general anesthesia should not be taken lightly—especially in children. And even aside from the potential complications of anesthesia, the ear tube surgery harbors some serious risks. Persistent discharge, infections, perforation of the eardrum, and thickening and hardening of the eardrum are just a few of the possibilities.

If a child you care about has frequent bouts of “glue ear,” I recommend the watchful waiting approach. In most cases, time alone will solve the problem—and if it doesn't, the problem can still be corrected. Often, recurring ear infections and the resulting fluid are the outcome of an undiagnosed and untreated food allergy, especially to milk and other dairy products.<sup>3</sup> Refined foods like white sugar and white flour also contribute to this problem.<sup>4</sup> Eliminating these items from your child's diet may not only eliminate the “need” for ear tubes, but it will also improve his or her overall health.

## Foot and mouth disease DOES pose a threat to humans

In the May 2001 issue of *To Your Health*, I wrote, “Authorities assure us that foot-and-mouth disease does not pose a threat to humans, but, with the track record at hand, are you willing to take the chance?” Well, guess what? Several recent bits of information tell us that humans CAN develop foot-and-mouth disease, with many unpleasant results.

According to scientists at the Center Public Health Laboratory in London, 21 people who were exposed to foot-and-mouth disease have presented themselves with a variety of symptoms—most often oral lesions.<sup>1</sup> These people tested negative for the foot-and-mouth virus seen in animals, but their symptoms are consistent with a related virus, the hand, foot, and mouth disease (HFMD) commonly seen in children. HFMD can cause fever, headaches, and stomach upset, followed by painful blisters on the hands, feet, lips and mouth for as long as two weeks.<sup>2</sup>

But only three of the 21 patients in Britain tested positive for HFMD<sup>3</sup>—so for the other 18, the symptoms had to come from somewhere else. The question is, from where? And the answer is—it could be a brand-new virus called the foot and mouth disease virus (FMDV) that might be able to mutate rapidly into a virus much more dangerous for humans.<sup>4</sup>

Scientists are still unsure how the virus might be passed to humans. FMDV has been detected in the upper respiratory tracts of exposed humans, confirming that airborne contamination is possible.<sup>5</sup> But some authorities claim that ingestion of unpasteurized dairy products is the most common route.<sup>6</sup> Children and people who work directly with animals are at the greatest risk, but anyone can become infected.

Protect yourself from foot and mouth and any derivative viruses by avoiding anything that might contain unpasteurized dairy products. Even better, pass on dairy altogether—and avoid the meat of cloven-footed animals (like beef, pork, and lamb). These healthy lifestyle habits will also keep your immune system in top working order—an overall shield against infection.

<sup>1</sup> *Lancet*, 357:1,463, 2001

<sup>2</sup> Vegetarian Resource Center, “Foot and Mouth Disease Does Pose a Human Health Risk,” Michael Greger M.D., 4/4/01

<sup>3</sup> *Lancet*, 357:1,463, 2001

<sup>4</sup> *ibid.*

<sup>5</sup> *ibid.*

<sup>6</sup> Vegetarian Resource Center, *op. cit.*

<sup>1</sup> *N Engl J Med*, 344:1,179-1,187, 2001

<sup>2</sup> *Dev Med Child Neurol*, 39:31-39, 1997

<sup>3</sup> *Otolaryngol Clin North Am*, 25(1):197-211, 1992

<sup>4</sup> Wright, Jonathan M.D., *Nutrition & Healing* 8(6):3, 2001



## Energy density: the secret behind eating more and still losing weight

Losing weight often becomes an exercise in counting calories. While the calorie content of food is important, there may be another aspect that plays an even bigger role in controlling hunger. Using this technique allows you to eat more food for the same caloric "price."

A recent study in the *American Journal of Clinical Nutrition* suggests that the energy density of food is a significant factor in the level of satisfaction derived from eating it.

Energy density refers to the amount of calories present in a certain amount of food. Foods with high-energy density have more calories in a small portion, while low-energy-density foods have fewer calories in a much larger serving.

Low-energy-density foods tend to have a much higher water content, which gives them more bulk, or volume, than high-energy-density foods. According to the latest study, adjusting a food's energy density affects appetite more than adjusting other factors like fat content.

Researchers studied the caloric intake of 36 women in six laboratory sessions. During each session, the women were given breakfast, lunch, dinner, and a snack. The main dishes of each meal were prepared in four different ways, so that they looked and tasted virtually the same, but varied in fat content and energy density. The women were instructed to eat as much or as little of the main dish as they liked. At the end of six sessions, the researchers found that the women consumed 20 percent fewer

calories when eating low-energy-density foods while still satisfying their hunger.<sup>1</sup>

So what are the foods with the lowest energy density? Fruits, vegetables, and whole grains provide the lowest energy density content. Meals that include large amounts of these foods will fill you up without causing calorie overload.

<sup>1</sup> *Am J Clin Nutr*, 73:1,010-1,018, 2001

## Set and reach your own cholesterol-lowering goals— without statin drugs

Last month, I told you about the best-selling drugs in the United States. No. 2 on that list were the cholesterol-lowering drugs, also known as statin drugs, which brought in over \$8 billion in 2000. That figure will undoubtedly skyrocket in the coming months with the new guidelines set by the National Cholesterol Education Program (NCEP). These guidelines will triple the number of people whose cholesterol levels indicate a "need" for medication.<sup>1</sup> Even more disturbing, the new recommendations call for patients with LDL cholesterol levels of 130 mg/dl or more to skip dietary and lifestyle modifications altogether and instead begin taking prescription statin drugs immediately.

Previous research, including the ongoing Framingham study, has indicated that people with blood cholesterol levels of 180 mg/dl rarely have heart disease, and that no one with levels of 150 mg/dl or below has ever died of heart disease.

<sup>1</sup> DeMott, Kathryn, "Guidelines Triple Statin Candidates," *Internal Medicine News*, 6/15/01

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### 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.
- Watch your cholesterol and blood-sugar levels fall.
- 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 Physicians Committee for Responsible Medicine.

Join Dr. John McDougall and his team of professionals in the Napa Valley—the 12-day program begins on Sept. 16. Ten-day programs begin Oct. 12, Nov. 9 and Dec. 7. For reservations and information, please call us or visit our Web site: [www.sthelenahospital.org](http://www.sthelenahospital.org)

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

According to the new regulations, people with perfectly healthy cholesterol levels will be expected to take statin drugs.

In recent years, physicians have been under tremendous pressure to reach "cholesterol-lowering treatment goals" from the NCEP. These goals haven't been accomplished, so the immediate reaction is to increase the use and dosage of prescription drugs. This suits the pharmaceutical companies just fine, since their revenue will increase as well.

But the most effective treatment for high cholesterol doesn't come in a pill. It comes in your food. If you eat foods with little or no cholesterol, it will automatically result in a decrease in your body's cholesterol levels. Foods high in fiber, such as oatmeal and oat bran, help bind cholesterol, making it easier for it to pass through the body.

Also, supplements of vitamin C and E, immediate release niacin, and activated charcoal are safe and effective alternatives to statin drugs. When used in conjunction with a low-fat, high-fiber diet, they can be a significant help in lowering cholesterol levels.

Don't let yourself become a slave to prescription drugs. You can lower your cholesterol levels and stay heart disease free just by eating healthy and delicious foods.

### Protect yourself from IGF-1

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animal studies. In one study of healthy adults, cutting caloric intake in half or reducing protein intake by about one-third effectively lowered circulating IGF-1 levels.<sup>6</sup>

### Three steps to eliminate excess IGF-1 from your body TODAY

Here's what you can do to protect yourself from the deadly effects of excess IGF-1:

- (1) Don't use IGF-1 or any type of growth hormone as an anti-aging treatment or performance enhancer.
- (2) Eliminate all dairy foods from your diet. Milk is by far the most widespread source of excess IGF-1.
- (3) Follow a healthy eating plan that is low in fat, calories, and protein.

Following these three steps ensures that your body gets the IGF-1 it needs—without raising it to an artificial excess that may cause serious health problems.

<sup>6</sup> *J Am Diet Assoc*, 99:1,228-1,233, 1999

**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.

## Dr. McDougall's Total Health Solution for the 21<sup>st</sup> Century—Books and Videos

I recently put together a professionally-recorded educational video series that provides part of the exact presentation given to participants of our 12-day live-in program at the St. Helena Hospital in California's Napa Valley.

In addition to the new video series, my books are available for your personal health reference library.

These resources offer simple but thorough explanations of the benefits of a plant-based diet. For a limited time, I have a special introductory offer for you, as a *To Your Health* subscriber: You pay just \$119.95 plus the \$14 s&h for the complete, life-changing set of videos. (California residents, add 7.5% sales tax.) For information on book prices, as well as to order the books and video series, visit my website at [www.drmcDougall.com](http://www.drmcDougall.com). You may also fax (707)538-0712, mail P.O. Box 14309, Santa Rosa, CA 95402, or phone (800)570-1654 or (909)715-3155.

**Note: These materials are not available through Agora Publishing**

## McDougall Alaska Cruise

Join us on June 14, 2002 when we will board a small ship to cruise the inside passage of Alaska for 7 days (one hotel night). Cabin prices begin at \$3,500 per person (the price is all-inclusive, except for alcoholic beverages and transportation to and from Alaska). Delicious, healthy meals will be served, and Mary and I will provide life-saving lectures.

We also have tentative plans to cruise the Eastern shores of Spain in March of 2002. For more information on either of these trips, please call (800)570-1654 or (909)715-3155, fax (707)538-0712, or visit my web site at [www.drmcDougall.com](http://www.drmcDougall.com).