

## INFORMATION FOR YOUR HEALTH TESTS CAN BE HAZARDOUS

When you are thinking of taking a medical test consider *whether the information to be gained is likely to be worth the price paid*—and I don't mean price solely in terms of money out of your pocket. You could suffer physical and mental damage directly as a result of the examinations and the findings. Years of experience has been gained with almost all of today's common testing procedures, and the information has been evaluated with regards to the benefits for the patient's health.

The body has many ways of telling us something is wrong, such as fever, pain, nausea, vomiting, diarrhea, and fatigue. When you are injured or obviously ill, tests can be very helpful in pinpointing the cause, and directing appropriate treatment. You should question your doctor about any tests ordered—*How is this going to help you treat me? What side effects? What costs? Any alternative tests? What could this test lead to?*—Hopefully you will not be too ill to participate in your health-care decisions.

### LOOKING FOR HIDDEN DISEASE

Many chronic disease processes remain *silent* until the very final stages, usually just before death. Tests have been developed for *earlier detection* of slowly developing, deadly conditions, such as cancer and heart disease, hopefully in time to take corrective action. The tests I want you to carefully think about are those *performed when you're feeling well*—tests directed toward finding disease that is not yet apparent to your natural senses.

I would like to share with you my opinion of the value and proper use of many tests ordered with the intention of improving your future health (reducing your risk of disability and premature death.) This newsletter will discuss tests looking for heart disease. Next issue we'll look at cancer tests.

### EARLY DETECTION OF HEART DISEASE?

For most Americans heart disease is a personal threat, with 1.6 million heart attacks every year—about half these people die of their heart attack. When carefully questioned, over half the people never knew they were sick or at risk for heart disease. The actual disease, atherosclerosis (hardening of the arteries), painlessly closes the arteries that supply the heart muscle. The continuing deterioration remains undetected because there are no nerves in the arteries to sense the ongoing damage. Thus, heart disease is very common and deadly, yet offers

little warning—ideal tests would forecast trouble long before our life is threatened.

### Treadmill Stress Tests—“A Potentially Dangerous Test”

Often, I am professionally involved in a crisis situation where an apparently healthy person (without a single twinge of chest pain or any other sign of heart disease) runs on a treadmill, and “fails.” Instantaneously, this person is turned into a cardiac cripple facing more tests, surgery, and or/death.

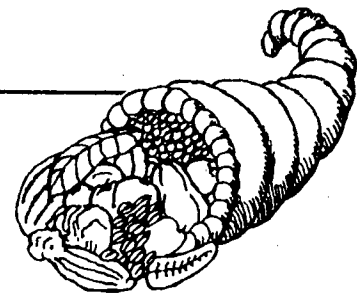
Such a tragedy happened to a recent **McDougall Program Participant**. Wally Cox Ph.D. was just ready to retire from many hard years as a university professor, when he decided to take a treadmill to see what kind of shape he was really in. His test was positive, even though he never had felt ill or suffered from chest pains. He was referred to a cardiologist, who recommended and performed an *angiogram*. (During an angiogram, a plastic tube is inserted through a large artery in the leg and fed up to the heart where “dye” is injected into the heart chambers and arteries. X-rays taken during the procedure show shadows of plaque on the inside of the arteries, and indicate the degree of closure of the arteries.)

As expected with any 65 year-old American male, Wally's arteries were blocked with atherosclerosis in several areas. Bypass surgery was recommended. Imagine, only the week before Wally was seemingly a healthy, happy man, now he is a cardiac cripple waiting for surgery.

His good friend, an orthopedic surgeon, sent Wally to me for a second opinion. I explained to Wally that, in retrospect, he should have avoided the treadmill and the angiogram. Since he now knows the anatomical condition of his arteries, he must now know that bypass surgery has not been shown to prolong life with the type of blockages he has. With his severity of disease, bypass surgery is justified for relief of incapacitating chest pains, not reducing the risk of heart attack or death. “I don't have any chest pain!” Wally exclaimed.

“Then you're not likely to benefit from surgery.” I explained. I suggested a radionuclide scan to further support his lack of need for bypass surgery. His scan was negative and a second cardiologist confirmed my recommendations—no surgery, exercise, and lower your cholesterol with a healthier diet.

A *positive* treadmill stress test, suggesting serious heart disease, is wrong in 54 percent of women and 12 percent of men. Most importantly, the detection and treatment of heart disease in someone without symptoms, by using a treadmill, *does not reduce the*



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risks of death or suffering a heart attack.

Heart disease is detected by 1) a history—the patient tells a story of chest pain (or other suggestive symptoms)—and 2) a resting EKG. Once detected by the above two criteria, a treadmill stress test can provide important information concerning the severity of the disease. Stress tests may also be of value in determining exercise tolerance, but even in this setting a positive result can cause more harm than good.

If you have failed a treadmill-test, you can still halt a more dangerous test (an angiogram), and an all too likely trip to the bypass operating table. A test performed during or shortly after exercise, using radioactive "dyes," called an *exercise radionuclide scan*, can rule out serious heart disease by demonstrating sufficient blood flow to the heart muscle in someone with a positive treadmill test—thereby, avoiding further tests and treatments.

Therefore, unless specific indications require otherwise, stay off of a treadmill.

**EKG (resting electrocardiogram)**—*"One is Enough."* Most adults should have a record of their "electrical heart picture"—an EKG. An EKG detects heart disease by showing changes in the pattern and rhythm of the wave drawn by a needle on a paper. Although most EKG tracings are classically "normal," there are some variations that are also consistent with perfect health. Changes from one EKG to the next can be an important indicator of a problem. For example, if you went to the emergency room with vague chest pains, a significant change in your EKG could support a correct diagnosis of a heart attack. On the other hand, no change would lead the doctor to believe the chest pains were not serious. If you have an EKG that is less than perfect, a record of this imperfection could save you a diagnosis of heart disease and a night in the hospital—the previous EKG showing the same findings could reassure the doctor, and you could be on your way home.

EKGs are \$65. This high profit for a thin strip of paper can be strong incentive for your doctor to order more of these tests than is necessary. Unless your health changes, one record is enough.

**Total Cholesterol**—*"Essential Information."*

Results of a blood cholesterol test are the earliest and most reliable predictor of your future risk of death and disability from heart disease (and a stroke.) Yet, when I ask groups I lecture to, "How many of you know your level?" less than 20% raise their hands. This test leads to no other dangerous tests. The treatment is initially a *risk-free*, low-fat, no-cholesterol diet. Secondary treatment is low-risk cholesterol-reducing drugs (niacin, cholestyramine, lovastatin.) If your cholesterol is above 150 mg%, lower it with diet (and drugs.) Recheck levels every three weeks until your goal is reached (150 mg% or below), or no further reduction is possible with all your reasonable efforts. Once cholesterol is stabilized, then recheck less than twice a year (cholesterol levels will show little change unless you change your diet.)

**HDL-Cholesterol**—*"Unessential Information"*

Cholesterol can be divided into fractions based roughly on their weight (density.) People with higher levels of the *high density cholesterol* have been found to have less heart disease (when compared with other people with high risk for heart disease—other Americans.) When compared with people who eat a healthier diet (people from less wealthy countries), who also have little or no heart disease, this HDL-cholesterol/heart disease relationship no longer holds. Those people with the least heart disease have the lowest total cholesterol and the lowest HDL-cholesterols (because HDL is the end product of cholesterol metabolism, when little cholesterol is eaten, little is made.) Knowledge of HDL levels can harm a patient by false reassurance. The doctor says "Your total cholesterol is 278 mg%, but don't worry your HDLs are high." Wrong—this person is still in big trouble and should direct all efforts to lowering cholesterol.

At the other extreme, I have heard of doctors telling patients with total cholesterol below 150 mg% to eat more cholesterol because their HDL levels are low. Silly!

*Rely on your total cholesterol level.*

**Triglycerides, Uric Acid, Blood Sugar**—*"Helpful Tests"*

These safe blood tests will give information that predicts your risk of complications of atherosclerosis (like a heart attack or death.) You should know these levels; and when elevated, diet and exercise should be the first lines of therapy. If these tests are abnormal then a recheck is necessary to monitor your improvement. When normal or no longer changing, then check less than every six months.

**Blood Pressure**—*"An Essential Test"*

Blood pressure is a safe and valuable measurement reflecting the health of your blood vessels. If elevated above 110/70 then you have a warning sign—you are at increased risk for complications of atherosclerosis (heart disease and stroke.) Act appropriately by improving your diet and increasing exercise. Careful! An elevated blood pressure could lead to treatment with powerful drugs. Understand that drugs to lower blood pressure do not benefit people with diastolic pressures (lower number) under 104 mm Hg, nor do persons with any level of systolic pressure (upper number) benefit from drugs.

If I meet you I should be able to ask you your blood pressure and cholesterol level—and you will be able to tell me. *Right?*

## MEDICAL RESEARCH

**MIGRATION AND GOUT: THE TOKELAU ISLAND MIGRANT STUDY** by I. Prior (British Medical Journal 295:457, 1987.) The prevalence and 14 year incidence of clinical gout were investigated in the Polynesian population of Tokelauans living in the Pacific basin. People living on their isolated native atoll homeland were compared with those Tokelauans who migrated to New Zealand. The risk of developing gout was 9 times higher in the men who moved to New Zealand compared to those who

stayed in their native island land. Age, serum uric acid concentrations, serum cholesterol concentration, and self-reported alcohol consumption were the best predictors of the chance of developing gout in these men.

**COMMENT:** There is no easier health problem for us to identify with rich eating and drinking than gout. All of us can immediately picture the fat king with his gout inflicted, painful, foot propped up on a stool. The same ascent to the lifestyle of a king has happened to these simple island natives. They moved to New Zealand where they can eat meats, dairy and donuts all day long.

Many studies have been done on the *urbanization of rural people* to extraordinary affluence. Consistently, a healthy population living on starches, vegetables and fruits (including coconuts and breadfruits) with small amounts of animal protein, usually from fish, changes to a diet of meat, sugar, milk and cream. Within a few short years of changing their diet, obesity, diabetes, heart disease, kidney failure, and high blood pressure become epidemic.

Gout is an arthritic condition that classically affects the big toe, but can affect other joints. Attacks are sudden with the onset of severe pain, swelling and redness. Crystals of uric acid are found in the inflamed joint fluids. Uric acid is the breakdown product of purines, the building blocks of our genetic material (DNA and RNA.) Consumption of high protein foods also means consumption of high purine foods. If the family tendency is to develop gout, then the uric acid often accumulates in the joints. Fortunately, knowing the cause also means knowing the cure. Gout cannot occur in people who follow a starch-based meal plan as a lifelong diet. (For the first few months after a diet change gout attacks are not rare in very susceptible people.)

**LOVASTATIN (MEVINOLIN) IN THE TREATMENT OF HETEROZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA** by R. Havel (Annals of Internal Medicine 107:609, 1987. One hundred and one patients were placed in five groups and studied for 6-week periods. Falls in cholesterol were in the range of 20% to 40%. Maximum response was seen in 4 to 6 weeks. Medication could be taken once or twice a day in dosages ranging from 5mg to 80 mg a day. Lovastatin was well tolerated with few side effects and was effective.

**COMMENT:** Elevation of serum cholesterol is generally accepted to play a major role in the development of atherosclerosis, which leads to heart attacks and strokes. Approximately 1 in 500 people has a genetic tendency to develop very high levels of cholesterol in the blood — the condition is called familial hypercholesterolemia. People with this condition inherit one gene from their mother or father that results in the reduction in function of cholesterol receptors on the surface of cells found throughout the body. Lower receptor function means less clearance of cholesterol from the blood stream—thus higher levels of blood cholesterol that can damage the arteries. People with this condition die early, often in their twenties and thirties of heart attacks. Fortunately, even fewer people inherit two defective genes (one from each parent), because these people die as children and teen-agers of heart

disease.

Cholesterol lowering drugs have been tested largely in people with this family tendency to early tragedy. However, the research applies to at least half of Americans who have no such genetic defect, but are killing themselves with their high cholesterol diet a decade or two later.

Lovastatin blocks the production of cholesterol by our body, especially the liver. A reduction of 20% to 40% in cholesterol can mean a 40% to 80% decrease in the chance of dying from heart disease (each 1% decrease in cholesterol is reflected in a 2% to 3% decrease in heart disease.).

The first step in treating all cholesterol conditions is a low-fat, no-cholesterol diet (as described in **The McDougall Plan**.) If my patients fail to lower their cholesterol below 180 mg% (or ideally to 150 mg%) with diet alone, I start them on cholesterol lowering drugs. First niacin (B3) 100 mg twice a day—increasing the dosage to 2,000 to 3,000 mg a day (side effect is primarily flushing); next I recommend Questran (cholestyramine) 2 to 6 packages a day (side effects of indigestion, bloating and constipation), and last—primarily because this medication is new and expensive—I add Lovastatin (side effects of stomachache, nausea, muscle aches, reversible mild liver damage. There is concern for cataract development.) Most reductions in cholesterol from diet and/or drugs are seen in 2 to 6 weeks. When taking steps to lower cholesterol, have a blood test every 3 weeks to track your progress.

Not more than a year ago I only used diet to treat my patients with elevated cholesterol. My thinking—since they were not eating it anymore, all that was present in the blood was coming out of the tissues and/or made by the body. My thinking has changed to where now I believe I can do better for my patients by lowering elevated blood cholesterol with medication. The cholesterol molecule appears to be injurious to the artery wall, furthermore the lower the level in the blood, the more often and more rapidly the cholesterol leaves the tissues, including the diseased arteries, resulting in *reversal of atherosclerosis*.

## RECIPES

### MINISTRONE SOUP

Makes 3 quarts

1 cup dried kidney beans  
1/2 tsp. crushed garlic  
1 onion, chopped  
2 stalks celery, sliced  
2 carrots, sliced  
2 potatoes, chopped  
1 cup sliced green beans  
2 zucchini, chopped  
1 1/2 cups cooked garbanzo beans  
1 cup tomato sauce,  
2 tbsp. parsley flakes  
1 1/2 tsp. basil  
1 1/2 tsp. oregano  
1/2 tsp. marjoram  
1/4 tsp. celery seed  
1/4 tsp. black pepper

1/2 cup whole wheat elbows or shells.  
1 15 oz. can chopped tomatoes  
1 10 oz. pkg. frozen chopped spinach (thawed)

Soak beans overnight in water to cover. Drain. Place beans, garlic and onions in 2 quarts water and cook for 1 hour. Then add celery, carrots, potatoes and green beans, plus all the seasonings. After 30 minutes, add the zucchini, garbanzo beans and the tomato sauce. Cook for another 30 minutes, then add the pasta, tomatoes and spinach. Cook until pasta is tender, 10-15 minutes.

### HEARTY WINTER STEW

Makes 2 quarts

2 onions, chopped  
2 cloves garlic, crushed  
2 potatoes, peeled and chunked  
2 carrots, sliced  
2 stalks celery, sliced  
2 zucchini, chunked  
1/2 lb. mushrooms, cut in half  
3 3/4 cups tomato sauce  
2 tbsp. parsley flakes  
1 tsp. paprika  
1 tsp. basil  
1 tsp. chili powder  
1/2 tsp. dry mustard  
1/2 tsp. cumin  
1/4 tsp. black pepper

Cook onions, garlic, potatoes, carrots and celery in a small amount of water for 10 minutes. Add remaining ingredients and cook until all vegetables are tender. Serve over brown rice or other whole grains.

### LETTERS TO THE MCDUGALL'S

I've been having stomach problems for several years, gone through expensive and discomfoting tests, and gotten no relief. Until now, since I began eating according to your plan. The relief is unbelievable! L.D. San Francisco, CA.

Thanks! Now tell me what do I do with a closet full of extra larges? Today is my 44 th birthday and I am sixty pounds lighter than last year and I feel so great. S.S. Miami, FL.

Whether you know it or not, we consider the McDougall's our friends, because we have so carefully read your books and newsletters over the past few years. Even though we are considered extremists, word is slowly spreading. M.J. Baton Rouge, LA. Editor's Note: Feeling's mutual.

I am 32, and after a strep infection I developed a very severe case of psoriasis. Your book was recommended by several psoriasis patients who had a great deal of success controlling their problem with your diet. I must say so far my psoriasis has gone into remission. M.S. Alpharetta, GA.

I do have some testimonial data...After the first year of the McDougall Plan our yearly restaurant and food expenses declined by 88.0% and 22.0% respectively...This translates into savings that could purchase one high end AT personal computer each

year!...I have reduced my colds and flus by 1400% in the past two years. This has meant more personal leave as opposed to sick leave time...W.M. Escondido, CA.

I just want to tell you I think your diet STINKS!!! My parents are on it, and I almost never have food to eat. I weigh 75 pounds and I'm tall. I don't need to lose weight, but I am. My mother and father love it, but I won't and NEVER will. You only live once, so have fun. If you were eleven you would hate to give up Burger King.

*Plans to get food:*

Plan a: Save 25 cents from every \$1.00 you get.

Plan b: Go on food strike. (eat at school.)

Plan c: Buy good food from school.

Plan d: Pay friend to buy food.

Overall Plan: Don't eat food you don't like!!!

A.G. Moreland Hills, OH.

Editor's Note: 1987 Award for Strongest Protest.

Heard you on Chicago radio when my husband was in the hospital being advised to have bypass surgery. Bought your book and decided to try a dietary alternative. We have both lost 15 pounds—his check-up at the doctor's office was "miraculous"—neither of us miss animal products and we both feel better than we have in years. T.M. McHenry, IL

### TAX-DEDUCTIBLE DONATIONS TO THE MCDUGALL PROGRAM

There are many worthwhile health foundations looking for your precious dollars. I believe the direction we are going in at The McDougall Program will make the most difference for the health of the most people. I have set up two separate funds for your charitable gifts. All donations are deductible for Federal and State income tax purposes. Both foundations are set up through The St. Helena Hospital and Health center. Send Contributions to either foundation c/o The McDougall program. St. Helena Hospital and Health Center. Deer Park. CA 94576. Thank You.

*The McDougall Lifestyle Change Research Fund* 2574.1040 will be money I personally manage for research and education. This fund has already accumulated nearly \$ 5,000 with a future promise of several hundred thousand dollars.

*The McDougall Program Fund* 2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education.

### MORE HELP

The McDougall Plan-\$8.95. McDougall's Medicine—A Challenging Second Opinion by New Century — \$8.95. Volume I & II of the Cookbooks \$7.95 each. Add postage (\$2 first book-\$1 each additional)—send to POB 14039, Santa Rosa, CA 95402. The McDougall Program at St. Helena Hospital, Napa Valley, CA. Two weeks of physician supervised live-in care designed to get people off medication, out of surgery and living again—call 1-800-358-9195 (outside California) or 1-800-862-7575 (California).

### SUBSCRIBING INFORMATION

The McDougall Newsletter is published bimonthly. Send \$8 to THE MCDUGALLS, POB 14039, Santa Rosa, CA 95402. Previous issues available at \$1.50 per copy.

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