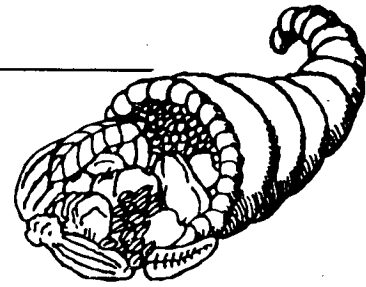


THE MCDUGALL NEWSLETTER

MAR/APR 1993

VOL. 7/NO.2



INFORMATION

HEALTH-CARE SOLUTIONS FOR HILLARY RODHAM CLINTON

If you want to solve the health care crisis in American, right two wrongs: 1) stop disproven and dishonest medical therapies; and 2) change the focus from treating to removing the causes of diseases. Your present efforts to cut costs through national health insurance, and your plans to freeze health care costs will result in only a fraction of the help this nation really needs.

STOP THE DISHONESTY

Over-charging and submitting false claims by doctors represents a tiny portion of the wrongful activities in the medical business. The "big robbery" of the public comes from prescribing useless and harmful therapies. This "white coat crime" is fueled by the undeniable fact that most doctors are financially rewarded for their efforts to test and treat people--*the sicker you are the more money your doctor makes*. Check with your medical advisors and you will quickly discover drug therapies for chronic diseases, such as arthritis, adult-type diabetes, high blood pressure, and multiple sclerosis cause more problems than they cure. Because drug prescribing is highly profitable for the doctors, hospitals and pharmaceutical companies, this approach continues to be the community standard of practice.

The business of surgery is also harming millions of Americans. As early as 1939 amputation of a woman's breast for cancer was known to be no more beneficial than a lumpectomy for prolonging a woman's life. Yet today unnecessary mutilation continues. Heart surgeons are stealing America blind. Conservative estimates indicate half of the bypass operations and at least half the angiograms are done unnecessarily (JAMA 258:1611, 1987; JAMA 268:2537, 1992).

REMOVE THE CAUSES OF DISEASES

According to the US Surgeon General's Report on Nutrition and Health (1988) most of the illnesses in our country are caused by diet and lifestyle practices, and therefore are preventable. Of even more importance is the fact that most of these same diseases are dramatically improved, even cured, with correction of diet and lifestyle. Even though the benefits are far greater than any drug or surgical therapy, simple changes in the way we eat and live **lack** the one quality that would give them their deserved importance--**PROFITABLE**.

Atherosclerosis (underlying heart disease, strokes and angina), rheumatoid arthritis, high blood pressure, multiple sclerosis, adult-type diabetes, obesity, constipation, and indigestion are but a few of the common health problems that have been

documented in the scientific literature to be dramatically benefited, even cured, by a healthy diet and lifestyle.

TEN PRACTICAL REMEDIES

1) Pay Doctors and Hospitals Per Capita

Reward systems that encourage health, and discourage the treatment of disease, must be implemented. The simplest solution would allocate a doctor, a clinic, or a hospital a set number of patients who would then become their responsibility. All the money remaining after providing quality care for these people would be kept by the provider.

Providers would first try to save money by becoming more efficient, even to the point of withholding services. This is the focus of most Health Maintenance Organizations (HMOs) today. Even though the potential for inferior care exists, "quality of care reviews" and the threat of malpractice help protect the patients.

Innovative providers would quickly figure out the best ways to spend less money on health care are to keep their patients healthy and abandon treatments of questionable value. Confronted with a choice of paying \$40,000 for bypass surgery to relieve chest pain, or \$250 for a nutrition course (with a better record for relieving chest pains and survival), guess what a wise doctor will be encouraging his patients to do if he's paying the bill.

This approach puts the penalty of an ineffective, improperly oriented, dishonest health care system directly in the pocketbook of those people who can change it--the doctors and hospital administrators. Those who adjust quickly to methods designed to cut down on the expensive commodity (the sick patients) will prosper--the others will starve to death.

2) Reward People For Good Health

A direct financial connection to healthy habits should be established by rewarding individuals for staying healthy. Base health insurance premiums upon a patient's risk factors. For example, the basic monthly insurance costs for a healthy person could be \$70. Add \$25 for each 25 mg/dl of cholesterol over 150 mg/dl. Add \$1 for each pound over ideal weight. A \$50 surcharge for the privilege of committing slow suicide by smoking. If you are caught without your safety belt add \$20 monthly for the next year. When tied to their money, people will quickly understand the importance of good health.

3) Pay Primary Care Doctors More

More financial rewards go to those doctors who choose specialized fields with money making gimmicks. Whereas doctors providing primary-care, such as those in family practice and internal medicine, usually make one-fifth the money of cardiologists, gastroenterologist, or surgeons who perform

procedures on patients. Yet dietary or lifestyle counseling, which should be provided by primary-care doctors, has the potential to do much more good than the expensive treatments. You could encourage doctors to be educators by paying for these services, and discourage high-tech "star wars" medicine by withholding your checkbook. Government sponsored low-interest loans and scholarships should also be offered to young doctors as an incentive for choosing primary-care.

4) Improve the Medical School Curriculum

The average medical student receives three hours of nutrition education in four years of medical school. Most of a doctor's ongoing education is provided by drug salesmen who visit his office. A task force needs to be established that would guide and encourage medical schools to teach students the basics in dietary and lifestyle therapy. Doctors should be trained in effective methods to help their patients stop smoking, drugs and alcohol. Cooking and exercise classes would be more valuable than pharmacology for doctors interested in helping people with chronic diseases.

5) Begin a Massive Educational Campaign

After the Surgeon General declared smoking a health hazard in 1964, steps were taken to inform the public--and people quit. In 1988, the Surgeon General declared the rich American diet the nation's number one health hazard. Educational messages on TV and radio, and in newspapers and magazines should be informing people that their diet causes most of their diseases, and the solution is proper nutrition.

Recent steps to label foods with more nutritional information will be helpful, but many products deserve a warning label analogous to those found on tobacco products:

"WARNING THE SURGEON GENERAL HAS DETERMINED EATING RICH FOODS IS HAZARDOUS TO YOUR HEALTH;"

"SURGEON GENERAL'S WARNING: THE AMERICAN DIET CAUSES HEART DISEASE AND CANCER"

"SURGEON GENERAL'S MESSAGE: CHANGING YOUR DIET NOW WILL REDUCE RISKS TO YOUR HEALTH."

6) Encourage Informed Consent Laws

People concerned about women's health have helped pass "Informed Consent Laws" in at least 11 states. These laws require doctors to tell women of their options for breast cancer treatment. In the state of Hawaii the brochure handed out by doctors under this law tells women they will survive no longer regardless of the surgical therapy chosen and they should change their diet even after they become victims of this dreaded disease.

We need "Informed Consent Laws" to explain the limitations of medical tests, such as mammography, stress tests, stool blood tests, and treatments like heart bypass surgery.

7) Subsidize Only Healthy Products

Presently you unload surplus meats, dairy products, and refined foods on under privileged people through the government run programs. This leads to more disease which we must pay for through government run medical welfare programs. The US government's subsidy of products causing this plague must stop.

Take one step further and encourage people to make better choices. Food stamps for the needy should be redeemable only for healthy foods. End hunger and improve health for the poor in a single effort by assuring unrestricted availability of healthy staples, like beans, pastas, potatoes, and rice, and fruits and vegetables to all Americans.

8) Tax All Unhealthy Goods

You propose more taxes on cigarettes and alcohol. Great! But how about a "Fat Tax." Saturated fat should be taxed at 1 cent a gram, and all fats purposefully added to a product would be taxed at 2 cents a gram. Under this system a Big Mac would increase by 34 cents, and potato chips would be taxed 24 cents per ounce. Use this extra revenue to pay for dietary and lifestyle education, and legitimate health care.

9) Reform Government Institutions

The government has direct control over the foods used in prisons, schools, government run hospitals, and other businesses. Why not clean up your own house first? Begin by offering healthy foods at least as an alternative, and the education necessary to help inmates, students, patients, and employees make better choices.

Institute more non-smoking policies and exercise programs for employees. Provide more help for your employees who's lives are damaged by alcohol and tobacco.

10) Support Beneficial Research and Organizations

Most research is funded by pharmaceutical industry and other special interest groups looking for new products to make more profits. How do we encourage research that benefits people first, rather than businesses? Those in the government who distribute grants must sever their ties with industry. Taxpayer's money must be spent on research and education that deals with the cause and cure of most diseases--diet and lifestyle.

Organizations, such as the American Cancer Society and the American Heart Association should receive funds only for worthwhile endeavors. Presently, too much of their energy is spent trying to convince people "we are winning the war on cancer," and "making great strides against heart disease" by testing and treating people. These false claims benefit the medical businesses (doctors, laboratories and hospitals), not the victims of these diseases.

MAKE THE ULTIMATE SACRIFICES, NOW

People suffering from serious illness, after trying every pill and surgery, will make the ultimate sacrifice by changing their diet and lifestyle. The national health care system has reached a similar desperate condition. Moderate changes will fail. It's time for a decisive change. We must restore the right of all Americans to obtain honest and effective health care.

To forward your thoughts to the White House write:

Ms Melanne Berveer, Chief of Staff
Health Task Force
100 Old Executive Office Building
Washington, DC 20500

FOR: The First Lady
Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

RESEARCH

MARGARINE WORSE THAN BUTTER?

Intake Of Trans Fatty Acids And Risk Of Coronary Heart Disease Among Women by Walter Willett in the March 6, 1993 issue of the *Lancet* (341:581) found margarine and vegetable shortenings increased the risk of heart disease, based on a study of 85,095 women. Intakes of foods that are high in "trans-fats," such as margarine, cookies, cakes and white breads showed a significantly higher risk of heart disease.

COMMENT: Margarine and shortening are manufactured by a process which adds hydrogen atoms with the aid of a catalyst to vegetable oils. "Trans-fats" are formed as the liquid vegetable oils are made into products more solid at room temperature. In chemical terms, the polyunsaturated carbon-carbon linkages in the vegetable oils are saturated with hydrogen to make saturated fats. "Trans" refers to the position of the hydrogen atoms in relation to the chains of carbon atoms that form the fat. The hydrogens are on the opposite sides (trans) of the carbons, rather than on the same side (cis).

Most fats in nature are the "cis" form. An exception is that about 5% of the dairy and beef fat is in the "trans" form. "Trans-fats" are produced in the rumen of cattle by bacteria. The "trans-fat" content of margarine varies from 7% to 24%, and shortening 15%. The "trans-fat" content of McDonald's and Burger King's french fries was found to be between 24% and 35% (*Lancet* 341:581, 1993).

It has been known for more than 30 years that "trans-fats" cause an exceptionally high rise in cholesterol and triglycerides when fed to people (*J Nutr* 75:388, 1961). Some recent studies shown an increase in the LDL "bad" cholesterol, and a decrease in the HDL "good" cholesterol (*N Engl J Med* 323:439, 1990). Consumption of "trans-fats" paralleled the rise in heart disease at the turn of the century. "Trans-fats" also seem to encourage blood clotting leading to heart attacks. The "trans-fat" content of the fatty tissues of people who die of heart disease is higher than people dying of other causes (*J Epidemiol Common Health* 37:16, 1983). As early as 1975 deaths from heart disease had been reported to be highest among consumers of "trans-fats" (*Br J Prev Soc Med* 29:82, 1975).

Death rates from cancers have also been found to be highest among the consumers of this kind of fat (*Fed Proc* 37:2215, 1978). "Trans-fats" will make you fat, deregulate diabetes, and cause oily hair and skin, just like other fats. So what kind of fats and oils should you use? NONE!

DIET THERAPY FOR BREAST CANCER

Treatment Failure and Dietary Habits in Women with Breast Cancer by L/E Holm in the January 6th, 1993 issue of

the *Journal of the National Cancer Institute* (85:32) found a direct relationship between dietary habits of a woman at the time of diagnosis and her prognosis. Epidemiological and experimental evidence suggests that breast cancer risk can be reduced by dietary measures. They interviewed 240 women about their dietary histories. These women were 50-65 years old and had pathological stage I-II breast cancer with subsequent follow-up for 4 years; 209 of these women were postmenopausal. Differences in dietary variables between groups of patients were analyzed. Cancers were classified as estrogen receptor (ER) rich in 149 patients and as ER poor in 71 patients. Fifty-two patients had treatment failure during follow-up. The 30 patients with ER-rich tumors who had treatment failure reported higher intakes of total fat, saturated fatty acids, and polyunsaturated fatty acids than did the 119 patients with ER-rich tumors who did not have treatment failure. No association between dietary habits and treatment failure was found for women with ER-poor cancers. There was a tendency to a dose-response relationship between intake of saturated fatty acids and disease-free survival, but the observed differences were not statistically significant. The authors concluded, "Dietary fat may have an effect on growth or spread of breast cancer, both of which may vary according to type of fat. Total fat and saturated fatty acids were the dietary parameters most strongly associated with risk for treatment failure..." "Dietary intervention might serve as an adjuvant treatment to improve breast cancer prognosis."

COMMENT: In 1984, I (John McDougall) published an article "Preliminary Study of Diet as Adjunct Therapy for Breast Cancer" in the journal *Breast* (10:18). I found women with breast cancer could favorably change all the factors that predicted their future (prognostic factors). Thin women with low cholesterol, estrogen and prolactin (a pituitary hormone) levels lived longer than those with the opposite characteristics. A healthy diet will change all of these to promising values. Back then I was referred to as "unorthodox" and most kindly as "too far ahead of his time." These days many doctors are coming to the same conclusion about diet and breast cancer--*it makes no sense to pour gasoline on a fire.*

In 1985 Gregorio (*JNCI* 75:37) reported a decreased survival in women who reported a higher fat intake. He found an increase of 1 kilogram (2.2 pounds) of fat monthly resulted in a 40% increase in risk of death. Verreault (*JNCI* 80:819, 1988) reported an increase in saturated fat intake was associated with a greater chance of lymph node involvement (thus more advanced disease). In 1989 Holm reported the chance of having a smaller breast cancer (less than 20 mm) was greater in women on a higher fiber diet, and the tumors appeared less aggressive with higher amounts of carbohydrate and lower amounts of fat in their diet (*JNCI* 81:1218).

A healthier diet may improve the course of breast cancer by reducing the estrogen and prolactin hormones in a woman's body. Both hormones promote the growth of breast cancer. A healthier diet may also improve the cancer fighting qualities of her immune system. Regardless of the mechanisms involved, there is a battle going on between the cancer and the host (the woman). Doctors should be recommending to their cancer

patients to do everything possible to become as healthy as possible—especially by giving up the diet that caused their cancer in the first place.

RECIPES

RED PEPPER SAUCE

SERVINGS: 1 CUP
PREPARATION TIME: 10 MINUTES
COOKING TIME: 20 MINUTES

2 large red bell peppers, chopped
1 small round onion, chopped
2 cloves garlic, minced
1/4 cup water
1/2 tablespoon white wine vinegar
1/8 teaspoon crushed red pepper
1/8 teaspoon white pepper
dash or two Tabasco sauce
1/2 to 1 tablespoon horseradish (optional)

Place peppers, onion and garlic in a sauce pan with the water. Cover and cook over low heat until peppers are very soft, about 15 minutes. Transfer to a food processor or blender and process until smooth. Return to sauce pan. Add remaining ingredients. Heat over low heat for 5 minutes to blend flavors, stirring occasionally. This makes an excellent spread for bread, a dip for raw vegetables, or double the recipe and use it as an interesting pasta sauce. To really jazz this up, try adding from 1/2 to 1 tablespoon horseradish to the sauce.

TOFU "EGG" SALAD

SERVINGS: MAKES 2 CUPS
PREPARATION TIME: 10 MINUTES
COOKING TIME: NONE
CHILLING TIME: 1 HOUR

1 pound firm tofu, drained and crumbled
1/4 cup fat-free mayonnaise (optional)
2 tablespoons prepared mustard
1 tablespoon soy sauce
1/2 teaspoon turmeric
3-4 scallions, finely chopped
1/4 cup minced celery
1/8 cup pickle relish (optional)

Place tofu in a bowl and mash with potato masher. Add mayonnaise, if desired, mustard, soy sauce and turmeric. Mix well until tofu takes on a bright yellow color. Stir in scallions, celery and relish, if desired. Serve as a spread on bread or stuffed into pita bread. Note: Weight Watchers makes a mayonnaise that is fat-free--no oil, no eggs.

PESTO PASTA SALAD

SERVINGS: 8
PREPARATION TIME: 30 MINUTES (NEED COOKED PASTA)
COOKING TIME: 2-3 MINUTES

1 pound fresh spinach
1 cup fresh basil leaves
3-4 cloves garlic

1/2 cup lite soy milk
1/2 cup non-fat Italian dressing
1/4 cup chopped parsley
3 tablespoons onion powder
2 tablespoons soy sauce
4 cups cooked rotelli pasta, or another shaped pasta
1 cup sliced mushrooms
1 cup diced carrots
1 cup diced cucumbers
1 cup halved cherry tomatoes
1/2 cup diced yellow or green bell peppers, or both

Trim and wash spinach, place in saucepan with some water clinging to the leaves. Cover and cook over medium heat until wilted, about 2-3 minutes. Drain off water. Set aside. Place next 7 ingredients in a blender jar. Add spinach and process until smooth. Place next 6 ingredients in a large bowl. Add blended dressing and toss to mix.

HELP

DONATIONS

TO THE MCDUGALL PROGRAM

The McDougall Lifestyle Change Research Fund--2574.1040 will be money I personally manage for research and education. The McDougall Program Fund--2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education. Send to The McDougall Program, c/o St. Helena Hospital, Deer Park, CA 94576. ALL TAX DEDUCTIBLE.

MORE HELP

Books and Audio Cassettes: The McDougall Program--\$10.95; The McDougall Plan--\$10.95; McDougall's Medicine--A Challenging Second Opinion--\$10 (Hardcover); Volume I & II of the Cookbooks--\$9.95 each. The McDougall Video--\$25. McDougall Program Audio Cassette Album (8 tapes)--\$59.95. Add postage (\$4 first book, audio album, or video and \$2 each additional item)

The McDougall Program at St. Helena Hospital, Deer Park, 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).

The McDougall Newsletter is published bimonthly. Send \$12/yr. Previous issues available at \$2 per copy (Vol. 1, No. 1-8; Vol. 2, No. 1-6; Vol. 3, No. 1-6; Vol. 4, No. 1-6; Vol. 5, No. 1-6; Vol. 6, No. 1-6; Vol. 7, No. 1).

Send all orders to THE MCDUGALLS, POB 14039, Santa Rosa, CA 95402. Send US funds only! Add extra postage for foreign orders.

IS IT TIME TO RENEW?

Look at your envelope for a renewal notice. If your envelope has a stamped message on it that says, "time to renew," then don't hesitate. This is the only notice you will receive. Right now make out a check for \$12.00 for another year of the McDougall Newsletter. Send your check with your name and address, or even easier, enclose your mailing address from this envelope. Mail to The McDougall Newsletter, P.O. Box 14039, Santa Rosa, CA 95402.

The McDougall Newsletter is now copyrighted. But you have our permission to duplicate and share with friends. All other rights restricted.