MEDICAL GENOCIDE

PART FOURTEEN

Research shows that many diseases are the result of bad diet. Why is this fact being kept hidden from us?

EAT TO LIVE

BY GARY NULL

For over 40 years, we've been told that the discovery of a cure for cancer is right around the corner. The American Cancer Society has repeatedly led us to believe that if we'd just send a few more of our precious dollars, it would come up with a cure. Great treasure has been squandered pursuing expensive and dangerous treatments for other serious diseases such as diabetes, osteoporosis, hypertension, and heart disease.

In our continuing examination of today's courageous medical dissidents, Dr. John McDougall's work shows us how these diseases can be prevented through our diet. Dr. McDougall is currently an assistant clinical professor of internal medicine at the University of Hawaii's John Burn School of Medicine, and also serves as medical director of the lifestyle-nutrition program of St. Helena Hospital in Deer Park, California. He is the author of several medical books.

According to Dr. McDougall, the medical profession is not on the verge of a cancer cure. The American Cancer Society and the cancer establishment are simply misleading us, to put it gently. We are told cancer is the most curable of chronic diseases. It is not. It is a highly lethal disease. We are told that more than 50 percent of all cancer patients survive it. They do not. They survive *five* years, which is the American Cancer Society's bogus definition of a cure.

It is only now that chemotherapy is beginning to cost the drug companies money, as a result of damage claims, that the ineffectiveness of these chemicals for cancer is being seriously discussed. Drug companies are now actively starting to spread a message that's just the opposite of what they've been saying all along.

Another myth promoted by the medical establishment is the value of early detection and treatment. This policy is an utter failure. It is important for people to understand this so they will put their efforts into what really works, which is prevention. Five to ten years ago, annual chest X rays were administered in an attempt to detect lung cancer and treat it early. We don't do that anymore, because it doesn't help. Most methods of treatment for lung cancer are inhumane and ineffective. Chemotherapy puts people through utter misery, and by the time cancer can be detected it has been present in the system five to ten years. Early detection of breast, colon, and prostate cancer is also of no value, because there is no effective treatment. The medical literature documents the fact that doctors have not cured people of cancer by cutting them, burning them, or giving them chemotherapy.

The reason why has to do with the natural history of the disease. Cancer starts as a single cell that goes awry. It outgrows its boundaries and travels through the bloodstream to other tissues, implants itself, and grows. That's how cancer kills. Thus, if it gets into the brain, it grows and replaces normal brain tissue. The brain eventually gets pushed aside and the patient dies. If the cancer gets into the lungs, it replaces lung tissue, effectively suffocating the patient.

PAINTING BY DANIEL RIBERZANI

Let's look at breast cancer, for example. Breast cancer strikes about 120,000 women a year in this country. The cancer doesn't just grow wildly, as many imagine. It has a regular growth rate. Every 100 days, each cell doubles into two. If you've had cancer for three and a half months, you have 12 cancer cells in your breast. This growth is microscopic; no pathologist could find it. At the end of six years, a breast tumor has a million cells in it, and it's the size of the period at the end of this sentence. It cannot be found by mammography. In ten years' time, the cancer has finally grown to a detectable size, that of a pencil eraser. It has a billion cells in it, and most likely has broken through blood vessels and spread to other parts of the body.

By understanding the natural history of the disease, we are led, first, to a humane therapy. There's no reason to remove a woman's breast if the cancer hasn't spread. If the cancer is still located only in the tumor, its removal will be an effective cure. If it has spread, as it does in most cases, no matter how much of her body is cut off, she will not be cured. Our only alternative is prevention, because we can't treat and we can't detect early.

And finally, for anyone who has cancer, we must teach them to stop adding fuel to the fire. Seven years ago, Dr. McDougall submitted a proposal for a study to the National Cancer Institute suggesting treating breast cancer with a low-fat diet. It wasn't interested in that item, but a similar study is now in progress. The results will not be announced for ten or 15 years. But the American Cancer Society, the National Cancer Institute, the National Academy of Sciences, and the Senate Select Committee on Nutrition and Human Needs have all come to the same conclusion, somewhat independently, that breast, colon, and prostate cancer are at least in part due to the way we eat.

Patients who have breast cancer and are treated with a dietary change see some very favorable results. In fact, this diet can be applied to cancers of the lung, bone, and liver. The rationale is that the defense against cancer is internal. Some women who get breast cancer die in six months; some die 30 years after detection of their original tumor. The difference has to do with the host-tumor relationship. An aggressive tumor in a weak patient quickly kills the patient. But a strong person with a weak tumor may live a long time. The aim is to strengthen the patient by teaching them how to take care of themselves: to eat properly, of course, and get enough rest, sunshine, and physical activity.

Eating properly is not as difficult as many people believe. The issue is what diet best supports health. The conclusions are based on clinical literature, and observations of Dr. McDougall's patients and of patients worldwide. Research findings of the last 80 years are consistent as to what constitutes proper nutrition. The best diet is a starch-based meal plan with a high fiber content (whole grains, vegetables, legumes, fruits, and seeds). These foods seem to be the most appropriate for our physiological and anatomical design.

There is another group of foods, extremely high in fat, that Dr. McDougall classifies as delicacies, or feast foods: chocolate, whole milk, eggs, cheese, a good steak, and bacon, which have been considered staple foods but should be eaten only occasionally.

A starch-based diet is not boring; it can be tasty and varied. For example, breakfast might consist of fruit and oatmeal, or waffles and pancakes made out of whole-wheat flour. Lunch could be a vegetable-based soup and dinner might include spaghetti with marinara sauce, or Indian or Japanese food.

Diabetes is another disease that can be treated through dietary changes. Some experts say that one in three deaths in this country is related to diabetes. That estimate may be high. But it is certain that one out of 20 people in this country suffers from diabetes.

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In itself, diabetes is no longer a life-threatening disease; diabetics today rarely go into a coma and die now that insulin is available. Instead, they die from related complications such as arteriosclerosis, kidney failure, stroke, or heart attack, because the body's natural defense and repair systems are compromised by the disease. If a diabetic gets an infection in the toe, the whole foot may be at risk. The typical American diet is lethal for the diabetic. Cholesterol ravages their arteries, and they suffer severe kidney failure, strokes, and heart attacks at a much earlier age because they can't repair the damage. They also have higher rates of cancer and suffer from osteoporosis more frequently.

All diabetics, whether children or adults, should eat a diet that best supports health and that has as few noxious elements—salt, cholesterol, refined foods, additives—as possible. Considerable improvement and reduction of complications can be achieved in juvenile-onset diabetics through dietary change. Juvenile diabetics feel tremendously better when they eat right, and as a result, rarely return to junk food once they learn to eat correctly.

A proper diet can have a similar effect on adult diabetics. The most interesting research on adult diabetes was done at the University of Kentucky Medical School by James Anderson. He put diabetics on the American Diabetic Association diet, which is a mere reflection of the average American diet. The diet had no beneficial effect on their condition.

But once Anderson stabilized insulin dosages on the A.D.A. diet, he prescribed a high-fiber, low-fat diet high in complex carbohydrates, similar to the one Dr. McDougall recommends. He reported that on this diet, 75 percent of the participants could be taken off all insulin, and at least that many required no other diabetic medication.

Many other researchers confirm this finding. Diabetes is, in fact, very responsive to dietary change.

Osteoporosis is an example of a disease the etiology of which is known but rarely discussed due to the influence of commercial interests. Its causes can be traced to include our dietary excesses.

Most people understand osteoporosis to be a disease that primarily affects women and has something to do with hormones, aging, bones, and exercise. The first step in prevention is to get more physical activity, which strengthens bones. But osteoporosis is a disease, not a condition of the aging process. Women are not supposed to lose their bones when they reach the age of 55. Bones are designed to last 85 years or longer.

According to the National Dairy Council, osteoporosis is caused by a cow-milk deficiency. Some people accept that; others find it difficult to believe that a natural nutrient for the human body is cow milk, or even human milk for children past the age of two years. The dairy industry has convinced the public of this; but their message is not only incorrect, it is dangerous. Dairy products have been strongly associated with hardening of the arteries and heart attacks. The American Heart Association has confirmed this, and the American Cancer Society says that one of the best ways to reduce the risk of breast, colon, and prostate cancer is to cut down on dairy products. Thus, the Dairy Council's message is difficult to understand. It implies that to get a necessary nutrient, calcium, we have to compromise other aspects of our health.

The dairy industry is, in fact, correct in saying that consuming more dairy products will reduce a woman's chances of getting osteoporosis. That's because she'll be more likely to die young from a heart attack or cancer—too young to get osteoporosis.

Second, we are told that osteoporosis is a disease of estrogen deficiency; at menopause, many women are given es-

trogen-replacement therapy. This is another dangerous treatment. It increases the risk of cancer of the uterus 14-fold, triples the risk of gall-bladder disease, and may introduce other problems. It doesn't make sense to believe that osteoporosis is a disease of an estrogen-pill deficiency.

Finally, we are told by vitamin manufacturers that osteoporosis is a disease of a calcium-pill deficiency. Again, though a calcium-pill therapy is harmless, it's difficult to believe that the human body was designed to take pills. But if osteoporosis is not due to milk deficiency or pill deficiency, then we are left with the possibility that it's due to some other factor in our diet and lifestyle.

Since 1930, calcium imbalance and calcium loss has been attributed to excess protein intake. Countries with the highest incidence of osteoporosis consume the most dairy products: Americans, Finns, Swedes, Israelis, the British. Populations with uniformly stronger bones are found in Asia and Africa, where milk consumption is marginal. In some regions of these continents, there is no osteoporosis at all. Women in their eighties—many of whom have had up to ten babies and nursed them ten months each—have bones that are as strong as when they were 20.

It is obvious that osteoporosis is connected with protein consumption, and that dairy products do not protect populations that eat high-protein diets. Here is how it works. The amount of protein in the average American diet is six to ten times as much as it should be. Since our bodies do not store protein, any excess we consume is excreted through the kidneys and passed in urination. We lose water—as well as very important minerals, such as calcium. Unfortunately, calcium supplements combined with a high-protein diet will make only a minor impact in correcting the resulting negative calcium imbalance.

No matter how many pills you take or how much milk you drink, the only way to achieve a positive calcium balance is to stop the loss by cutting back on protein. Then, regardless of calcium intake, the negative balance will correct itself.

The question arises: Considering that the medical literature is consistent in showing calcium intake to have, at best, a minimal influence on bone mineralization and calcium balance, and that protein intake is the most significant factor, then why do we hear only about the calcium issue; why don't we hear about the protein problem?

If people in policy-making positions in this country were to state that protein is the cause of so many problems, they would offend the meat and dairy industries. In addition, they would offend a lot of consumers, most of whom don't want to give up fish, chicken, beef, pork, and scrambled eggs. It's easier, instead, to leave people in ignorance about the protein factor, and instead announce that more calcium is the answer. So we see TV advertisements from the dairy industry all day long informing us that we need to drink more milk. We hear scientific recommendations that say similar things (backed by little scientific evidence). The calcium-pill business grows steadily, and consumers don't have to give up pepperoni pizza and steak. All they have to do, they think, is take more calcium. But in reality, the way to prevent osteoporosis is to keep meat intake minimal and get some exercise.

Hypertension is another symptom easily treated by diet. A recent study of dietary intervention and hypertension published in September 1981 in *Cardiovascular Review and Report*, Volume 6, showed that 97.1 percent of people on high-blood-pressure medication could reduce their blood pressure enough with simple dietary changes to be taken off medication.

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This message has not yet reached the public, or even most doctors. An estimated 58 million Americans have high blood pressure.

Controlling high blood pressure may also be completed through diet. High blood pressure increases the risk of heart attack and stroke due to hardening of the arteries. Why is it that half the U.S. population runs this increased risk? Did evolution make a huge genetic mistake?

It's not likely. Our diet is so poor that it breaks down the body in many ways. The blood vessels are among the tissues damaged. When blood vessels are clogged, blood pressure is increased—just as when the end of a garden hose is squeezed, pressure increases and the water squirts further. High blood pressure is a symptom of a sick blood-vessel system. The solution is not to lower blood pressure chemically, but rather, to unplug the vessels.

In fact, the seven studies that have been done on the effect of blood-pressure medication—some partially financed by the drug industry—show that medication for slightly high blood pressure does not significantly decrease the risk of strokes or heart attacks, and does not prolong life. These studies all indicate that a low-salt diet and weight reduction are preferable treatment over medication. Five of the studies show that one of the most popular high-blood-pressure treatments actually increases other risk factors and increases the number of sudden deaths. Thiazide diuretics (such as diazide and other drugs with names ending in "-zide"), while lowering blood pressure, actually raise blood cholesterol, triglycerides, blood sugar, and uric acid—all risk factors for hardening of the arteries and complications such as stroke and heart attack. Recent studies show that people who take diuretics double the risk of sudden death. Blood-pressure medication actually increases the death rate of the disease!

Unfortunately, this message is not yet getting out to the doctors, who are often more influenced by the pharmaceutical industry than medical literature. It might take quite some time before it does. As long ago as 1970, it was discovered that adult-onset diabetics treated with oral hypoglycemic medication were at double the risk of dying from heart disease as diabetics who didn't take any medication at all. Sales of these drugs plummeted. Yet today they are still widely advertised by the drug companies, and sales have climbed back up. The promotional material includes a statement in small print to the effect that the product increases the risk of death from heart disease two and a half times. But the sales representatives who call on doctors and the colorful advertising brochures simply emphasize other aspects of these medications, and like the rest of us, many doctors have forgotten what they read 17 years ago.

Heart disease is entirely preventable. There are countries with millions of people where heart attacks are virtually unknown. One doctor from Hong Kong reported that because heart attacks were so rare there, whenever a tourist died of one, all the medical students and residents would run to view the autopsy. Heart disease is inextricably linked to diet and lifestyle.

Dairy products and meat are the dominant dietary factors that cause arteriosclerosis. The evidence has been available for at least 80 years. It has now become so overwhelming that even people high up in the National Institutes of Health and other government organizations have had to turn around and claim credit for the discovery that cholesterol is the cause of hardening of the arteries.

Hardening of the arteries begins during childhood. By three years of age, nearly all children in this country have the beginnings of arteriosclerosis, distinguished by streaks of fatty deposits inside the vessels. By the teen years, the fatty streaks have turned into hard, fibrous plaques. A study conducted during the Korean War showed that three-

quarters of the soldiers killed—average age 22 years—had such deposits in their arteries. By the time Americans reach their thirties, forties, and fifties, the threat of arteriosclerosis looms larger. When the plaque builds up to the extent of limiting blood flow to the heart, depriving it of oxygen and nutrients, a possibly fatal heart attack occurs. When the same thing happens in the brain. the result is a stroke.

The process is easy to visualize. Imagine looking at a long tube—your artery—and the inner lining of the tube is scratched or injured in various ways. The primary agents of this damage is cholesterol, carbon monoxide, and toxic gases. There's a theory that certain animal proteins, particularly cow-milk protein, can also initiate injury.

Once the damage has commenced, an ulcer forms. In the same process, cholesterol and fat penetrate the artery lining into the artery wall. The sharp cholesterol crystals cause an inflammation, a festering sore. Now, along the course of this long artery, ulcers are forming, but right nearby, in other areas, the ulcers are healing and, in the healing process, some of the plaques are getting smaller.

An American diet favors the process of injury and plaque buildup, so the disease is progressive. But once you stop forcing the cholesterol into the artery walls with your knife and fork, then the dominant process becomes recuperation. Arteriosclerosis is reversible. Many, if not a majority, of physicians who treat this disease will admit that it is reversible; the studies are just too compelling to say otherwise. But that's not the way they generally treat it. They treat it by medication or by surgically bypassing the clogs.

Two hundred thousand people a year are subjected to bypass operations, and the number is going up, not down; three years ago, it was 120,000. Doctors used to sell this plumbing job on the grounds that it would prolong their lives. It seemed to make sense: If there's a blockage in the arteries, just put a little detour around it with an artery or vein from some other part of the body.

Unfortunately for bypass surgeons and their patients, there have been three studies of this procedure in the last 18 years, and each has shown clearly and unquestionably that bypass surgery does not prolong lives in most cases. A very small percentage of patients, less than ten percent, have an improved life span due to the bypass operation.

Despite these studies, heart surgeons continue to sell this procedure to their patients. Their new angle, now that they can no longer advertise bypass as increasing longevity, is to claim it relieves chest pain. What they don't mention is that you can relieve chest pain better by correcting the basic underlying disease, arteriosclerosis, simply by changing the high-fat, high-cholesterol, low-fiber diet that causes it.

That diet change could relieve chest pain was shown as early as 1955 in a study at the University of Pennsylvania; this was confirmed in 1957 by a study at the University of South Carolina; it has since been corroborated numerous times. The most recent study of people with severe heart and artery disease was reported in the January 1983 *Journal of the American Medical Association.* Patients were put on a high-fiber, low-fat diet. The results were a 91 percent reduction in frequency of chest pains within 24 days. In other words, the need for bypass surgery was relieved in 24 days, simply by the change in their diets.

This attitude carries certain risks. The American Cancer Society, the pharmaceutical industry, and the dairy and meat industries don't want this message to reach the American public. The fact remains that our diets can help prevent disease, and a sense of responsibility to the public should surely prevail.

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