

# 100 ways to live to 100

How to lead a healthy life—without medical interference

For this, our hundredth issue, What Doctors Don't Tell You offers the best of the advice we've offered over the years for leading a long and healthy life.

**I**n celebration of the 100th issue of *What Doctors Don't Tell You*, we've compiled what we consider the 100 most important pieces of advice we've written over the years into a ready-reference guide to leading a healthy life. In our view, this advice tends to run counter to what your doctor tells you, but all our tips are backed up by solid medical evidence. These include 50 general tips about diet, supplements, children, your environment and also a final 10 suggestions for your spiritual health. We also included five boxes of 10 tips apiece concerning which medical practices are useless or downright dangerous. Limited space has allowed only the briefest of summaries, but we've listed the relevant back publications (including those of WDDTY's sister publications *PROOF!* and *Natural Parent*), for anyone who requires more information. Happy hundredth!

## YOUR HEALTHY DIET

**1** Experiment until you find a diet that works best for you and follow it as much as you can. Research shows that no one diet is best for everyone. Your genes, your native environment and possibly even your blood type will determine whether you are a vegetarian or a carnivore. American cancer pioneer

Nicholas Gonzalez estimates there are 10 types of people with 10 different types of diet, ranging from the rabid carnivore to the vegan. Choose foods native to your cultural heritage and try to buy seasonal produce (See WDDTY, vol 9 no 2).

**2** Whatever diet you choose, make sure to eat organic fresh whole foods whenever possible. Pesticides have been implicated in many illnesses, including infertility, cancer, birth defects, skin irritations, and impotence. They can even damage the genetic potential of your children. Besides non-organic food, you should also avoid anything canned, fried, preserved with nitrates, packaged, processed, refined or in anyway interfered with (The WDDTY Better Diet Guide). That includes avoiding plastic food like margarine, which contains high levels of trans fatty acids, which may increase the risk of cancer.

**3** Vary your diet as much as possible. Most allergy specialists claim that allergies are more likely if you repetitively eat the same foods.

**4** Make vegetables and fruits your main foods, even if you are an omnivore. Countless studies show that vegetables protect against all the major

degenerative illnesses. Eat at least five servings per day.

**5** Cut down or avoid eating wheat. Wheat is a recent addition to the food of humans—only about 10,000 years old. Many types of wheat have been so genetically tampered with to enhance

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## TEN DRUGS TO AVOID WHENEVER POSSIBLE

1. Prozac. This wonder drug whose side effects are now being uncovered. Aside from all the known side effects, including insomnia, anxiety, anorexia and weight loss, Prozac has been known to affect nearly every system of the body. Most recently, it's been linked with sexual dysfunction and also long-term dependence (WDDTY vol 8 no 11).

2. Piroxicam (Feldene). Numerous deaths have been linked to this non-steroidal anti-inflammatory drug, which causes some 110 known side effects, including stomach and intestinal bleeding or perforation, depression and hair loss (WDDTY vol 7 no 5).

3. Prednisolone or routine use of steroids for anything other than the short term for life-threatening conditions. Even inhaled or rub-on steroids cause the side effects associated with their oral cousins: thin skinning, growth retardation or osteoporosis, buffalo hump and dementia (WDDTY vol 7 no 2).

4. Dexfenfluramine. This dieting magic bullet makes you nine times more likely to develop pulmonary hypertension, and also causes depression, insomnia and nervousness. In lab tests it caused brain damage (WDDTY vol 7 no 4).

5. Nifedipine and other calcium-channel blockers. New revelations about this class of drug show they increase the risk of cancer, heart attacks, stomach bleeding and suicide (WDDTY vol 7 no 6). Dangerous for diabetics (vol 9 no 2).

6. Lariam. At least 300 Britons are claiming severe, long-term effects from this supposed malaria preventative, including hallucinations, anxiety attacks, seizures and severe mood swings (WDDTY vol 7 no 11).

7. Septrin. This hybrid antibacterial drug, used to treat everything from traveller's diarrhea to HIV infection, even in children, is extremely toxic. American regulatory agencies warn the drug can cause the potentially fatal skin disease Steven-Johnson syndrome, which also causes death of liver tissue and lowering of blood cell count. The drug, given for HIV-positive AIDS patients, causes symptoms uncannily like those supposedly associated with advanced AIDS (WDDTY vol 4 no 10).

8. Sodium valproate. Also known as valproic acid, this anti-epilepsy drug has a host of side effects, including the capacity to cause potentially fatal liver failure in some patients (WDDTY vol 5 no 2).

9. Ritalin. This drug of choice for children diagnosed with Attention Deficient Hyperactivity Syndrome (ADHS), the latest name for the hyperactive child, can cause seizures in susceptible children, suppress height and weight, cause nervousness and insomnia, anorexia, nausea, heart palpitations and, involuntary movements. It also can lead to dependence (WDDTY vol 4 no 4).

10. Minocycline. This first-line treatment for severe acne has been linked with serious adverse reactions, including liver failure, tooth discolouration, autoimmune hepatitis and lupus (WDDTY vol 8 no 1).

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the quality of the gluten—the sticky substance that makes bread and cakes chewy—that it has become indigestible for most of us. Many people who cannot tolerate wheat can tolerate oats. According to the Institute of Optimum Nutrition, wheat is the most common allergen, and the main culprit in behavioural allergy symptoms like hyperactivity. Avoid or cut down the other six of the big eight allergens: corn, soy, sugar, the nightshades (potatoes, tomatoes, aubergine, etc), yeast, egg. Few people don't react to one or more of them. Also cut out or limit chocolate, coffee and black tea.

**6** Consume sources of calcium other than dairy produce. Milk from the supermarket or your friendly milkman is pasturised, homogenized and fortified, and intensive farming methods mean there are few nutrients left. Far from preventing osteoporosis, dairy produce actually accelerates the rate at which calcium is lost from the body. And cow's milk now is shot through with pesticides, hormones and trace metals and even radioactivity (WDDTY vol 5 no 1 and vol 9 no 1).

**7** Include substantial portions of essential fatty acids in your diet. This includes the omega-3 EFAs, which are found in fatty deep-water fish like tuna, salmon (or fish oil capsules), or in linseed or walnut oils. The best non-flesh sources besides linseeds are soy, kidney or haricot beans. But cook with olive oil, which is monounsaturated and doesn't get damaged as polyunsaturated oils do in the cooking process, creating free radicals.

**8** Make grains and vegetables, rather than flesh foods, the centrepiece of your diet. These should total 55 to 60 per cent of your total calories. Grains should total three to four

servings a day.

**9** Consume good bacteria, in the form of live yoghurt or fermented soy products like miso or tempeh, which contain *Aspergillus oryzae*, another form of friendly bacteria. Alternatively, take excellent probiotic supplements.

**10** If you are vegetarian, be sure to get enough complete proteins, which requires combining several plant proteins to make a whole one (such as rice with pulses). Try to avoid the habit of many casual vegetarians or "demi-veggies", who consume loads of wheat and dairy (The Better Diet Guide).

### YOUR BEST SUPPLEMENTS

Unlike our forebears, we live in a highly processed, polluted, allergic world. Unless you live on a farm, grow all your own organic vegetables, and have access to free-range meat, it's almost certain that you have vitamin deficiencies, even on the best diet. Before you race to the healthfood store, though, and start megadosing with vitamins, get yourself tested by a knowledgeable nutritionist. He or she will determine which nutrients you don't absorb from your food and supplement accordingly.

For a doctor: Write to the British Society for Allergy and Environmental Medicine (PO Box 28, Totton, Southampton, SO40 2ZA).

**11** Choose a good multi-vitamin mineral supplement that has been tested for efficacy, and think twice about those which contain a load of herbs. A herb is a drug and is used for specific illnesses. They are not necessary or safe for everyone. If you can't find one to your liking, you can customise your supplement programme by taking the nutrients individually.

**12** Make antioxidants the mainstay of your supplement programme. To minimise the damage of free radicals, the toxic byproducts of metabolism or from car exhausts, lead or lack of oxygen, take adequate daily levels of vitamin A (up to 25,000 IUs as beta carotene or 10,000 IUs as retinol), C (1-3 g) and E (up to 600 IUs,) minerals like zinc (10-50 g), and selenium (200 mcg), and the amino acid cysteine (500 mg).

**13** Make sure to supplement with magnesium (200-400 mg per day) and chromium (100 mcg per day). According to a study by Dr Stephen Davies of more than 50,000 patients, virtually everyone became low in both minerals, the older they got. Both nutrients are essential to maintain the health of your heart.

If you are over 50, consider taking boron (30-90 mg Borax). Naturopath Rex Newnam cured himself and hundreds people of arthritis with this much neglected nutrient.

**14** Take EFA supplements. These include 2000-4000 of evening primrose oil, half as much of blackcurrant seed oil, and 1 to 2 tablespoons of linseed oil (food grade only) or 200-500 mg of EPA as fish oil capsules.

**15** Check out how well you are digesting food. No supplement programme will do any good if you don't have adequate stomach acid. Two such laboratories which will test your digestive capacity are Biolab in London (9 Weymouth St, London W1 tel: 0171-636-5959) and Jonathan Wright in Seattle, Washington (Meridien Valley Laboratory, 24030 132nd Avenue, SE Kent, Washington 98041).

**16** Also check whether your gut is leaky—that is, your intestinal mem-

## 10 SITUATIONS WHERE YOU DON'T USUALLY NEED A MEDICAL DOCTOR

- 1. Backache.** Research demonstrates that for most cases of lower back pain, chiropractic or osteopathy works far better than anything medicine has to offer (WDDTY vol 4 no 8).
- 2. Ear ache.** In most cases, time, mullein oil, a woolly hat or a hot water bottle works far better than antibiotics in curing ear ache, according to numerous studies (Alternatives, WDDTY vol 5 no 12).
- 3. Fever.** Fever is your body's extremely clever method of killing foreign bugs of all varieties and shouldn't be suppressed. Rather than worrying about the exact degrees, it's more important to determine whether the problem is serious—say, meningitis. Fevers for ordinary viral and bacterial infections won't exceed 105 degrees, which isn't dangerous.
- 4. Infection.** For common or garden infections, first try working with a herbalist, who will prescribe echinacea or berberis, rather than antibiotics.
- 5. Just in case checkups,** particularly if you are over 50. If you have nothing blatantly wrong with you, going to a doctor won't necessarily protect you but is likely to unleash the entire arsenal of his testing apparatus.

- 6. Menopause.** Unless you are among the very small percentage of women who don't respond to other measures, holistic measures (diet, homeopathy, herbs) will help you through the change in a safer way than any doctor.
- 7. Chronic but not life-threatening diseases.** Eczema, psoriasis, non-life-threatening asthma all respond better to alternative measures than drugs, which only suppress symptoms (The Guide to Asthma and Eczema; PROOF! vol 1 no 3).
- 8. Slimming.** All a doctor usually has to offer is drugs, and numerous slimming drugs have been found to be life-threatening. Allergies are one of the major causes of overweight, as are calorie-poor slimming diets (WDDTY vol 6 no 5 and Allergy Handbook).
- 9. Colds and flu.** Unless you are elderly and your immune system is compromised in some way, there is nothing your doctor can give you or your child that will improve a cold or flu. Bed rest, plenty of fluids, lemon and honey drinks and homeopathy help; antibiotics cannot.
- 10. Acne.** Again, all your doctor has is drugs with horrendous side effects to offer you. Try diet and allergy treatment first (The Allergy Handbook).

brane is excessively permeable, which will also make you allergic and interfere with the absorption of food. Again, the labs above will test for such a problem. The best substances to repair the gut wall are the amino acids glutamine or liver glutathione, an important antioxidant (WDDTY vol 8 no 9).

**17** *If you are having absorption and digestive difficulties, have yourself tested for parasites, such as *gardia lamblia*, by having a stool test.* Parascope Labs perform it in the UK (Microbiology Department, Chapel Allerton Hospital, Chapletown Road, Leeds LS 7 4SA. Tel: 0113 392-4657).

**18** *Avoid calcium megadosing, which will not prevent osteoporosis and may actually increase your risk of developing the disease.* In several studies, it was low levels of magnesium that were actually linked with osteoporosis (The Guide to Menopause).

**19** *Despite recent bad publicity, vitamins B6 and C are indispensable supplements. B6 enhances the absorption of essential fatty acids, and helps to prevent heart disease and PMS.* Dozens of studies have demonstrated its safety at daily intake under 200 mg. Copious research shows the ability of vitamin C to stop the spread of cancer by strengthening the cell walls and stimulating natural killer cell activity (PROOF! vol 1 no 2).

**20** *Make sure to take adequate vitamin D, particularly as you age.* Many cases of osteoporosis are caused by inadequate absorption of calcium, due to inadequate levels of vitamin D3, a potent regulator of calcium absorption and bone production (WDDTY vol 6 no 7).

## YOUR HEALTHY HOUSE

**21** *Choose a site away from power lines, electrical meters and substations, and railway lines.* Of 12 studies of residential exposure to electromagnetic fields, nine show an elevated risk of leukaemia in children (The Environment Handbook). If in doubt, you can measure the electromagnetic fields in your home, especially in your bedrooms. Have either independent monitoring done or buy a magnetometer. PowerWatch (Orchard House, High Common, Beccles, Suffolk NR34 8HW) can advise.

**22** *Consider moving your gas boiler outside and cooking with electricity.* One of the main culprits in arthritis, asthma and other allergies is nitrogen dioxide, which is spewed out of gas cookers and gas and oil boilers and it remains concentrated in the home, particularly in this age of double glazing. One American study concluded that gas cookers generate concentrates of nitrogen dioxide of 200-400 parts per billion, levels which would only be found outside during periods of severe air pollution. This means the average kitchen with a gas cooker has an atmosphere comparable to levels of pollution usually accompanied by government health warnings (Natural

Parent, July 1998).

**23** *Don't drink tap water.* Some 350 chemicals have been identified in our drinking water, including pesticides and nitrates leaching through the soil, hazardous contaminants from disposal landfills, chemical effluents and

the 1970s, most of the water in Britain still runs through rickety old Victorian pipes, and the drinking water of one in 10 people has lead content far in excess of World Health Organisation standards. This is a particular issue for children. Lead is known to damage

## THE 10 MOST USELESS OPERATIONS

### Angioplasty

Used to treat atherosclerosis, this treatment involves inserting a "balloon" in the arteries, then expanding it to clear the artery of fatty build up. Research consistently shows that stenosis (narrowing of the artery) reoccurs within six months. More than half of all angioplasties are unnecessary (WDDTY, vol 4 no 2 and vol 8 no 4).

### Radical Mastectomy

A mutilating operation which involves removing the breast, much of the skin, the chest wall and the lymph nodes. Numerous studies have shown no benefit in terms of cancer recurrence over more conservative breast conserving measures (WDDTY vol 3 no 11).

### Hernia

It's four times more dangerous to have one than to go without especially if you are over 65. Purported to strengthen ruptured muscles and ligaments, studies show the procedure actually weakens them. The recurrence rate is 20 per cent for first ops, 30 per cent for second ops and 50 per cent for third and subsequent ops (WDDTY, vol 5 no 7).

### Hysterectomy

Common medical thinking says a woman doesn't need her uterus after she has had children, which ignores the part it continues to play in hormone regulation. Damning studies have shown that nearly 90 per cent of these operations are unnecessary and performed for spurious reasons such as fibroids, endometriosis and heavy periods (WDDTY vol 7 no 1).

### Gall Bladder

Four out of five operations are unnecessary. Taking out the gall bladder is not a "cure", and if keyhole surgery is used it can actually aggravate the problem by injuring the bile duct or causing gall stones to "leak" into surrounding tissues. Gall bladder problems can be almost entirely solved through dietary changes (WDDTY, vol 7 no 10).

### Grommets

Left alone, 75 per cent of cases of glue ear will resolve themselves within a year. Compare this to those who have grommets inserted. Five years on, more than 60 per cent of children will have had a repeat operation. The op also poses other risks, such as hardening or perforation of the ear drum and middle ear cysts (WDDTY, vol 8 no 7).

### Surgery for back pain

Surgery only completely relieves back pain in around half of cases. Of the 200,000 to 400,000 Americans who have back surgery each year, 30,000 to 80,000 will come out with increased pain. Post-surgical scarring is one major cause of increased pain (WDDTY, vol 4 no 8).

### Prostate removal

Removing the prostate is supposed to stop the spread of cancer. Yet the medical evidence shows that this cancer rarely spreads to other areas, until you cut the patient open. According to autopsy reports, nearly a third of European men have prostate cancer, but only 1 per cent die of it (WDDTY, vol 6 no 4).

### Thyroidectomy

Nearly a third of all cases of overactive thyroid will resolve themselves. With subtotal thyroidectomy, where only part of the thyroid is removed, only 30 per cent will have normal thyroid levels after eight years; 41 per cent will have a permanently underactive thyroid and 19 per cent will still be hyperthyroid (WDDTY, vol 7 no 7).

### Blood Transfusion

Few guidelines exist as to the how's and when's of transfusions. Surveys show that an estimated one-third to three-quarters of those given blood are transfused inappropriately. Patients run the risk of contracting blood-borne diseases such as hepatitis C (in 7-10 per cent of cases). Keeping fluid volume up with fluid replacements can work better than transfusion (WDDTY, vol 3 no 2).

toxic wastes which pollute rivers, additives like aluminium sulphate and disinfectants like chlorine at the water treatment works, which create further toxic chemicals as by-product of disinfecting, lead from leaky pipework and, increasingly, parasites, not to mention fluoride. Instead, drink mineral water (from glass bottles), or install a reverse osmosis filter or under sink carbon filter (Natural Parent, November 1997 or WDDTY vol 3 no 12).

**24** *Check your radon levels.* This naturally occurring gas, is caused by radioactive material being broken down and seeping up from the ground. It is found at dangerously high levels in 30 per cent of homes in parts of England such as Devon and Cornwall and some 100,000 homes in all of England.

According to the Imperial Cancer Research Fund, high levels of the gas cause 1 in 20 deaths from lung cancer and some 1800 people a year, particularly among smokers. Ask the National Radiological Protection Board (0800 614529) to check if your home has excessive levels of radon (Natural Parent, July 1998).

**25** *Check to see if you have old lead pipes.* Although lead pipes have been banned since

the brains and lower the intelligence of children chronically exposed to it (Natural Parent, November 1997).

**26** *Whenever possible, consider having wood floors and area rugs.* At our recent allergy conference, Dr William Rea confirmed that carpeted homes have more allergens and leach more chemicals in the home than do homes with stripped floors.

**27** *Reposition your furniture and especially your beds away from potential sources of EMFs.* Avoid locating beds or chairs near large domestic sources of EMFs, such as electricity meters or TVs. Allow at least six to eight feet from such sources. Also keep bedside electrical or battery operated appliances at least two feet from your head, and don't keep battery packs of any source—for your portable computer, say—near your bed. Electric blankets can also be an unwanted source of EMFs (WDDTY vol 5 no 3 and Natural Parent, July 1998).

**28** *Minimise your exposure to VDUs and television screens.* The latest research from Montpellier University in France shows that more than double the number of chick embryos exposed to computer and TV screens die, compared to unexposed groups. The cul-

pruit, say the Montpelier team, is the non-thermal effects of the mixed frequency of extremely low frequency and very low frequency radiations. In other words, these currents of differing radiation create a tension in the energy fields of our own bodies, tearing out calcium ions from their molecular bonding in our bodies and causing a range of illness. If you use a VDU at work and are pregnant, negotiate with your employer to use low-radiation monitors (such as on powerbooks) (WDDTY vol 3 no 6 and Natural Parent, July 1998).

**29** *Cut down on your use of indoor chemicals, particularly cleaning fluids containing phenols, bleaches and the like, to which many people are allergic. Phenol is another common allergen.*

**30** *Use non-lead paint when you are painting your exterior. Unbelievable as it seems, paint containing lead is still sold in countries outside the US. Leaded paint is an often ignored source of lead in the blood and the greatest source of lead poisoning in children (Natural Parent, July 1998).*

#### YOUR HEALTHY CHILDREN

**31** *Get fit six months before you conceive. This includes working with a doctor experienced in preconception nutrition, who will assess your nutritional status and help you to correct any deficiencies, sort out any hidden genital infections, allergies, malabsorption problems or possible candida albicans overgrowth, all of which contribute to infertility and pregnancy loss. This doctor will also help you to follow a low-allergy wholefood diet and supplement programme. A recent study of 418 couples with previous infertility problems who followed this programme, espoused by Foresight, the Association for the Promotion of Preconceptual Care, found that 81 per cent went on to have healthy babies (WDDTY vol 6 no 7).*

**32** *When you are pregnant, minimise your exposure to prenatal tests like ultrasound scans. Studies have shown that ultrasound has not made one bit of difference to the ultimate health of either mother or child, but does increase your risk of losing the baby. Some research has shown that ultrasound results in a higher number of small babies, delayed speech and dyslexia. It's also not particularly accurate, with mistakes some one-third of the time (WDDTY, the book).*

**33** *Consider having your children at home. Statistics do not support the widely accepted view that the advent of the hospitalised birth has contributed to lower perinatal and maternal mortality rates. The Netherlands, the only Western country in which one-third of all births happen at home, has a perinatal mortality rate lower than 10 per 1000, a maternal mortality rate lower than 1 per 10,000 and a caesarean section rate of around 6 per cent—all far lower than Britain's and America's.*

The key, according to active birth pioneer Michel Odent, is to ensure that you have an experienced home birth attendant and privacy (WDDTY vol 3 no 5).

**34** *Question redoubled efforts by the "experts" to inject newborns with vitamin K. Two studies from Bristol linked the practice, which aims to prevent haemorrhagic disease of the newborn, with increased risk of leukaemia. Although the studies have never been replicated, there is enough evidence to demonstrate that doctors don't know what they're doing with regard to vitamin K (WDDTY vol 6 no 4).*

**35** *Whenever possible, give your children the life-long gift of breastfeeding. Breastfeed for as long as possible—at least one year, according to the World Health Organisation. Breastfeeding has indisputable benefits. Besides providing perfect food for your child, it prevents against allergies and ear ache, and helps to improve visual acuity and IQ. Unless you must, resist the suggestions of experts to add supplemental feeds.*

**36** *Get informed about both sides of the vaccination issue before vaccinating your children. Ignore the blithe assurances of doctors. America's National Academy of Science reviewed all the literature about vaccinations and discovered that all vaccines have the ability to cause harm. The UK government's assurance that the MMR vaccine doesn't cause autism is not borne out by research or the sheer number of cases of families in Britain presently making legal claims that their children's autism was caused by the vaccine.*

For any vaccine, ask: How necessary is it (ie, is this a life-threatening disease)? How effective is this vaccine? How safe? (The Vaccination Bible; What Doctors Don't Tell You, the book).

**37** *Consider a substitute for cow's milk. Cow's milk blocks the absorption of iron and zinc, causing anaemia. It also blocks zinc absorption. As zinc controls the appetite, children with low levels of zinc are often picky eaters. The high calcium in milk also imbalances a child's magnesium levels, making him low in energy and often irritable. Children taken off milk usually become better at eating their greens (Natural Parent, December 1997).*

**38** *Severely restrict your children's exposure to sugar. The most recent research shows that sugar taken in place of a well-balanced meal or without adequate protein can increase a child's hyperactive behaviour (New Medical Science, December, 1987). Too much sugar causes blood sugar levels to plummet, making a child irritable and also hungry and likely to crave more sugar (WDDTY vol 4 no 4 and Natural Parent, December 1997).*

**39** *Determine if your children are allergic to foods, chemicals or food additives. One study demonstrated that 82 per cent of overactive children improved when treated with a low-allergy diet. Artificial colourants like tartrazine, often contained in juice "drinks" and squash, and salicylate foods, often cause hyperactivity and attention deficit (WDDTY vol 4 no 4). Asthma isn't necessarily caused by airborne allergies, but by high allergy foods like wheat, dairy produce, orange or soy. If your child has any chronic illness like ear ache, eczema or bowel problems, suspect food or chemical allergies, get them located and treated, (The WDDTY Allergy Handbook).*

**40** *Most children are extremely low in essential fatty acids, which can heighten their susceptibility to allergies. Supplement their diets with linseed oil (1 tablespoon per day) or two Efamol*

*Continued on page 12*

#### THE TOP 10 MEDICAL MYTHS

- 1. Lowering your blood cholesterol levels will prevent heart disease.* Science has never been able to link cholesterol with heart disease. Population studies show that many groups with high levels of heart disease don't have high levels of blood fats. Careful examination of the studies supposedly demonstrating that cholesterol-lowering drugs work show they fail to translate into a significant number of lives saved (WDDTY, the book).
- 2. Screening for cancer can catch it early and save lives.* Mammograms, cervical cancer screening and the latest PSA screening have never been shown to save lives. All screening tests are highly inaccurate. The latest study of the PSA test shows screened men are more likely to die (see p 10).
- 3. The mercury in your fillings is permanently locked in and therefore harmless.* Numerous studies in animals and humans demonstrate that mercury particles and vapours are a timed-release poison, which migrate to various parts of the body, including the brain, and cross the placenta in pregnant women. We still don't know the extent of the damage (The Dental Handbook).
- 4. Fluoridating the water and dental products is good for your teeth and stops tooth decay in children.* Rather than strengthening bone tissue, fluoride causes osteoporosis. New evidence shows fluoride can also damage the central nervous system, causing brain dysfunction, lower IQ and possibly even Alzheimer's disease (WDDTY vol 3 no 9 and vol 9 no 3).
- 5. Vaccination has conquered infectious disease.* Careful examination of polio and smallpox casualties shows that the

disease had a higher incidence in many areas that were highly vaccinated. The incidence of all infectious diseases were plummeting long before the onset of vaccination, which took the credit (WDDTY, the book).

*6. Women need hormone replacement after the menopause to protect them from osteoporosis and heart disease.* All the major studies supposedly demonstrating a survival benefit with HRT have been criticised as biased or flawed. Virtually every major study of HRT also shows it causes at least a 30 per cent increase in breast cancer (The Guide to Menopause).

*7. Modern drugs have conquered many diseases.* The only drug capable of curing anything is antibiotics. No other drug out there cures—it simply suppresses symptoms, usually at the risk of causing a load of other ones (WDDTY, the book).

*8. Routine X-rays aren't dangerous.* The UK National Academy of Science believes that x-rays could be responsible for 4 per cent of leukaemias and up to 8 per cent of all other cancers (WDDTY vol 4 no 6).

*9. Mental health has nothing to do with diet.* Work in Princeton and now the UK shows links with schizophrenia and depression and allergies or nutritional deficiencies. Virtually every case of depression seen by the Institute of Optimum Nutrition relates to an allergy to wheat (The Guide to Mental Health).

*10. Cancer survival statistics are improving, thanks to chemotherapy.* Chemotherapy has an all over cure rate of at best 9 per cent, usually for rare cancers. It doesn't affect in any way the solid tumours which make up some 90 per cent of all cancers (The Cancer Handbook).

## Viewpoint

### Still shouting loudly

Welcome to the 100th issue of What Doctors Don't Tell You. In December 1989, when we finished the first issue of this newsletter in our front bedroom and sent it out to our subscription list, which then numbered about 100 (I even remember licking the stamps myself that first year) we had no idea we'd see the 10th issue of WDDTY, let alone the 100th. All we knew is that we were coming up with a good deal of evidence that medicine wasn't scientific or well proven and the zeal to share this information with a public largely kept in the dark.

For many years, it's felt like we've had a lone voice among the media in decrying medical practice. It's been our aim, over these nine years, as the Observer described us, to raise "alarm bells before they become the stuff of national panic."

Gradually, through the years, the national media has cottoned on to the fact that medicine doesn't simply make miracle breakthroughs but also colossal mistakes. Our first issue of January 1990 uncovered the dangers of the measles-mumps-rubella vaccine. Nine years later, the rest of the media has finally got round to discovering the worth of that story.

We've had many other similar firsts. We were one of the first, to my knowledge, to warn of the dangers of mammograms, HRT, IVF cancer risks, cholesterol lowering, keyhole surgery, joint replacement, and angioplasty. We've been one of the most vociferous of voices against automatic vaccination. We weighed in years before Panorama on the amalgam debate. Time after time, when the media has discovered a "scandal" in medicine, it has been years after we quietly first exposed it.

During those early days, as the newsletter received its first publicity, I would be placed on some radio show head to head with some medic or government official, who would invariably rubbish our information and claim we were out to destroy the doctor-patient relationship. Eight years later, when I was publicising my book *What Doctors Don't Tell You*, I found to my astonishment that most doctors brought on the various chat shows supposedly to debate our views were now avidly agreeing with me. That's right, they'd say, mammograms aren't very accurate. Cholesterol lowering wasn't the answer to heart disease. Prostate operations didn't offer survival advantage.

Luckily, a professor at Oxford University called for my book to be burned, or I would have felt as though I were getting too establishment. (And thank goodness for doctors such as our letter writer on page 7, who demonstrates that some doctors can be as closeminded as we remember.)

Nevertheless, it's been gratifying to see this sea change, and I like to think that in our own modest way we've had some influence on a move toward greater honesty and openness in medicine.

However, our work isn't yet done. Even though the media seems to be catching up with us on some issues, they still have a short memory. When Viagra was first launched, the newspapers were awash, as usual, with news of a the new miracle drug for impotence. Only now, when millions have tried it and a number have died, are the papers reporting the dangers. Happily, there is still a role for a sober-minded critic of modern medicine who sees through the gee-whizz technology and is unashamedly suspicious of miracle breakthroughs from the outset. Nine and a half years and hundreds of pages later, there's still plenty more for us to say on the subject.

Thank you for being such loyal listeners.

Lynne McTaggart

## Letters to the editor

**Editor's note:** Every month we receive dozens of thank yous from readers about how information in our newsletter has helped them or, in the case of practitioners, their patients. I usually only print letters offering information or disagreement. In honour of our hundredth, please allow us to share some of these.

### WDDTY a powerful tool of persuasion

I wanted to thank you for your excellent publication to which I have subscribed since day one.

As a practising homeopath, it not only keeps me up to date but is enormously helpful to put under a new patient's nose when they are wobbling over whether or not to take the HRT, have the operation, vaccinate the kids et al. You and your team are real friends.—Erica Wyld, Essex.

### We read your piece and threw away the prescription

I started taking WDDTY last November. These newsletters contain just the sort of medical information I was looking for, and which is very difficult to obtain elsewhere.

My husband recently had cause to be thankful for the information in your Guide to the Side Effects of Drugs. We were horrified to learn that the drug he was taking for a bout of nausea and vertigo can have serious side effects, particularly in people over 60. My husband is well over this age. We threw the prescription away and he recovered naturally.—Patricia Elliot, Surrey.

### Daring to question the unquestionable

The job you are doing is wonderful. I'm recommending you to more and more people as I discover others who are using their discriminatory intelligence and questioning the hitherto unquestionable. I hope you can continue in the face of any pressure.—D Stephens, Bristol.

### A ray of hope for a young MS sufferer

I would like to thank you for your excellent article on MS, which has for the first time given me a little hope since my 22-

year-old daughter was diagnosed with this over two years ago.

Through our local "specialists" she has only been offered steroids, which neither of us wish her to have.—Pamela Emmins, Hants.

### A sceptical doctor writes...

I have just finished reading WDDTY and I would like to express my appreciation. As a former hospital doctor and a medical sceptic it has confirmed much of what I knew and significantly added to it.—Francesca J Fox, Cheshire.

### Thanks from the wife of a sprightly 73-year-old

In August 1997 my husband had a malignant lump

removed from his leg.

I had just read an article in WDDTY covering treatments for cancer and decided to contact Dr Patrick Kingsley who was mentioned. As a result of our meeting, we decided to abandon traditional treatment and undergo his therapy.

What a blessing that was. There is now no sign of the cancer. My husband is now 73 and is as sprightly as a 50 year old. We are so grateful to you for writing the article and for continuing to edit your excellent periodical.—Beatrice Webb, Hants.

### Our number one fan

Your book WDDTY is fantastic. Could I have another six please?—Christina McFarlane, Newcastle.

### Empowered to make positive decisions

I want to express how important and invaluable WDDTY has become in my family's life and in the lives of so many people I know. I have used the information to guide me in making a host of positive decisions towards a healthier and more wholesome lifestyle.—Bernadette Brown, Glasgow.

### With WDDTY you are not alone

When I tell you that a subscription to your magazine is the only publication I have ever subscribed to in a fairly long life, you will, I hope, understand that it is a measure of the high regard in which I hold it. It addresses issues, it confirms one's scep-

ticism of modern medical practice and by so doing eases the loneliness that such a position in our society can engender.—Christine A Field, Worcester.

### A scandalised doctor writes...

While you publish this sort of inflammatory, scare mongering hyperbole I am only pleased that I have never knowingly come across your journal. I also hope and pray that none of our patients or parents come across it, leading them to needless and enormous amounts of worry. I cannot recall a less responsible publication.—Dr S J Newell, St James's.

*Editor's note: Thankfully, the above medic hasn't allowed ignorance of our publication to colour his opinion of it.*

## Alternatives

### Gum disease

Subgingival plaque—the forerunner of a variety of periodontal diseases—is caused by certain anaerobes. While Western oral hygienists painfully remove this plaque from the neck of the teeth under the gums, other cultures use traditional, natural methods of inhibiting it.

The many plants used in ethnopharmacology provide for very effective oral hygiene in cultures where the dubious benefits of toothpaste, floss and the enthusiastic endeavours of hygienists are unknown. Generally, leaves, kernels, twigs and resin are chewed, which massage the gums while brushing over and cleaning the teeth. The plant materials used also provide low-dose exposure to natural, anti-microbial agents. The chewing action stimulates a constant saliva flow—which benefits the mouth, as well as, when swallowed, the rest of the body.

Traditional approaches which have been researched have been shown to provide microbial inhibition—not total annihilation of viruses and bacteria as the West would have it. In southern India, the seed kernel of *Areca catechu* is chewed (VK Patel and H Venkatakrishna-Bhatt, *Int J Clin Pharmacol Ther Toxicol*, 1988;

26: 176-184), as are the seeds and gum of the acacia family in Africa; the chewing sticks of the toothbrush tree (*Salvadora persica*); the twigs of the *Chironia baccifera* (tandpynbossie) whose splayed fibres are used almost like toothbrushes; and the chewing tuber of the *Berula thungbergii* (tandpynwortel) (VO Rotimi and HA Mosadomi, *J Med Microbiol*, 1987; 23: 55-60). In Bulgaria and Russia, the gummy substance bees caulk their hives with is used (V Dimov, N Ivanovska, V Bankova and S Popov, *Vaccine*, 1992; 10: 817-823), and in the German-speaking region, people brush with a paste containing *Slavia officinalis* (sage) (B Willershausen, I Gruber and G Hamm, *Deutsche Zahnärztliche Zeitung*, 1991; 46: 352-355). In parts of Indonesia and Madagascar, *Centella asiatica* (gotu kola) is drunk (A Benedicenti, D Galli and A Merlini, *Parodontal Stomatol*, 1985; 24[1]: 11-26). And, in southern and eastern Europe, an infusion of dried *Acacia catechu* (black cutch) is used as a mouth wash (Scientific Committee, British Herbal Medicine Association, *British Herbal Pharmacopoeia*, 1981; vol III, 557). In western and central Europe, an infusion of red sage makes a gargle and mouth-

### Scientifically proven alternatives to

wash and a *Krameria triandra* (rhatany root) mouthwash is made in South America (William Martindale, *The Extra Pharmacopoeia*, The Pharmaceutical Press; London: 1961: 1026 and Scientific Committee, British Herbal Medicine Association, 1979; 2: 185). Weleda makes a toothpaste from *Krameria*, too, with extracts of myrrh and liquorice (glycyrrhizate), and a gargle containing, amongst other ingredients, sage, myrrh and rhatany for sore throats, ulcers and tender gums.

*Sanguinaria canadensis* (bloodroot) is used by some populations (KC Godowski, *J Clin Dent*, 1989; 1: 96-101; E Grossman et al, *J Periodontal*, 1989; 60: 435-440), while in Tibet and China, people chew liquorice root for dental health (L Mitscher, Y Park and D Clark, *J Nat Products*, 1980; 43: 259-269; D Steinberg et al, *Isr J Dent Sci*, 1989; 60: 435-440).

*Glycyrrhiza glabra* (liquorice) has also been proven effective against mouth ulcers, as well as plaque formation (S Pisanty, R Segal, R Wormser, F Azaz and M Sela, *J Pharm Sci*, 1985; 74: 79-81). A double-blind cross-over trial clearly showed that glycyrrhetic mouthwash reduced the number and discomfort of

# Laser treatment for wrinkles and gout

**Q** I have been considering laser treatment to get rid of a few lines around my mouth. My plastic surgeon would not recommend peeling, but described laser treatment as safe and gave me the name of a colleague who does it. But I would first like to read unbiased research about potential problems and the long-term effects. —H D, Dorset.

**A** Laser treatment with a pulsed CO<sup>2</sup> laser can be used for facial wrinkles, acne and scars. In theory it simply burns away the top layers of skin, and new, younger skin grows in its place. But laser treatment has many drawbacks, among which is the number of drugs and chemicals you will require in the course of the treatment.

In preparation, you need a topical solution of Retin-A or glycolic acid, sunscreen, moisturiser and a bleaching agent to suppress the production of melanin (to lower the risk of irregular skin coloration

caused by the procedure).

The operation takes one to two hours. You will most likely be given a general anaesthetic (which carries its own risks). With the first pass of the laser, one layer of skin is vapourised. The number of subsequent passes depends on the depth of the wrinkles or skin damage and on the surgeon. Each pass shrinks and tightens the collagen in the underlying tissue (Arch Dermatol, 1996; 132: 395-402).

Afterwards, you will be given antibiotics, as your skin will leak fluid and is vulnerable to infection. According to one study, half the treated patients developed dermatitis, which lasted over two months (J Am Acad Derm, 1997; 37: 709-18). In this case, more topical ointments and medication are prescribed. You will also need pain killers.

Your skin will be pink for about three months, during which time you can wear a greenish base to hide the discoloration. Some patients experience permanently lightened skin; others experience darkening—particularly after exposure to sunlight. For this reason laser treatment is usually recommended for those with a fair complexion.

Be cynical about the claim that lasers don't damage the skin. The whole point is to damage, indeed obliterate, the outer layer of skin, and there is insufficient research on what the long-term effects of this are. One review concludes that "isolated case reports and anecdotal stories suggest that the potential for scarring from deep thermal injury [treatment] remains significant" (Plast Reconstr Surg, 1997; 100: 1531-4). It also found that while more passes can smooth out wrinkles more effectively, it also increases the risk of scarring, with no evidence that the final outcome is significantly better.

Perhaps the most depressing part is that the effects may only last for a year or two.

Other conventional approaches to wrinkles are just as aggressive and unproven in the longer term. These include facial peels, dermabrasion, topical creams and even deadly poisons. Facial peels are actually chemical burns: a weak acid solution is used to burn the top layers of skin off. The chemical is usually an alpha-hydroxy acid (AHA) or glycolic acid. Dermabrasion removes the outer layers with a rotating disc or wire brush.

A topical retinoid, tretinoin (Retin-A, Retinova), has shown some success. In one trial, 40 patients, randomised into either treatment or placebo groups, had cream applied to the face and forearms, and were monitored for 48 weeks. Those in the tretinoin group did experience a reduction in wrinkles and a softening of the skin. But dermatitis on the forearms, facial dryness, acne and peeling were all common side effects (Cleve Clin J Med, 1993; 60: 49-55). The results last only as long as the cream is used, and it is not understood exactly how the compound works (J Am Acad Dermatol, 1997; 36: S27-36; Drugs Ageing, 1995; 6: 479-96).

Some people are now using Botox injections to eliminate crow's feet. Made from a diluted form of the botulism bacteria, *Clostridium botulinum*, the treatment is called "pretty poison" by the profession. It relaxes the muscles around the eyes, thus appearing to reduce wrinkles.

The potential complications are often overlooked. No one has researched its effects on the immune system. If the wrong muscle is injected, the patient will have a droopy eye for several months. The FDA has gone on record as being unhappy about this rather frivolous use of Botox (it is usually used to treat crossed eyes and facial tics), but have not banned its use for this purpose. The injections only last three to six months (Ann Plast Surg, 1997; 39: 447-53) and are costly.

The skin-care regimen which surgeons recommend to keep your "new", treated skin healthy is the kind of common-sense advice which would have maintained its health in the first place, such as not smoking and tanning excessively. They also recommend multi-vitamins. Antioxidant supplements help eliminate toxins and synthesise collagen, and, to counter stress, the full range of B vitamins is a must.

An unhealthy lifestyle will be reflected in the condition of your skin, which means your skin will continue to age (perhaps even more quickly) after surgery. Unhealthy or prematurely ageing skin is often mirroring the body's inefficiency in eliminating toxins and waste products. Address the source of the problem before you opt to treat it topically. Follow a diet that is high in whole grains, fresh fruits and vegetables. Herbs which help eliminate toxins include

## conventional medicine

ulcers. It also cuts down the healing time and pain of herpetic gingivostomatitis and recurrent herpes labialis (M Partridge and D Poswillo, Br J Oral Maxillo-facial Surg,

1984; 22: 138-145). Other research shows glycyrrhizin to permanently inactivate the herpes simplex I virus and stimulate the release of interferon, a protein which protects against viruses (R Pompei, A Pani, O Flore, M Marcialis and B Lodde, Experientia, 1980; 36: 304-305).

Myrrh (*Commiphora molmol*) is another useful gargle and mouthwash for ulcers in the mouth and pharynx (Council of the Pharmaceutical Society of Great Britain, *British Pharmaceutical Codex*, London: The Pharmaceutical Press, 1963; 509-510).

**Harald Gaier**

Harald Gaier is a registered naturopath, homoeopath and osteopath.

**Case Study**

**A HARD PILL TO SWALLOW**

In a recent issue you have a rather favourable article on Fosamax (WDDTY vol 8 no 12). Taking Fosamax nearly killed my mother, and at least one doctor I know calls it “that evil medicine”.

The adverse reaction my mother experienced is not even mentioned in your article, although the drug company has printed something in microscopic type on the fact sheet that comes with the tablets. While few would read it, and what prescribing doctors are probably unaware of—as ours was—is that Fosamax seems to erode the oesophagus. The fact sheet instructs that for 20 minutes after taking the pill you sit or stand, but do not lie down. Presumably, this is to ensure that the pill goes all the way down, but it is no guarantee. While no one told my mother this, she took the pill each morning after getting up, and so is unlikely to have disobeyed this instruction. Nevertheless, pills, or remnants of them, must have stuck in her oesophagus, causing, in just a matter of months, an almost total obstruction which had to be repaired through surgery—risky at the age of 87.

After trying several doctors, we luckily found a specialist who corrected the problem to the degree that she can now swallow liquids and soft foods. Had we not been so fortunate, I am sure my mother would either be dead by now, or lying in a hospital bed being fed intravenously, and in a great deal of pain.

My understanding, from doctors and others I have spoken to, is that this is not a unique case. Furthermore, I believe I have read somewhere that Fosamax is not in fact all that strong and helpful. Whatever. I haven't, to be honest, paid much attention. What's the point when you find yourself unable to eat or swallow just a few months after taking it? This is a very dangerous drug and should not be on the market. —A A, New Jersey.

Oregon Grape root (*Mahonia aquifolia*), dandelion root (*Taraxacum officinale*), and burdock (*Arctium lappa*).

Many anti-wrinkle creams advertise magic ingredients such as alpha-hydroxy acids, glycolic, hydroxycaprylic or lactic acid, passion-flower or citrus extract. These fruit acids irritate the skin, causing peeling (thus their use, in higher concentrations, in chemical peels) and slight puffiness. The “results” may actually be the damage done, with the puffy, inflamed skin appearing to have less wrinkles. The higher the AHA concentration, the greater the risk of allergic reactions with no long-lasting benefit to the skin. In a recent consumer report, women found anti-wrinkle creams most likely to cause skin irritation. The greatest benefit was attributed to straightforward moisturisers (Which?, January 1998: 20-23).

Avoid abrasive cleansers. The more you exfoliate, the more cell divisions occur in the lower skin layers. But the skin cannot divide indefinitely: it eventually reaches a point, known as the Hayflick limit, where it no longer responds. Then the skin cells become sluggish and inefficient. Rather, try regular, gentle facial massage with a simple moisturiser or facial oil. If the facial muscles are toned and relaxed the skin will also appear toned and relaxed.

I am trying to find out more about gout, and wondered if WDDTY could help me. I'm particularly interested in its causes, as well as any naturopathic (or other) treatments, especially those involving a dietary approach.—D B, Botswana.

Gout is the result of a build-up of uric acid crystals, usually around a joint. The immune system attacks these crystals with phagocytes (scavenger cells). The toxic by-product of this clash causes the inflammation. Gout could indicate that you either get too much uric acid from your diet, your body is synthesising too much, or your kidneys are excreting too little. It is a long-term threat to the kidneys and, if left untreated, can also have a knock-on effect on the arteries.

Opinions on how best to treat gout differ (Rev Rheum Eng Ed, 1996; 63: 255-61; N Z Med J, 1991; 104: 115-7). Hospitals use indomethacin and

colchicine, while GPs prefer nutritional advice. Long-term use of colchicine is associated with renal failure—though the exact relationship is not clear (J Rheumatol, 1991; 18: 264-9)—and other side effects such as nausea, gastrointestinal haemorrhage, rashes and even hair loss.

Medications such as cyclosporin and the H2 receptors, cimetidine and ranitidine, can cause gout (N Eng J Med, 1989; 321: 287-92; Drug Intel Clin Pharm, 1985; 19: 201-2), and individuals taking thiazide diuretics are at a greater risk. This risk increases significantly if diuretics are used in conjunction with other hypertensive agents (J Clin Epidemiol, 1997; 50: 953-9). Those with SLE (lupus) can be more vulnerable to gout (Br J Rheumatol, 1987; 26: 303-6), and it can also be brought on by surgery (Am J Surg, 1995; 61: 56-9).

An often overlooked, though long-established, cause of gout is lead poisoning (Ballieres Clin Rheumatol, 1989; 3: 51-61; Toxicol, 1992; 73: 127-46). The kidneys may be failing to effectively excrete excess lead.

Diet is paramount in treating and preventing gout recurring (Ther Umsch, 1995; 77: 524-7). Follow a low-acid diet, avoiding foods rich in the purines that are metabolised to uric acid. Such foods include sardines, anchovies, shell fish and crab, liver, sweetbreads, peas and beans, asparagus and mushrooms. Reducing refined sugar and salt won't directly help, but might ease the load on your kidneys, helping them to work efficiently. Avoid coffee, tea and alcohol. Try to drink at least two pints of water daily.

Herbs such as celery seed (*Apium graveolens*), guaiacum (*Guaiacum officinale*), and burdock (*Arctium lappa*) are all indicated in gout. Other herbs with an anti-rheumatic and/or diuretic action include boneset (*Eupatorium perfoliatum*), wild carrot (*Daucus carota*) and yarrow (*Achillea millefolium*). Bromelian is also an effective anti-inflammatory.

Try supplements of vitamin C, vitamin E and the full range of B vitamins, particularly folic acid. Daily doses of calcium (1500 mg) and magnesium (700 mg) can help draw the lead out of your system. Eating cherries, ginger or blueberries may also be of benefit, and likewise, a daily tablespoon of flaxseed oil.

# Drug of the Month

## Viagra

Since being approved by the US Food and Drug Administration in March, Viagra (sildenafil) has quickly become one of the most successful drugs in America—gaining an enormous amount of worldwide press publicity along the way.

As you probably already know, Viagra treats impotence, or penile dysfunction as it is currently called. In just one week last April, a record 113,000 prescriptions were written out for it in America, compared with an average of 3,000 or so for any common-or-garden wonder drug. No wonder the drug has earned the nickname of “Pfizer Riser” after the manufacturer.

So successful has the drug been

that there is already a black market for it, and even some sexually active men are trying to get hold of the magic tablets just to improve their performance.

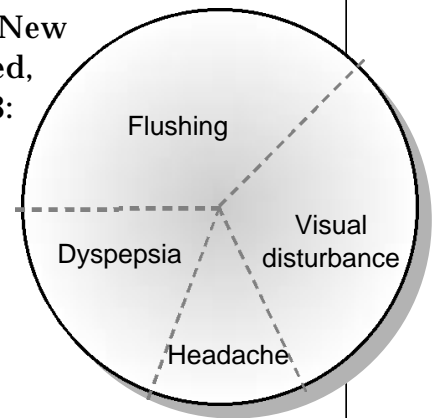
While some men are celebrating the belated return of their manhood, others would have a different story to tell, if they were alive to tell it. Six men died after taking the drug, and the Israeli health authority was the first to ban its introduction there, although it is not clear if the drug was directly responsible for the deaths.

Despite this, the UK drug authority is pressing ahead to make the drug available on the NHS, no doubt impressed by reports that there are no side

effects being recorded.

This, however, is not so. A recent study of 532 men taking the drug revealed that reactions after short-term use included flushing, dyspepsia, visual disturbances—and headache.

So, just as you're able to perform for the first time in ages, you're forced to call it off—and you have to blame it on one of the oldest excuses in the book (New Eng J Med, 1998; 338: 1397-404).



# NEWS

## HIGH-HEELED SHOES MAY BE LINKED TO OSTEOARTHRITIS

Women who frequently wear high-heeled shoes may end up with osteoarthritis. The shoes shift the weight of the body and put added pressure on the knee joints, researchers have found.

Although they were unable to prove that there is a connection, the researchers say that wearing high heels may lead to degenerative changes in the knee joint which could, in turn, result in osteoarthritis.

The condition is twice as common in women as men, and it tends to occur in both joints. But nobody had scientifically assessed the effects of high heels on the knee and hip joints, to see if they were a possible cause, point out researchers from Harvard

Medical School.

They examined 20 healthy women who felt comfortable wearing shoes with narrow heels at least five centimetres high. The researchers found that high-heeled shoes significantly alter the normal function of the ankle, so putting greater pressure on the hip and the knee just to maintain stability and to be able to walk. Most of the compensation is taken up by the knee joint, which had to cope with an additional 23 per cent torque (Lancet, 1998; 351: 1399-1401).

## DOUBT CAST ON ASPIRIN CANCER CLAIMS

An aspirin a day may not, after all, be the great cancer preventative suggested by several studies.

A new research paper has found that aspirin does not

offer any protection against colorectal cancer, which goes against earlier findings that suggest it can reduce the risk by up to 50 per cent.

The latest research, which involved tracking 22,000 male doctors in the US for 12 years, found there was no difference in the number of cases of colorectal cancer between those taking 325 mg aspirin on alternate days and those who took it infrequently. In all, 341 cases of cancer were diagnosed in all groups.

It had been thought that aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) suppressed the development of cancer cells by inhibiting an enzyme that makes resistant tumour cells.

“Clinicians should be cautioned about using salicylates or other NSAIDs for the primary prevention of col-

orectal cancer,” the research team from the Physicians’ Health Study concludes (Ann Intern Med, 1998; 128: 713-20).

## FALL RISK FOR ELDERLY ON ANTIDEPRESSANTS

All classes of antidepressants are dangerous for the elderly to take, and will greatly increase their risk of a fall and fracturing a hip, new research has found.

It had been thought that one type of antidepressant—the selective serotonin reuptake inhibitors (SSRIs)—were relatively safe for the elderly, but the findings suggest these are just as dangerous.

Elderly patients taking SSRIs were 2.4 times more likely to suffer hip fracture compared with those who were not taking the drug.

The researchers, from the

# NEWS

University of Toronto, also tested two other types of antidepressants—the secondary and tertiary amine tricyclic (TCA) classes—and found they were almost as dangerous. Patients taking a secondary amine TCA were 2.2 times more likely to fracture their hip than controls who were not taking any drug, while those given a tertiary amine TCA were 1.5 times more likely to suffer a fracture.

The research involved 8,239 patients aged 66 years and over who had been treated in hospital for hip fracture between 1994 and 1995 (Lancet, 1998; 351: 1303-07).

● Migraine and headache sufferers are overdosing on sumatriptan, research suggests. In a small study in Denmark, researchers found that some users were becoming dependent on the drug, while daily use over three months was common. Some were taking sumatriptan to ease headaches caused by other drugs (BMJ, 1998; 316: 1352-3).

## GALLBLADDER CANCER LINKED TO KEYHOLE SURGERY

Keyhole surgery can trigger gallbladder cancer or cause it to recur, researchers have found. The procedure, known as laparoscopic cholecystectomy, which involves the removal of the gall bladder, caused cancer of the abdominal wall to recur in three of the 30 patients investigated, and two of these died.

Although they accepted that the procedure caused the cancer, the researchers said the long-term prognosis was the same among patients and those who developed the cancer in other ways.

Three-year survival rate was 100 per cent for early gallbladder cancer and 70 per cent for advanced tumours, similar to the pattern for the cancers caused by the operation.

Therefore, say the research team from Hamamatsu University School of Medicine in Japan, patients with gall-

## Treatment of the month

### Psoriasis alleviation

If stress can trigger psoriasis, then it follows that anything that alleviates the psychological problems can also help the condition. So the thinking has gone with a group of doctors from Turkey who have been giving antidepressants to psoriasis patients.

Possibly to their own surprise, the approach appears to have helped make the topical steroids for psoriasis more effective. But of the 30 patients in the treatment group, 18 did not complete the course.

It's not clear if the problem was down to a drug reaction, but now the doctors have stumbled on a fact long since recognised by the alternative camp, which is that perhaps a more benign approach could be tried.

bladder problems should still have the keyhole procedure.

But whether they should be told that it might result in cancer is a conundrum not addressed by the researchers (Surgery, 1998; 123: 311-4).

## PSA SCREENING MORE LIKELY TO RESULT IN DEATH

PSA (prostate-specific-antigen) screening may be unable to detect prostate cancer, some scientists believe. More men who were screened died from prostate cancer compared with those who were not, research findings suggest.

The conclusion is controversial because it is based on an original research paper which had suggested that PSA screening could reduce death from prostate cancer by 69 per cent.

But some experts to whom the paper was presented said the research was flawed. Only 23 per cent of the men invited to join the screening programme actually did so, but the researchers had not allowed for this. In addition, 982 of the 8,137 men in the screening group had been placed in the control group which had not been screened. When the data was reanalysed, the death rate among the screened group was higher, said Peter Boyle from the European Institute of

Oncology in Milan (Lancet, 1998; 351: 1563).

## FRUIT AND VEG HELP PREVENT SKIN CANCER

A diet low in fat and high in fruit and vegetables can prevent skin cancer. Five servings of fruits and vegetables a day—recommended by several health bodies but followed by only a small minority of the population—is enough to scavenge up the free radicals released in the body by sunlight.

The ideal diet to prevent the cancer includes taking in less than 20 per cent of calories from fat, having five servings of fruits and vegetables, taking the equivalent of 25,000 IUs of beta-carotene, the equivalent of one-and-a-half carrots, 400 IU vitamin E, 100 ug selenium from food, and 500 mg vitamin C from food.

The diet, suggested by Harvey Arbesman from Buffalo University to delegates at the American Academy of Dermatology, may also prevent the development of precancers, known as actinic keratoses, and of non-melanoma skin cancers.

He stressed the importance of a low-fat diet. In one study, patients who followed this part of the diet alone had fewer new skin cancers detected after eight months and two years (JAMA, 1998; 279: 1427-98).

## 10 Things Doctors Say

(and what they really mean)

1. We don't know how it works, but it works  
*It suppresses symptoms in the short term, but it may result in your penis dropping off in ten years' time.*
2. You don't need it anyway.  
*We don't really understand the function of this particular organ.*
3. I've been a doctor for 30 years.  
*I've been making the same mistakes for 30 years and nobody else has ever complained.*
4. I'm just going to take a few pictures.  
*This is the first of a battery of tests.*
5. This drug has no adverse effects.  
*I seem to have temporarily misplaced my Physician's Desk Reference.*
6. I'll be monitoring your progress closely over the next few months.  
*I need the extra money to pay for my new villa in Portugal.*
7. It's probably caused by a virus.  
*I don't know what causes it.*
8. Any responsible parent would do the same.  
*I vaccinated my child, so what's your problem?*
9. I'll be utilising the latest surgical technology.  
*I've been watching one of my colleagues do this procedure for the last month and I'm itching to have a go myself.*
10. Where on earth did you read that?  
*One of these days I'm going to drop a bomb on those people at What Doctors Don't Tell You!*

# UPDATES

## PATIENTS DO BETTER WITH FEWER BLOOD TRANSFUSIONS

Hospitals should restrict their use of blood transfusions with critically ill patients as this will probably increase their chances of surviving.

A significant paper, which may change the transfusion policy in hospitals, discovered that fewer patients died when they were given a restricted amount of transfused blood. Hospitals currently adopt a liberal policy where blood transfusions are given frequently.

A Canadian trial, known as TRICC (Transfusion Requirements in Critical Care), discovered that the death rate in the liberal transfusion group was 24 per cent, compared with 18 per cent in the restrictive transfusion group. In the liberal group, 101 patients died, compared with 77 patients in the restrictive group.

"That means, on average, one life was saved for every 17 patients transfused with the restrictive strategy," said Paul Hebert, the trial's principal investigator.

Hebert said that 52 per cent fewer transfusions were given in the restrictive group, and transfusion was avoided altogether in one-third of those patients. The bottom line, he said, is "less transfusion is better than more transfusion" (JAMA, 1998; 279: 1596-7).

## FATS: THE GOOD, THE BAD AND THE CARCINOGENIC

Researchers have isolated the good and bad fats in your diet that may help determine whether you go on to develop breast cancer.

The worst fats are the polyunsaturates, found in some vegetable oils, which can increase your risk of breast cancer by 69 per cent. These are, however, countered by the monounsaturates, found in olive and canola oils, which can reduce your breast cancer risk by 45 per cent.

The risk increased for every 5 gram increase of polyunsaturated fat in your diet, and decreased for every 10 gram increase of monounsaturated fat.

The carcinogenic qualities of polyunsaturates are caused, in part at least, by the heating process used to prepare them. This means that even supposedly healthy oils, such as safflower and sunflower, could be damaging to your health because they are processed using a very high heat.

The report also underlines the importance of olive oil which, ideally, should be extra virgin, organic and kept in glass containers stored out of the light (Archives of Internal Medicine, 1998; 158: 41-5).

## IVF TREATMENT COULD CAUSE RETARDATION

Children conceived by ICSI (intracytoplasmic sperm injection), the IVF treatment of choice when the man is very infertile, may suffer some development problems at around one year.

Some ICSI babies fared less well in standard development tests than babies conceived by routine IVF (in-vitro fertilisation) or who were conceived naturally.

Researchers from Sydney University, who made the discovery, say it is essential that ICSI children are reassessed as they begin school to see if they

are at increased risk of intellectual impairment or learning difficulties.

Although the ICSI children suffered no major health problems in their first year nor had any congenital malformations, their performance was significantly lower than other groups of children when they were assessed for their developmental abilities. Of the 89 ICSI children tested, 17 per cent showed mild to significant delayed development compared with just 2 per cent of the 84 children conceived by IVF, and 1 per cent of the 80 children conceived naturally.

ICSI was introduced as a new form of IVF treatment in 1993, and has quickly become the treatment of choice in many clinics around the world. The Sydney study is the first to assess the long-term outcome of these children (Lancet, 1998; 351: 1529-34).

In a commentary alongside the research, specialists from Utrecht University Hospital say that "manipulation of human embryos and intervening with the natural process of conception may induce subtle, complex and far-reaching changes in the genetic material of the offspring and also of the next generation."

## SALT MAY HAVE NO ROLE IN HIGH BLOOD PRESSURE

Reducing salt in your diet will not help lessen the risks of high blood pressure, stroke and heart attack. The long-cherished belief that salt was a major culprit in raising blood pressure has been challenged by scientists.

Researchers from Copenhagen University reanalysed

## Shorts...

- Cyclosporin, an immunosuppressant, and thiopeta, a drug used to treat lymphomas and ovarian and breast cancer, have been classified as human carcinogens, or causes of cancer. In all, 14 drugs, dyes and other chemicals have been added to the list of known or likely carcinogens in the US National Toxicology Program's Eighth Report on Carcinogens (Lancet, 1998; 351: 1563).

- Contact-lens wearers who travel to remote locations are advised to pack topical antibiotics to counteract infections to the eyes which can occur when using the lens. The advice came from Paul Donzis at the UCLA School of Medicine in Los Angeles after he treated two women who developed microbial keratitis while on holiday abroad (New Engl J Med, 1998; 338: 1629-30).

58 studies that were carried out over a 30-year period until 1997. They concluded that, overall, the results did not support a general recommendation to reduce sodium intake. However, reducing salt in the diet could be used as a supplementary treatment in hypertension (JAMA, 1998; 279: 1383-91).

## VITAMIN C AND E COMBINATION ACTS AS A SUNSCREEN

Regular intake of vitamins E and C may protect against sunburn, researchers have discovered.

They found that a daily regimen of 2 g of vitamin C and 1000 IUs of vitamin E reduces sunburn reaction in humans.

Interestingly, neither supplement on its own gave any protection against UV radiation, so the shielding effect only works when they are taken in combination (Journal of the American Academy of Dermatology, 1998; 38: 45-8).

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marine capsules, stirred into a drink, or, if they are infants, rubbed on the insides of their thighs.

#### 10 TIPS FOR A HEALTHY LIFESTYLE

**41** Choose a reasonably vigorous exercise programme you love and stick with it regularly. Every study of ageing shows that the more active you are, the less likely you are to die from all causes, including heart attacks and cancer. Twenty minutes of low-impact, weight-bearing exercise three to four times a week is best for your bones. This can include walking, rebounding, cycling, using a Stairmaster or low impact aerobics. Staying trim with a lean body mass is also linked with lower overall mortality. Exercise has also been shown to keep your mind sharp and improve mental health, and help avoid depression (WDDTY vol 9 no 1).

**42** Try not to settle for anything less than challenging work or an activity that you love—that makes your ‘heart sing’ as US naturopaths Judyth and Robert Ullman put it— and do it with gusto. Again, studies indicate that people at peace with their lives and life’s work live longer than those who are warring with their world or don’t keep their minds active (WDDTY vol 9 no 1).

**43** Try to be of service to others, on or off the job. The Ullmans recently wrote that they consider loving and being of service to others the highest priority. (Townsend Letter for Doctors and Patients, July 1997).

**44** Reduce the number of poisons you put in your body. Smoking, drinking, salty processed foods, all have indisputable detrimental effects on your health and your life. Caffeine and tannin are perhaps the main culprits in benign breast disease, and are also linked with joint problems.

**45** Make your home a sanctuary and refuge. Fill your environment only with objects, friends and family and animals that are supportive. Dr William Rea suggests that, if at all possible, live with some land around you, even in the form of a small town garden. (If possible, also live detached from your neighbours, so that you don’t take on their EMFs and other pollutants.) If this is not possible, be sure to spend time in nature as much as you can. Many clinical ecologists like Dr Rea find that patients have too low levels of oxygen—the effect of living in a polluted, congested, urban world.

**46** Be connected with others and yourself. Only half of all heart disease is called by a sedentary lifestyle and high-fat diet. The other half appears to be caused by isolation—from other people and our own feelings. A Finnish study has shown that those who were lonely

and isolated socially were two to three times more likely to die from heart disease and other causes than those who felt connected to others. Conversely, studies of populations show that social networks and social support protect people against heart disease—regardless of whether they smoke or suffer from high blood pressure (Am J Epidemiol, 1983; 117: 384-96). Making friends, expressing your feelings—even owning a pet could prove a lifesaver (PROOF! vol 1 no 1).

**47** Cultivate some sort of spiritual connection—whether with a god or a less directed religious entity. Copious evidence shows that prayer actually has positive effect upon the body, whether you are the one doing the praying or are being prayed for (PROOF! vol 1 no 1). A study of centenarians found that faith in God was one common element to which they attributed their longevity (WDDTY vol 9 no 1).

**48** Engage in regular relaxation techniques, particularly those which calm the mind as well as the body. The latest evidence shows that tech-

niques like yoga, Transcendental Meditation and other disciplines likely to put you in touch with your own spirituality, in addition to providing relaxation, work better than stress management and other techniques which solely concentrate on relaxing the body (PROOF! vol 1 no 1).

**49** Don’t hold grudges—cultivate a sense of forgiveness, of your enemies, your family, your parents. Most importantly, forgive and love yourself. Get rid of unfinished emotional business in your life. Again the evidence shows that psychological and emotional health is an important predictor of longevity (WDDTY vol 9 no 1).

**50** Take responsibility for your own health. Taking responsibility for every decision in your health care means that you are less likely to be a victim of your doctor’s decision. You also derive the psychological benefit of staying in charge—again, an important predictor of mental and physical health (WDDTY, the book).

Lynne McTaggart

### THE 10 USELESS MEDICAL TESTS

#### Blood pressure

Even if the reading is accurate (and this is open to wide interpretation) it can only provide a snapshot of blood pressure. Blood pressure can vary from arm to arm and by as much as 30 mm Hg over the course of any day.

#### Pap smear

Notorious for a high rate of false-positive and false-negative results. A positive result is likely to lead to aggressive preventative measures such as cone biopsy, even though watchful waiting has been shown to be just as effective. Nearly half of all mildly abnormal cervical smears revert to normal within two years.

#### Angiography

An x-ray test using a contrast dye designed to examine your arteries. Results are often misinterpreted and half of those referred for surgery, in one study, did not need it. The dyes used have also been associated with adverse effects, including anaphylactic shock.

#### Mammograms

Because the mammogram uses x-rays to detect breast cancer, it may actually cause the condition it is supposed to detect. There is no benefit to regular mammograms for women under 50 and the benefit for those over 50 is marginal. Only one in 14 women with a positive mammography result will have breast cancer.

#### CAT scans

Computed axial tomography can offer up to 20 times more detail than an ordinary x-ray but at a cost since you will also be getting a much higher dose of radiation. While it may give doctors more information, CAT scans can’t reduce illness, shorten hospital stays or prevent death. They are only as accurate as the person reading the picture. Thus, in one study, a third of children with hernias were misdiagnosed as normal.

#### MRI scans

Magnetic resonance imaging is used mainly to view the nervous system and spinal cord. No one knows the possible side effects of subjecting the body to a magnetic force some 50,000 times stronger than that of

the earth. A likely avenue of enquiry is cancer development and immune system dysfunction. MRI’s can cause serious burns and infertility in men. Often they can only confirm a suspected diagnosis, so risks may outweigh benefits considerably.

#### AFP

Used to detect abnormal levels of alpha fetoprotein, high levels of which can indicate a risk of Down’s Syndrome. Out of every 2000 women tested, 100 will have an abnormal reading but only 1 or 2 will actually have an affected fetus. Equally the test can miss up to 40 per cent of spina bifida cases, 10 per cent of anencephaly and 80 per cent of Down’s Syndrome.

#### Ultrasound

As a diagnostic tool it is used primarily on pregnant women to ascertain the health of the fetus. Ultrasound has been repeatedly shown to make absolutely no difference to the outcome of a normal pregnancy. More recently it was concluded that ultrasound raises anxiety levels in mothers (and sometimes doctors) without providing beneficial information.

#### The ‘oscopy

Test which inject or penetrate the body. These include endoscopy or laparoscopy to inspect the appropriate body cavity: stomach, lungs, colon or womb. The bad news is one in 2000 patients dies from an endoscopy, usually from heart or respiratory problems. If you don’t die you are likely to end up with an infection since hospital hygiene is often poor and machines are not always cleaned properly in between uses.

#### Lab tests

Most of us have had the experience of sending off a sample of urine or blood for testing. Surprising, then, that a quarter of all lab tests produce incorrect results. Such tests rarely influence diagnosis; nearly three quarters of diagnoses are made on the basis of medical history or physical examination (WDDTY, the book for all above).