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# The Health Reformer

## **Everybody Will Be Taking Blood Pressure Pills Soon**

On Wednesday, May 14, 2003 new guidelines were released that suggested blood pressure levels considered "normal" for 45 million people in the US, were actually dangerous all along. One in five adults falls in the new category of "prehypertension," and is considered at higher risk of heart attacks and strokes. Under the new guidelines blood pressures between 120 to 139 systolic (top number) and 80 to 89 diastolic (bottom number) are now considered abnormal. Normal is below 120/80 mm Hg. The panel of experts from the National High Blood Pressure Education Program issuing these guidelines recommends weight loss, more exercise, less salt and less alcohol. The report does not recommend drug therapy. But, in actuality this will translate into 45 million people being threatened with a lifetime of blood pressure medication.

### **This is Not New Information**

Almost 20 years ago, the Final report of the Working Group on Risk and High Blood Pressure came to the same conclusion for increased health risks for blood pressures of the same levels.<sup>1</sup> For example, the risk of having a heart attack was found to be doubled for someone with a diastolic pressure of 80 to 89 mmHg, compared to a pressure below 80 mmHg.

People (even most doctors) have an incorrect concept of the significance of elevated blood pressure. They think the pressure is damaging the arteries. In truth the elevated pressure is the result of sick arteries and an unhealthy blood system. When the blood vessel walls (arteries) become filled with cholesterol and fat, and then the atherosclerosis that follows, they become narrower and stiffer - as a result the pressure goes up. Foods that we eat (saturated fat and cholesterol) cause the arteries' muscles to spasm and narrow raising the pressure. Vegetable, fish, and animal fats cause the blood cells to stick together and sludge, slowing the flow of blood - this back-up also raises the pressure. It is natural, normal, and desirable for the pressure to go up. This rise is an attempt to overcome all this resistance to flow, and deliver nutrients to the tissues. (You can learn the details on all of this in the McDougall Program for a Healthy Heart book.)

Thus, what the elevated blood pressure really means is the whole blood vessel system is in trouble and ready to close down with a heart attack or stroke.

The approach of the drug industry, and their workers, the doctors, is to attack the elevated blood pressure with medications. The pressure goes down, but they have done nothing about the sick blood vessel system. As a result, this pharmaceutical approach does nothing to reduce the risk of heart attacks and very little to reduce the risk of strokes.

The ultimate beneficiary of these new recommendations from the National High Blood Pressure Education Program will be the pharmaceutical industry and the prescribing doctors - not the patients; unless they know the truth, and take proper action.

### **Proper Action to Save Your Life**

Without a doubt this elevation of blood pressure above 120/80 is a serious warning that there is "trouble down below." Your response should not be to hide the warning sign - the elevated blood pressure - with medication. Your response should be to fix the trouble.

Now is the time to change your diet, lose weight, and exercise, as recommended. But do it seriously with a starch-based diet, with additional fruits and vegetables. Although not the most important recommendation, salt intake should be kept low (We recommend sprinkling it on the surface of the foods rather than cooking with it, for more taste and less sodium.) Exercise daily. When you do both of the diet and exercise suggestions correctly, then you will effortlessly attain, and then maintain that ideal weight - and avoid blood pressure medication and most future health problems.

Reference:

1) An epidemiological approach to describing risk associated with blood pressure levels. Final report of the Working Group on Risk and High Blood Pressure. Hypertension. 1985 Jul-Aug;7(4):641-51.

*John McDougall, M.D.*

## **Many shoppers treat the supermarket's fruits and vegetables section more as an art exhibit than as the source of lifesaving foods**

If supermarkets had beauty contests for their products and I were the judge, the fresh produce section would win every time: thousands of colorful foods neatly and attractively displayed, certainly more enticing than raw meats and poultry or the vast array of canned, frozen and packaged foods.

So why is it so difficult to get Americans to eat more fruits and vegetables, for the sake of their

(Over, please)

weight as well as their overall health? The five-a-day campaign of the National Institutes of Health, the American Cancer Society and the American Heart Association has raised consumer consciousness of fresh produce, but increases in consumption still lag sadly behind. The major growth vegetable remains potatoes - deep-fried, of course.

Many shoppers, it seems, treat the produce section more as an art exhibit than as the source of delicious, nutritious, health-promoting and, in some cases, even lifesaving foods.

No category of food comes closer than fruits and vegetables to being a fountain of youth. Each is power-packed with plant-based substances called phytonutrients that can help to prevent or even reverse one or more chronic, debilitating and often deadly diseases, including heart disease, stroke, cancer and age-related declines in brain power, cataracts and macular degeneration.

And, studies have shown that eating more fruits and vegetables can help prevent overconsumption because they fill you up with fewer calories.

Researchers have identified a number of factors that stack the deck against greater consumption of produce. Probably leading the field is the increase in meals and snacks consumed outside the home. Fast foods tend to favor meats, chicken, cheese and, to some extent, seafood, although some recent improvements are encouraging. The Subway franchises, for example, offer excellent have-it-your-way salads.

But ordinary restaurants also do little to increase produce consumption. Although restaurant portion sizes have increased over all, the size of vegetable and fruit servings has not gotten larger, according to a report two years ago in *The American Journal of Public Health*.

Another factor is convenience. With all the adults in many families now working outside the home and facing longer commutes, the time available to prepare meals has shrunk. Takeout and microwave foods are becoming the American norm for dinner. And rarely are these meals replete with vegetables.

Most vegetables and fruits require some preparation - washing or peeling, cutting and often cooking. Busy meal makers can greatly reduce preparation time by using frozen vegetables and fruits and packaged prewashed salad ingredients. Many supermarkets also have salad bars, allowing consumers to buy only the amount of ready-to-use foods needed for a given meal.

Some unprocessed fruits and vegetables come ready to eat, needing perhaps only a rinse. They include bananas, apples, pears, grapes, berries, tomatoes, mushrooms and celery. One of my weight-watching friends snacks on Kirby cucumbers, which need no peeling. .... *By JANE E. BRODY*

### **"Drinking responsibly is like teaching a pig to eat with a spoon. Can't happen."**

...Gene Amondson, the presidential nominee of the National Prohibition Party, has been running on the primary platform of banning alcohol entirely, the *Seattle Post-Intelligencer* reported Nov. 1.

"This country cannot afford what alcohol costs us," said Amondson, a minister and painter from Vashon Island, Wash. "Many of this country's problems are tied up with alcohol. But if you stop alcohol, you solve many things, lower prison rates, less cancer, fewer accidents."

While Amondson acknowledges that his chances of winning the presidential election are slim, he is pleased that his

campaign message has attracted national media attention.

"Prohibition was America's greatest 13 years," he said. "Drinking responsibly is like teaching a pig to eat with a spoon. Can't happen."

Amondson said that the \$2 billion a year in advertisements run by the liquor industry "make alcohol look like a friend of the family." ... *Join Together Online, 11/2/204*

Note: "Moderate drinking is the school in which men are educated for the drunkard's career. Yet so insidious is the work of these milder stimulants that the highway to drunkenness is entered before the victim suspects his danger."

*The Ministry of Healing, p.332*

### **Liquor Sellers Intensify Efforts to Gain Young Drinkers**

Just shy of her 22nd birthday, Kelly Bannen is the type of customer that big brewers such as Anheuser-Busch Inc. and Miller Brewing Co. pay dearly to reach. Bannen's age group, people 21 to 24, account for 30 percent of the nation's beer consumption. Get 'em while they're young, and you could win a lifelong customer, marketing experts say. There's just one problem: Bannen is among a growing number of young drinkers who don't like beer.

"I think it tastes really bitter," said Bannen, a Marquette University senior. "I like sweeter things to drink."

Since 2000, beer's share of the overall alcohol beverage market has eroded, while the share held by wine and spirits has gained ground, according to New York-based consulting firm Beverage Marketing Corp.

Much of beer's decline is tied to inroads that sellers of vodka, tequila and other spirits have made with consumers in their 20s. Propelled by aggressive marketing, a new generation of drinkers is showing a growing preference for sweeter drinks, such as martinis and other cocktails made with fruit-flavored spirits.

Some of those drinkers, including men, who account for over 80 percent of US beer consumption, still imbibe a frosty brew. But they are less loyal to suds, and more willing to spend an evening at the clubs sampling a wide range of concoctions.

"They have a great thirst for variety," said Robert Lachky, Anheuser-Busch vice president of brand management.

St. Louis-based Anheuser-Busch last week launched a new beer -- spiked with caffeine, ginseng and fruit flavors -- to help broaden its appeal to young consumers. Other new drinks may follow, said executives at Anheuser-Busch, the nation's largest brewer.

Meanwhile, Golden, Colo.-based Adolph Coors Co. is touting two new fruit-flavored versions of its Zima flavored malt beverage.

Miller, for now, is largely avoiding such new products and remains focused on selling beer. Company executives believe they can grab more customers, including young ones, by continuing to focus on core brands such as Miller Lite. Miller also is ramping up its aggressive program of conducting sampling promotions at bars and clubs -- something spirits distillers have also used during their recent growth spurt.

Miller executives say they are well aware of the threat beer sales face from the rising tide of vanilla vodkas, raspberry martinis and other sweet spirits. The stakes are high for brewers like Miller, which has around 1,800 employees in Milwaukee.

"Wine and spirits have done a great job of attacking us by creating consumer excitement," Miller president Norman

Adami said in a speech last week to a group of Illinois beer distributors. "Let's not kid ourselves about that seriousness of that challenge."

Spirits consumption was declining for nearly 20 years until the late '90s, said Michael Bellas, Beverage Marketing chairman. Around that time brands such as Absolut Vodka and Bacardi Rum started test-marketing new flavors.

"They're different," Bellas said. "Kids always want something different and new."

The younger generation also shows less consumer loyalty than their parents, Lachky said.

"People used to say, 'I am a Bud drinker,'" Lachky said. "They don't say that anymore. People now switch around with what they try."

Along with traditional advertising, the distillers pushed their new drinks by cultivating relationships with bartenders and waiters, said Bellas and Eric Shepherd, editor of Beer Marketer's Insights, a trade publication.

"The distillers would train the waiters to ask if you want a cocktail," Shepherd said. "They wouldn't ask you if you want a drink."

Promotions at bars and clubs have helped build demand, said Tom Wackman, who operates three downtown Milwaukee establishments on N. Milwaukee St.: Eve, Kenadee's and Tangerine. Those promotions often include free or reduced-cost samples, supplied by the distillers and their distributors, Wackman said.

As a result, the spirits' share of the alcoholic drink market rose from 27.3 percent in 2000 to 27.9 percent in 2003, according to Beverage Marketing. Beer's share declined, from 60 percent to 58.5 percent, while wine's share increased from 12.7 percent to 13.6 percent. .... 2004, *Milwaukee Journal Sentinel*

Note: "Upon the creating of the liquor appetite in the youth the very life of the traffic depends. The youth are led on, step by step, until the liquor habit is established and the thirst is created that at any cost demands satisfaction. Less harmful would it be to grant liquor to the confirmed drunkard, whose ruin, in most cases, is already determined, than to permit the flower of our youth to be lured to destruction through ...[the] terrible [liquor] habit." *The Ministry of Healing*, p. 342

## **Obese Patients Have Higher Health Care Costs Than Nonobese Patients**

Compared to nonobese persons, obese patients had higher average health care costs over a one-year period, according to an article in the October 25 issue of *The Archives of Internal Medicine*, one of the JAMA/Archives journals.

Background information in the article states that in 2000, a National Health and Nutrition Examination Survey showed that 30.9 percent of people aged 20 to 74 years were obese, defined as having a body mass index (BMI) of 30 or greater. Obesity is a major risk factor for hypertension, high cholesterol, type 2 diabetes mellitus, heart disease, stroke, gallbladder disease, musculoskeletal disorders, and certain cancers. In 1995, the total costs of obesity were estimated to be over \$99 billion.

Marsha A. Raebel, Pharm.D., from the Clinical Research Unit, Kaiser Permanente of Colorado, Denver, and colleagues compared the one-year health care costs in 539 obese and 1,225 nonobese people, matched by age (within five years), sex, and primary outpatient medical office. Age and sex distribution were similar in both groups. The average age of the obese group was 48.2 years, and the average age of the nonobese group was 49.1 years. The average BMI for obese patients was 37.9, and the

average BMI for nonobese patients was 22.4. Both obese and nonobese patients had a median of one chronic disease.

The researchers found that over a one-year period, the median total health care costs were \$585.44 for obese patients, and \$333.24 for nonobese patients. This difference was primarily attributed to prescription drug costs. Obese patients' median prescription costs were \$357.65, compared to \$157.86 for nonobese patients. New and refill drug prescription use was also greater in obese patients, who had a median of 11 prescriptions, while nonobese patients had a median of six prescriptions in the one-year period.

During the study year, obese patients were 3.85 times more likely than nonobese patients to have been hospitalized (4.8 percent vs. 1.47 percent), although both groups had similar lengths of stay (median of 1.86 days v. 1.84 days). Also, the average age of obese patients who were hospitalized was younger than nonobese patients who were hospitalized (49 v. 56 years). Obese patients had a median of three outpatient visits throughout the year, while the nonobese group had two.

The authors write: "The economic burden of obesity is significant, even over the relatively short-time period of one year. Our study documents the association between health care expenditures and level of obesity using individual-level data, while taking age, sex, and chronic diseases into consideration."

The researchers conclude: "Further study is needed to establish the economic burden of obesity using data from a longer period."

*Journal Of The American Medical Association, 2004-11-04*





