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Michael Janson, M.D.  
Editor, Healthy Living

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Dear Friends,

For my recent lecture trip to Japan, I prepared material on the negative health effects of processed food diets. My Japanese nutritionist colleagues pointed out that the dietary habits of the Japanese were also changing toward this “industrialized” diet.

They noted the high salt intake in Japan (12 grams per day), which is not really new. However they also informed me of the increase of white flour products, the decrease in vegetable consumption (particularly green vegetables), and the increase in fast foods, such as burgers, fries, sweets, ice cream, buns, (white) noodles, and beef on white rice (at fast food outlets not seen in the U.S.) I can see the results in the skin of many Japanese youths.

All of this is very disappointing to me, especially as I go to Japan partly to teach healthier eating habits. However, I am pleased to report that the news is not all bad. I was amazed at the number of restaurants in both Tokyo and Kyoto that serve organic foods, and the variety of restaurants that serve brown rice and vegetarian fare (and, of course, tofu and other soy products are widely available, including “yuba” – a tasty, ribbon-like soy curd).

I was able to eat at different restaurants almost every day without compromising my dietary habits. (My colleagues who found all these restaurants did a great job in helping me to stay

healthy on the trip.) At the end, I realized that I had not even visited two of the restaurants where I dined two years earlier. At all of these restaurants, the food was not only tasty and healthy, but also elegantly prepared and artfully presented. I also found a number of healthy, small, “fast food” shops for a quick organic, vegetarian lunch to go (and in my case to carry out for my long plane journey).

The interest in healthy and organic foods is growing rapidly in Japan (and organic foods are the fastest growing segment of the grocery industry in the U.S.). A major Japanese food import-export company is increasingly committed to providing organic foods, and they import large amounts of organic bananas and whole-grain, organic cereals among other products. In speaking with the head of this company, I was pleased to learn of his goal to expand the organic food segment of his business to meet the growing consumer demand and because of his concern for health.

Another positive note is the rise in organic cotton growing, particularly in India, where cotton makes up only five percent of India’s crops but uses 50 percent of the pesticides, harming the soil and the farmers, and not controlling the pests! Pesticide-laden cottonseed oil is used in many processed foods. Now organic farming is becoming more popular, not only to reduce costs, but also to make the fields safer for the farmers and foods safer for them and their children. The organic farmers also have no need for genetically modified seeds. Internationally, in many ways, I see encouraging changes.

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## Arthritis and Heart Disease

Rheumatoid arthritis and cardiovascular disease are both common conditions, but cardiovascular disease differs from arthritis in that it is the number one cause of death, while rheumatoid arthritis is not lethal. However, it appears that arthritis and other inflammatory conditions contribute to an increased risk of dying from heart disease. Inflammation is indicated by an increase in the serum level of C-reactive protein (CRP), an inflammatory marker.

In a population study, patients with rheumatoid arthritis (RA) were evaluated for the likelihood of their dying of heart disease. Researchers looked at 603 patients over 18 years old at the start of the study and followed them for 15 years. After controlling for other risk factors, they found that the risk of death from heart disease was more than doubled for those with greater evidence of chronic rheumatoid inflammation.

The same researchers did an earlier study comparing the rates of heart failure in 1158 subjects with and without RA. They found that the patients with RA were 70 percent more likely to develop congestive heart failure than the subjects without arthritis. Over 30 years, they found that the risk of heart failure was double in RA patients compared to non-arthritis subjects. The same relationship does not appear to be true for patients with osteoarthritis.

These studies add to the growing body of evidence that inflammatory conditions such as arthritis contribute to damage to the arteries resulting in cardiac disease and mortality. Arterial damage in diabetic women is related to higher levels of inflammatory markers, including CRP and interleukin-6. Stiffness of the arteries, an early sign of atherosclerosis, appears to result from asymptomatic inflammation in these diabetic patients.

It is not clear why inflammation causes an increase in heart disease mortality, but among other effects it appears to increase the fragility of arterial plaque, which contains high amounts of inflammatory cells and molecules. This leads to increased vulnerability of the plaque to rupture, precipitating heart attacks.

Although infection within the arterial wall (viruses, bacteria, chlamydia) may contribute to

local inflammation and result in initiation and faster progression of coronary disease, inflammation at other sites is an additional concern. The very process of inflammation seems to trigger the cellular changes that lead to plaque formation and infiltration of fat, oxidized cholesterol, and eventually calcium into the arterial wall, all characteristics of atherosclerosis.

### Arthritis and Heart Protection

Therapies that treat RA or with proven vascular anti-inflammatory effects are likely to help with prevention of cardiac mortality. These include a diet low in animal fat and trans fats, junk, and sugar, as well as exercise and smoking cessation. Conventional drug therapies with aspirin and statins also have anti-inflammatory effects, but healthier options make them unnecessary.

Diet plays a large role in reduction of symptoms and objective measures of rheumatoid arthritis. A short fast followed by a vegan or vegetarian diet leads to improvement in many measures of RA as well as inflammatory indicators. A vegan diet is high in both antioxidants and anti-inflammatory substances. Arachidonic acid, found in land animal fats, is a non-essential fatty acid that increases inflammation.

Fish oil, on the other hand, is high in omega-3 fatty acids that reduce inflammation. In one study, a diet low in animal fat enhanced the benefits of fish oil. Patients on a western diet (WD) and those on an anti-inflammatory diet (AID) were given either fish oil or placebo. Even the placebo group on the AID had fewer tender joints, and with fish oil the AID group had less than half as many tender joints as the WD group. They also had a reduction of one inflammatory marker (LTB<sub>4</sub>) from 34 percent to 8 percent.

Some studies show that high doses of vitamin E can reduce RA symptoms and inflammation. Zinc, selenium, and copper may also help. Bromelain, a pineapple enzyme, has anti-inflammatory effects and helps reduce symptoms of RA. High doses of gamma-linolenic acid (GLA, 1000 mg), fish oil (EPA/DHA, 1200-2400 mg), and curcumin (1200 mg) can reduce arthritic inflammation. The herbs boswellia, nettle, and feverfew also have anti-inflammatory effects. Combine supplements, diet changes, and regular exercise to achieve the most benefits.

## Vitamin D, Calcium, and Bones

Two recent studies reportedly suggested that vitamin D and calcium supplements were not helpful in treating osteoporosis. One study in the *Lancet* evaluated supplements of calcium carbonate (1000 mg) and vitamin D (800 IU) in 5292 patients over 70 years old who had already had one fracture. They found no difference between those on active treatment compared to placebo.

The problems are that these results cannot be extrapolated to younger age groups, higher doses of vitamin D are needed to see results, and calcium carbonate is not the best absorbed form of calcium. Increasing bone density is a very slow process, and may take longer for improvement to result in reduced fractures (for patients, fracture rates are more important than bone density). Another problem was that fewer than half of the participants in the study took their supplements.

The second study in the *British Medical Journal* evaluated 3314 post-menopausal women who had already had a fracture. They used the same doses of calcium and vitamin D, and followed the participants for an average of two years. The problems with drawing conclusions from this study are basically the same as the first, but these research problems do not mean that calcium and vitamin D are cures for osteoporosis.

In addition to these supplements at the right doses, fracture prevention requires regular weight-bearing exercise, a healthy diet, and other supplements such as ipriflavone and boron, as well as proper hormone balance, with bio-identical hormone treatment if needed.

### Ask Dr. J

**Q.** Can I take my prescription cholesterol medication (cholestyramine) along with natural treatments like policosanol and garlic?

RM, New Hampshire

**A.** This medication binds with bile acids in the intestinal tract and diverts cholesterol to production of more bile acids, lowering the level in the blood. It may have some side effects, such as constipation, gas, bloating, and heartburn. It is recommended less frequently than statin drugs.

Natural cholesterol-lowering supplements are unlikely to have any negative interaction with cholestyramine (brand name Questran) or with

any of the cholesterol drugs, including the statins. Policosanol may have some similar actions to the statins, but no side effects have been reported, and it has been shown to be almost as effective as the best statin drug, in addition to providing similar vascular protection. If you do decide to take both, you should be sure to inform your doctor. Most of the time I have found it unnecessary to use the prescriptions when patients take the natural substances.

Other natural treatments that control cholesterol include red yeast rice (2000 mg daily), garlic (1000-2000 mg), chromium (200-600 mcg), vitamin E (400-800 IU of mixed tocopherols), niacin (vitamin B3, 2000-3000 mg), vitamin C (2000-4000 mg), and fish oils (600-1200 mg of EPA/DHA).

A diet rich in soy foods, almonds, oats, barley, psyllium, and specific vegetables that are high in viscous fibers (eggplant and okra) can effectively lower cholesterol. Combining some supplements with this diet may eliminate your need for drugs.

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## In the Health News

- Resveratrol, a substance found in red wine, grape skins, and peanuts, has antioxidant, anti-inflammatory, and anti-cancer effects. A recent cellular study showed that resveratrol can induce cancer cell death in human brain tumors (glioma), and found that it works by multiple mechanisms (Jiang H, et al., Resveratrol-induced apoptotic death in...glioma cells. *Mol Cancer Ther* 2005 Apr;4(4):554-61). Other reports indicate that resveratrol inhibits the initiation, promotion, and progression of tumors (Alarcon de la Lastra C, Villegas I, Resveratrol as an anti-inflammatory and anti-aging agent...*Mol Nutr Food Res*. 2005 Apr 14; [Epub ahead of print]) and increases the lifespan of yeasts and fruit flies.

### Diet and Disease

- In a study of 7504 men from 45 to 68 years old followed for 30 years, those with the highest milk consumption had more than double the risk of developing Parkinson's disease, compared to those who drank no milk. This was apparently not related to the total intake of calcium in either group. (Park M, et al., Consumption of milk and calcium in midlife and the future risk of Parkinson disease. *Neurology*. 2005 Mar 22;64(6):1047-51.) It is not clear whether this is due to a neurotoxic substance in milk or other causes.
- Pancreatic cancer is aggressive and difficult to treat, making prevention especially important. A new case-control study of 585 pancreatic cancer patients compared their diets with 4779 adults without the disease. The researchers found that a diet high in fresh fruits and vegetables (particularly cruciferous vegetables such as broccoli and cabbage) was associated with a 49 percent reduction in the risk of developing pancreatic cancer. (Nkondjock A, et al., Dietary patterns and risk of pancreatic cancer. *Int J Cancer* 2005 May 1;114(5):817-23.) A separate report from the same group shows that lycopene also cuts pancreatic cancer risk.

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Email: [drjanson@drjanson.com](mailto:drjanson@drjanson.com)

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Michael Janson, M.D.

## Eggplant Zucchini Casserole

Put a layer of tomato sauce or diced tomatoes on the bottom of a casserole dish (I use fire-roasted tomatoes from Muir Glen). Thinly slice eggplant and zucchini (about 1/4 to 1/2 inch thick), and lightly sauté them in olive oil on a griddle with chopped onion and crushed garlic (you can skip this step if you cook it longer in the oven). Next, cover the tomato sauce with a layer of the vegetables, a thick layer of cooked brown rice, and a sprinkle of oregano, thyme, and freshly ground black pepper or a pinch of cayenne (depending on how hot you like it). Crumble some tofu (either soft or firm) in the next layer, and cover that with some more of the tomato sauce. Add another layer of the vegetables and onion, and top the entire dish with more tomato sauce. Bake this in the oven at 375° for about forty minutes (depending on how much you cooked the vegetables earlier).

From November to May, I see patients in New Smyrna Beach, Florida. For appointments during this time, call **386-409-7747**. I also do phone consults.

From June to October, I see patients in Arlington, MA, and Amherst, NH. Call **603-878-2256**.

My newest book is *The User's Guide to Heart Healthy Supplements*. You can order it from **QCI Nutritionals** at **888-922-4848**. *Dr. Janson's New Vitamin Revolution* and my other books are also available at my website, from QCI Nutritionals, or health food stores. You can visit the QCI Nutritionals website at [www.qcinutritionals.com](http://www.qcinutritionals.com) for quality supplements at reasonable prices.

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