

*Dr. Michael Janson's*

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Editor, Healthy Living

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Dear Friends,

I have often heard a commentary on the development of science (and medical science in particular), meant to be reassuring to those of us on the cutting edge of medicine, that goes something like this: a new idea is at first ignored and then ridiculed for a number of years and considered “impossible;” then it is attacked as dangerous for some time; then, when dead bodies do not pile up, it is regarded as ineffective but harmless; and finally, after about thirty years, it becomes commonly accepted, with many professionals saying “Oh, but we’ve known this for 30 years!”

Part of this reluctance to accept new ideas results from a reasonable caution, and concern that latching on to new ideas too readily will lead to inappropriate acceptance of many that turn out to be false. This is understandable, and it is wise to wait for scientific evidence before wholehearted adoption of new ideas. The problem is that scientific evidence is often discounted by people who are mired in one model of thinking. As John Kenneth Galbraith said, “Faced with the choice between changing one’s mind and proving that there is no need to do so, almost everyone gets busy on the proof.”

In medicine, this has a long and colorful history. Dr. Ignaz Semmelweis proposed handwashing when going from the autopsy room to the delivery room, and the maternal infection-related mortality on his wards was virtually nil, but very high on other wards. His ideas were ignored by most of the medical profession, who refused to accept that doctors could be carriers of disease. When Barry Marshall and Robin Warren proposed that *Helicobacter pylori* was the cause of most peptic ulcers, it was discounted by most physicians who “knew” that ulcers were caused by stress and high acidity levels, not an infection. They just won the Nobel prize for their discovery. When Kilmer McCully found, in 1969, that high serum homocysteine was a risk factor for heart disease, he was forced out of his pathology position at Harvard, only to be vindicated almost 30 years later.

At the recent meeting of the American College for Advancement in Medicine, several presentations seemed to confirm this schedule of “ignoring-rejecting-accepting” new treatment ideas. Of particular interest was a presentation on natural treatments for hypertension. These are treatments that I have been recommending in various forms (and with more recent additions) since 1976. What was exciting was that the presenter, Mark Houston, MD, is the Director of the Hypertension Institute at a Nashville Tennessee hospital, and a Clinical Professor of Medicine at Vanderbilt University School of Medicine. He presented research and recommended essential fatty acids, fiber, garlic, vitamins C, D, and E, coenzyme Q10, alpha-lipoic acid, taurine, lycopene, hawthorn, and other supplements. This is a welcome departure from the usual medical school dogma. I suppose it’s been 30 years.

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## Cancer Prevention

Cancer of almost any kind is difficult to treat, making prevention the most important defense. In a recent article in *The Lancet*, a British medical journal, researchers concluded that at least one third of deaths from twelve common cancers could be prevented by changes in lifestyle and living situations. Among the risk factors they evaluated were smoking, obesity, alcohol consumption, lack of exercise, and poor diet (primarily low fruit and vegetable intake).

Among the most common malignant tumors are cancers of the lung, colon and rectum, breast, prostate, uterus, cervix, liver, stomach, and bladder. Early detection of these tumors has helped reduce the mortality attributed to them, but early detection is not the same as prevention. In areas where smoking has declined, lung cancer has been proportionately reduced.

In China, on the other hand, 60 percent of men smoke, and they are often also exposed to indoor pollution from heating and cooking with coal or related fuels, and these risks are synergistic. If you ever enjoy the smell of a wood stove or charcoal cooking, be aware that you are exposed to extra carcinogens. You can reduce such risks with good ventilation of the home, and by grilling outdoors, and using gas instead of charcoal.

Some foods are particularly protective against a variety of cancers. Those rich in flavonoids, such as fruits and vegetables, have a high antioxidant capacity, which lowers cancer risks. Flavonoids include thousands of a variety of related compounds, such as flavones, flavanones, isoflavones, catechins, anthocyanidins and chalcones, and they include quercetin (in apples and yellow onions), rutin (in buckwheat), hesperidin and naringenin (found in citrus fruits), and genistein (from soy and other beans).

Reducing exposure to environmental toxins is partly a function of dietary choices. Organic foods contain fewer toxins, reducing the consumer's burden of carcinogens. Meat consumption (as I reported in July, 2005) is associated with an increased risk of colorectal cancer. Diets high in meat, cheese, and milk are associated with stomach and esophageal cancer. Meat and milk are also linked to higher rates of ovarian and prostate cancers, while dietary tomato

products (containing the carotenoid lycopene) reduce prostate cancer risks.

Virgin olive oil contains substances called phenols that inhibit DNA damage that leads to cancer in a laboratory model of colon cancer causation, suggesting that they might reduce colon cancer risk. These phenols also reduce the invasiveness of the colon cancer cells. Fatty acids from fish also reduce cancer risks, but it is important to eat uncontaminated fish, such as wild salmon and sardines (packed in water with no salt).

Many other plant-derived compounds (phytochemicals) protect against cancer. They range from sulforaphane, isothiocyanates, and indole-3 carbinol in broccoli and other cruciferous vegetables, to ellagic acid, flavones, catechins, and phytates, found in berries, melons, beans, seeds, grains, and green tea. Consuming a wide variety of these high-fiber and antioxidant foods will help prevent many of the most common and deadly cancers.

### Lifestyle Risk Reduction

Maintaining normal weight reduces cancer risk. Exercise level is another modifiable risk factor. In a Japanese study of 9039 men, those at the highest level of cardiorespiratory fitness, as measured on a stress test, had a 60 percent reduction in cancer mortality compared to those at the lowest level of fitness.

In a study of 2987 women diagnosed with breast cancer, 3-5 hours of walking per week reduced mortality by about half compared to less activity. An earlier study of 13,905 men showed that moderate intensity physical activity for 6-8 hours per week lowered lung-cancer risk by 40 percent.

Toxic exposures to pollutants, include hydrocarbons, heavy metals, household chemicals, radon and other sources of ionizing radiation. Therefore, it is important to take protective nutrients and herbs as part of a comprehensive nutritional approach. Numerous dietary supplements can help prevent cancer (and they often contribute to greater survival in people who already have the diagnosis). Vitamins C, D, and E, carotenoids, coenzyme Q10, selenium, calcium D-glucarate, curcumin, beta-glucan, fish oil, and garlic, are among the many protective nutrients. By combining all of these lifestyle changes, I think that a majority of cancers are preventable.

## Exercise and Osteoarthritis

It is often thought that exercise is not good for joints at risk of osteoarthritis (OA), which is considered to be a “wear and tear” disease. The concern is that the more use of joints, such as the knee, the more likely that the physical stress will cause them to deteriorate more quickly. Research in animals has suggested that this is not the case, and now a human study confirms this good news for exercisers.

Researchers evaluated the cartilage content of glycosaminoglycan (GAG), an important indicator of cartilage strength, in 30 subjects who had had previous knee cartilage surgery, and were at high risk for developing OA. After four months of moderate exercise three times a week (the goal was to increase strength, aerobic capacity, and agility), the exercise group had increased GAG content of their cartilage (as measured by MRI) compared to the controls.

A number of studies have shown that moderate exercise training is actually valuable as a treatment for OA. A study of 109 participants showed that exercise reduced pain and self-reported disability, and improved functional capacity.

A number of supplements can help treat OA. Glucosamine sulfate (1500-2000 mg/day), MSM (1000-2000 mg), and chondroitin sulfate (1200 mg) not only relieve symptoms, but they also appear to help restore the joint cartilage. Vitamin C, fish oil, boswellia, curcumin, and ginger all help to reduce inflammation and pain.

### Ask Dr. J

**Q.** Why do you not recommend beta sitosterol in any of your prostate programs?

CS, via Email

**A.** Phytosterols are components of many seeds, nuts, beans (including peanuts or peanut butter and peanut oil), and cereal grains. Beta sitosterol is one of several of these compounds. Some good evidence suggests that beta sitosterol, one of the phytosterols found in saw palmetto and pygeum, is effective by itself for prostate symptoms. However, the research on beta sitosterol is not nearly as extensive as the research on standardized extract of saw palmetto.

Also, I have found that beta-sitosterol supplements, at least until recently, have been more

expensive than the other treatments, such as saw palmetto. Recently, I have noticed a reduction in the prices of all of these supplements.

While I do not include beta sitosterol in my prostate protocols, it is certainly worth considering as part of a prostate program, especially if the combinations that you have tried are not working to reduce your symptoms. The typical dose is about 130 mg daily.

Beta sitosterol is structurally similar to cholesterol, and supplements have been shown to reduce cholesterol levels, possibly by blocking absorption of dietary cholesterol (if you do not eat cholesterol-containing foods, it may not be effective). The doses used to lower cholesterol are much higher than those used for the prostate, from 500 mg to 10,000 mg per day.

Prostate symptoms are usually reduced by some combination of saw palmetto (300-500 mg of standardized extract), pygeum (50-100 mg), and nettle (250 mg). I also like to add extra lycopene (6 mg) for protection from prostate cancer.

### References

#### Cancer Prevention

- Goodarz D, et al., Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors. *Lancet* 2005, Nov 19;366:1784-93.
- Wolk A, Diet, lifestyle and risk of prostate cancer. *Acta Oncol.* 2005;44(3):277-81.
- Gill CL, et al., Potential anti-cancer effects of virgin olive oil phenols on colorectal carcinogenesis models in vitro. *Int J Cancer.* 2005 Oct 20;117(1):1-7.
- Norat T, et al., Meat, fish, and colorectal cancer risk... *J Natl Cancer Inst.* 2005 Jun 15;97(12):906-16.
- Slattery ML, et al., Eating patterns and risk of colon cancer. *Am J Epidemiol.* 1998 Jul 1;148(1):4-16.
- Sawada SS, et al., Cardiorespiratory fitness and cancer mortality in Japanese men: a prospective study. *Med Sci Sports Exerc.* 2003 Sep;35(9):1546-50.
- Rock CL, Demark-Wahnefried W, Can lifestyle modification increase survival in women diagnosed with breast cancer? *J Nutr.* 2002 Nov;132(11 Suppl):3504S-3507S.
- Demark-Wahnefried W, Rock CL, Nutrition-related issues for the breast cancer survivor. *Semin Oncol.* 2003 Dec;30(6):789-98.
- Holmes MD, et al., Physical activity and survival after breast cancer diagnosis. *JAMA* 2005 May 25;293(20):2479-86.
- Lee IM, et al., Physical activity and risk of lung cancer. *Int J Epidemiol.* 1999 Aug;28(4):620-5.

#### Exercise and Osteoarthritis

- Roos EM, Dahlberg L, Positive effects of moderate exercise on glycosaminoglycan content in knee cartilage...in patients at risk of osteoarthritis. *Arthritis Rheum.* 2005 Nov;52(11):3507-14.
- Kettunen JA, Kujala UM, Exercise therapy for people with rheumatoid arthritis and osteoarthritis. *Scand J Med Sci Sports.* 2004 Jun;14(3):138-42.
- Bennell K, Hinman R, Exercise as a treatment for osteoarthritis. *Curr Opin Rheumatol.* 2005 Sep;17(5):634-40.
- Tak E, et al., The effects of an exercise program for older adults with osteoarthritis of the hip. *J Rheumatol.* 2005 Jun;32(6):1106-13.

## In the Health News

- A probiotic supplement, *Bifidobacterium*, similar to the bacteria found in yogurt and other fermented foods, reduces the symptoms of irritable bowel syndrome (IBS, or spastic colon). IBS symptoms include gas, bloating, alternating diarrhea and constipation, abdominal discomfort, and fatigue. The bacteria help both diarrhea and constipation. Supplements also appear to reduce inflammation and restore immune balance in inflammatory bowel disease (IBD), converting the pro-inflammatory state to anti-inflammatory. (O'Mahony L, et al., Lactobacillus and bifidobacterium in irritable bowel syndrome: symptom responses and ...cytokine profiles. *Gastroenterology*. 2005 Mar;128(3):541-51.)
- Exercise in the elderly can reduce the risk of falling. A six-month supervised exercise program (for strength, agility, and flexibility) cut the risk in half, and the benefits lasted for a year after the program finished (Liu-Ambrose TY, et al., The beneficial effects of group-based exercises on fall risk.... *J Am Geriatr Soc*. 2005 Oct;53(10):1767-73.)
- Vitamin D supplements, 1000 IU daily for two years, also reduce falling in elderly people, even if their vitamin D levels are normal. (Flicker L, et al., Should older people...receive vitamin D to prevent falls.... *J Am Geriatr Soc*. 2005 Nov;53(11):1881-8.)

### Diet and Disease

- Omega-3 fatty acids prevent dry eye syndrome (a lack of tear production leading to corneal damage), but common vegetable oils (such as corn, and safflower with omega-6 fats) can more than double the risk. Among 32,470 women, the highest omega-3 intake lowered risk by 17 percent compared to the lowest intake. Tuna was specifically beneficial, but you risk mercury toxicity by eating it. I recommend other omega-3 sources. (Miljanovic B, et al., Relation between dietary n-3 and n-6 fatty acids and clinically diagnosed dry eye syndrome in women. *Am J Clin Nutr*. 2005 Oct;82(4):887-93.)

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## Autumn Vegetable Stew

Root vegetables provide hearty flavor and texture as well as good nutrition. In a crock pot, mix cubed potatoes, butternut squash, carrots, and parsnips with chopped onions and garlic. Add thyme, marjoram, fresh minced parsley, and a dash of cumin (and cinnamon if you like). Add chopped fresh hot peppers (or ground cayenne) and a small amount of soy sauce to taste. Add pre-cooked pinto beans (soak for 4-8 hours, discard the soaking water, and pressure cook for about 20 minutes in fresh water), diced fresh tomatoes (or organic fire-roasted tomatoes, tomato sauce, or salsa), and vegetable stock to cover the bottom 1-2 inches. Cover the crock pot and cook on low or high until the vegetables are tender. This may take all day on low, so you can go away in the morning and come back to a finished meal. (You can also pressure cook this in 10 minutes.)

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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