

July/August 2012 Newsletter



A recent photo of Alan with Dr. Hassell celebrating the results of his remarkable 2-year health revolution. (See Alan during his pre-Mediterranean diet days in the photo below.)

Take one motivated man and add a whole-food Mediterranean diet

The results are impressive. By following a diet with no restrictions on good fats and whole foods, and taking daily 30-minute walks, Alan saw his weight drop 50 pounds in just over two years. Just as dramatic was the reduction in his risk for heart disease, stroke, diabetes, cancer, and dementia.¹

When we first saw Alan (see photo), he was already concerned about his health. He knew that he was overweight and that his cholesterol was too high. A physician had put him on a couple of different cholesterol-lowering drugs (statins), but they made his muscles ache. He had also read how statins can increase risk for diabetes and mental confusion. (See our March 2012 newsletter.)

Family history was a concern, as well – his father and brother both developed heart disease in their fifties, so the very real risk of a heart attack was something he took seriously.



What Alan did

He put together a plan, based on discussions with Dr. Hassell about the power of the Mediterranean

diet combined with daily exercise to both lose weight and reduce the risk of heart disease, stroke, diabetes, cancer and dementia. Thus armed with an evidence-based game plan from *Good Food, Great Medicine*, he created a simple meal plan and a basic exercise plan. His approach didn't involve an expensive program, but it certainly took hard work and self discipline:

1. He quit drinking soda and rarely allowed himself sweets or refined carbohydrates.
2. He cut way back on his bread consumption.
3. He ate more vegetables and fruits, whole grains and beans, and ate more at home. He paid more attention to getting enough protein, including fish, meat, eggs and dairy.
4. He started eating "good fat" instead of low fat. (Good fat is the naturally-occurring fat in foods that people have been eating for thousands of years – like olive oil, cheese, nuts, avocados, eggs, fish, and meat.)
5. He began walking daily for 30 minutes or more. Alan is a busy professional with many demands on his time, but he realized that he needed to carve out time for this – not just for his health now, but because of the impact on his health in ten or twenty years.

Alan lost 50 pounds, dropped his blood pressure by 20 points, and no longer needs cholesterol-lowering medication!

Eight months later he had dropped 22 pounds. He continued to lose weight steadily over the next two years while enjoying the same diet described above. At his last visit he had lost a total of 50 pounds, lowered his blood pressure by about 20 points, raised his HDL ("good") cholesterol by 50% (from 38 to 57), and dropped his LDL ("bad") cholesterol by 15%. This degree of change means that he no longer needs to consider using a statin!

Arguably the best outcome of his successful long-term risk-reversal is his increased energy and the fact that he simply feels so much better. Now *that's* a revolution worth the fight!

Congratulations Alan!

¹ Sofi, F. et al. AJCN 2010;92:1189-96

Are you worried about salt?

It might be our imagination, but we are under the impression that there has been an uptick in the anxiety about sodium in foods lately. This tends to encourage an unfounded fear of salt rather than a justifiable fear of the main source of salt in the average diet today – an unprecedented abundance of processed and commercially-prepared foods.

For most of us, salt contributes immeasurably to the enjoyment of whole foods, like vegetables, beans, eggs, fish, meat, and whole grains. All the controversy over salt makes home cooking a tough concept to sell when home cooks feel guilty about adding enough salt to a recipe to make it taste good! The back-to-the-kitchen movement needs all the support it can get, and a better grasp of the sodium issue would be a good start.

Part of the issue is the federal recommendation for low-salt diets for everybody: 2,300 mg of sodium daily for the general population and 1,500 mg daily for those with diabetes, kidney disease, or high blood pressure. These recommendations are so difficult to follow that an estimated 90% of people exceed the recommendations.²

Some facts to consider about salt

1. The main source of salt in the average diet today is commercially prepared foods. This includes foods not prepared in your kitchen, like breads, deli meats, pre-cooked chicken, soups, and ready-to-eat foods from the supermarket or restaurants. It is estimated that 75% of the salt in the U.S. is consumed in the form of prepared foods, not from the salt shaker at home.³

2. Some salt is good for you. One of the most accurate studies ever conducted measured urinary sodium excretion analysis for 3,891 people followed for 8 years. Those with the *lowest* salt intake had the *highest* risk of cardiovascular disease; and the moderate salt intake group had about *one half* the risk of dying.⁴ Other studies also show that those who consume *moderate* sodium (3,000-6,000 mg daily, which is about 1¼ - 2½ teaspoons of table salt, or sodium chloride) have a *lower* risk of death than the low sodium group. In other words, for most people there may be real harm in reducing salt to below a moderate consumption.⁵

² Morbidity and Mortality Weekly Report 2011;60(41):1413-7

³ U.S. Food and Drug Administration. 2011

⁴ Stolarz-Skrzypek, K. et al. JAMA 2011;305:1777-85

⁵ O'Donnell, M. et al. JAMA 2011;306:2229-38

3. A potassium-rich diet – which means plenty of whole foods, especially vegetables – blunts the harmful effects (including high blood pressure) of excess sodium. People who eat moderate sodium in the setting of a high-potassium diet seem to have less adverse effects from excessive sodium.^{6,7}

4. All salts are not equal. Light salt has half the sodium (the rest is potassium chloride). Some specialty salts are rich in calcium and magnesium. To talk about the different kinds of salt – from the deliciously flavored, colored, and textured array of artisan salts to the so-called industrial salt (table salt) – is a fascinating topic for another day.

A sensible salt summary

▪ **Avoid commercially-prepared foods.** This includes deli meat and salads, breads, ready-to-eat meals – in short, food that you haven't prepared yourself. These foods tend to be low in potassium and high in salt and hidden calories, a bad mix for your blood pressure, weight, and health.

▪ **Count your vegetables before you count your salt!** Whole foods and vegetables prepared at home can be enjoyed salted to taste for maximum (guilt-free) pleasure – assuming you are avoiding the commercially-prepared stuff.

Do you have very low blood pressure? Slim, active people with low blood pressure often feel better when they increase their salt intake.

▪ **With congestive heart failure or kidney failure,** the sodium story is much more complex and needs to be addressed on an individual basis. In general, if you have low-ish blood pressure, low blood sodium levels, or are on diuretic drugs and following a low-salt diet, then you should talk to your doctor about whether a cautious trial of increased salt is worth considering.

Individual salt tolerance can vary widely, and recommendations may need to be adjusted.

Speaking Events

9/20/2012 – Making Your Way Through the Supplement Jungle: The Supplement (and Food) Choices That Really Matter: Miles Hassell MD and Cindy Reuter ND, MSOM, L.Ac., RD, Integrative Medicine Program, Providence St. Vincent Medical Center, Portland, Oregon. This talk is free. Preregister at Providence Resource Line: 503.574.6595.

“Prove all things; hold fast that which is good.”

1 Thessalonians 5:21 (KJV)

⁶ Yang, Q. et al. Arch Intern Med 2011;171:1183-91

⁷ DASH NEJM 2001;344:3-10