

September 2011 Newsletter



Tor Hassell made his first appearance on TV last month with his dad. He did a good job of demonstrating just how much a 2½-year-old can love eating vegetables, and it didn't require any acting.

Would the real vegetable stand up?

Last month, KOIN TV asked Dr. Hassell and his son Tor to comment on the growing trend toward the vegetableization of processed foods. (Admittedly, that wasn't the way they worded it.) They were referring to a new concept which involves adding powdered material that was formerly a whole vegetable to processed foods like boxed macaroni and cheese and instant soup mixes.

The premise is that kids won't eat vegetables so food companies have freeze dried and powdered them in order to sneak cauliflower and such past the highly-sensitive little vegetable detectors.

Trouble is, processed food + processed food = processed food. Nutrients from minimally-processed whole foods are recognized and metabolized differently than their highly processed counterparts, which may have a substantially different biochemical profile after nutrients have been destroyed or chemically altered. As Marion Nestle (professor of nutrition at New York University) said, "What a silly idea!"

Kids *will* eat vegetables – especially if their parents are enjoying them, and if the vegetables are prepared so they taste good. (You may find it helpful to read *Suggestions for Feeding Children and Other People* on pages 31-33 of *Good Food, Great Medicine*.)

Veganism and heart disease reversal

While we're on the subject of vegetables – we are often asked why we choose to recommend a high-fat Mediterranean diet rather than a vegan diet – which excludes fish, eggs, dairy, and meat, all of which are part of the Mediterranean model.

Many people are attracted to the low-fat vegetarian/vegan diet because of a belief that this is the *only* approach that has been shown to "reverse heart disease." It is important to understand that *many* different approaches – including the Atkins, Mediterranean, and low-fat diets – have demonstrated atherosclerosis reversal, as measured by methods such as CIMT,¹ PET scanning, and quantitative angiography. The question we *should* be asking is, which dietary program is the most successful as measured by improved human health, fewer deaths, and ease of maintaining for a lifetime?

We believe that "heart disease reversal" is only important if it is *also* associated with a diet that has been shown to improve outcomes such as heart attacks, cancer, diabetes, dementia, and death. We aren't treating angiogram results, we're treating people who want the best diet with the best outcomes – and the evidence is not pointing us towards the vegan diet.

Let's see what the evidence says

Perhaps the randomized controlled study most commonly cited in defense of veganism is *The Ornish Lifestyle Heart Trial* – although the study featured a vegetarian, not vegan diet.² The study followed 35 patients, initially for one year, and then extended to five years. The interventions included an extremely low-fat (10%) vegetarian diet, exercise, stress reduction, and smoking cessation.

The study participants showed improvements in artery diameters ("reversal"), lipids, angina, and the need for cardiac interventions, as well as probable improvements in heart attacks. There were two deaths in the experimental (Ornish program) group and one in the control group.

With a study this small, showing statistical significance is difficult. This should prompt the

¹ Shai et al. *Circulation* 2010;121:1200-8

² Ornish, D et al. *JAMA* 1998;280:2001-7

question as to what actually gave the probable cardiac benefit in the Ornish trial. Could it have been the exercise component, which has been shown to reduce cardiac events by 60% in other studies? Or the increased vegetable intake, also independently associated with better health outcomes? What about the weight loss component? Why assume that the benefit was from the low-fat or vegetarian aspects of the diet? Even if the clinical benefit is due to the low-fat vegetarian diet, the Ornish program still trails the Mediterranean diet in terms of clinical health outcomes, and certainly in terms of enjoyment.

What about the Mediterranean data?

In contrast, the most successful heart disease *outcomes*, by far, are the Mediterranean diet studies. Consider the **Lyon Heart Trial**,^{3, 4} a randomized controlled study of 605 heart attack survivors over 4 years. Those assigned to the Mediterranean diet had a 56% reduction in all-cause deaths, 60% less cancer, and 70% fewer heart attacks or heart-disease-related deaths; these results were all statistically significant. There was no exercise component.

These are markedly better outcomes than any randomized controlled vegetarian/vegan diet study we've found. Dozens of other prospective trials have also compared the Mediterranean diet to other dietary approaches, including low-fat diets: they've consistently found the Mediterranean diet to have better outcomes for death, heart attacks, dementia, cancer,⁵ and diabetes.⁶

Two sources often cited by our vegan colleagues are *The China Study* (Campbell) and Dr. Caldwell Esselstyn's *Prevent and Reverse Heart Disease: The Revolutionary, Scientifically Proven, Nutrition-Based Cure*. However, their approaches simply have not been shown in prospective studies to provide the degree of life-saving benefit that we have seen from the Mediterranean diet studies.

Also, when we look at specific questions such as cholesterol improvement or reducing inflammation using the Mediterranean diet compared to low-fat diets,⁷ or the health benefits of specific components such as dairy fat,^{8, 9} the omnivorous Mediterranean diet still appears to be superior.

³ DeLorgeril, M et al. Arch Internal Med 1998;158:1181-7

⁴ Circulation 1999;99:779-785

⁵ Sofi, F et al. Am J Clin Nutr 2010;92:1189-96

⁶ Salas-Salvado, J Diabetes Care 2011;34:14-19

⁷ Nordmann, A. Am J Med 2011;124:841-51

⁸ Warensjo, E. Am J Clin Nutr 2010;92:194-202

⁹ Mozafarian, D. Ann Intern Med 2010;153:790-9

The whole-food Mediterranean diet¹⁰

The whole-food Mediterranean diet approach is central to an evidence-based approach to heart disease prevention, so here is a quick review of the details. This whole food version combines conventional Mediterranean diet concepts with minimally processed foods that have their nutrients largely intact.

- **Eat lots of unprocessed plant foods.**

This includes vegetables, fruits, beans and legumes, whole grains, raw nuts, and seeds. The greatest benefit appears to be associated with vegetable intake, raw and cooked.

- **Eat minimally-processed grains and beans.**

Although the contemporary Mediterranean diet includes white rice, white bread, and white pasta, replace them with brown rice or quinoa, 100 percent whole grain bread, and whole grain pasta.

- **Eat good fat, not low-fat.**

Use extra-virgin olive oil as main fat, replacing most other oils and fats. Eat raw nuts, avocados, and other healthy fats.

- **Eat plenty of fish and small amounts of unprocessed meat and poultry.**

Treat meat as a condiment, not the main part of the meal. Keep portions no larger than one third of your total plate area. Save your appetite for the most important food – vegetables!

- **Eat cultured dairy**, like plain yogurt and kefir (a yogurt-like drink) and cheese. Available data shows benefit, not harm, with dairy fat.^{8, 9}

- **Drink a small amount of wine**, generally with meals.

Research Update

We are in phase two of a study to see if our glutamine, honey, and yogurt 'pudding' can benefit patients undergoing radiation therapy for cancers of the lung and esophagus. We have just enrolled our second patient. We'll keep you posted. Thanks to all of you who have helped with funding.

¹⁰ <http://www.oldwayspt.org/>

Speaking Events

9/15/2011– Making Your Way Through the Supplement Jungle: Vitamins, Minerals and Herbs:

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.

9/23/2011– Grand Rounds: Optimal Lifestyle Choices for Reversing Insulin Resistance, the Metabolic Syndrome, and Type 2 Diabetes: What Really Works? Miles Hassell MD: St. Charles Medical Center, Bend, Oregon. *Physician audience only.*

9/30/2011– American Diabetes Association Annual Diabetes Practice Update: When and How to Treat Pre-Diabetes: Miles Hassell MD and Devin Mann MD, MS: Oregon Convention Center, Portland, Oregon. *Health professionals register:* <http://professional.diabetes.org/adpu>

10/4/2011 – NEXT Steps against Cancer: Miles Hassell MD and Cindy Reuter ND, MSOM, L.Ac: *Nutrition, Exercise, & Natural Medicine to Reduce Risk, Enhance Survival and Improve Quality of Life.* Providence Newberg Medical Center, Newberg, Oregon. Preregister at *Providence Resource Line:* 503.574.6595.

10/15/2011 – Oregon Society of Cardiovascular & Pulmonary Rehabilitation (OSCVPR) 16th Annual Mtg: Miles Hassell MD: *How a Greek Grandmother Would Solve the Healthcare Crisis: Which Diet and Lifestyle Choices Really Matter?* OHSU Center for Health & Healing, Portland, Oregon. <http://www.oscvpr.org/>

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

1 Thess. 5:21(KJV)