

NUTRITION STRATEGIES FOR PREVENTING & TREATING 50 COMMON DISEASES PRESCRIPTION

by Dr. Brian L. G. Morgan

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PREVENTING & TREATING
50 COMMON DISEASES

PRESCRIPTION

by Dr. Brian L. G. Morgan

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TO BINKY:

*My prescription for
health and happiness*

I should like to thank warmly the following people who gave generously of their time and expertise to help me write this book:

My friends and partners John Gallagher and Hugh Howard, for aiding me at every stage of the conception, planning, and writing of *Nutrition Prescription*—it really was a team effort; my editor, Barbara Grossman, who believed in the book from the start; my agent, Glen Cowley, for his continuing support and friendship; my wife, Roberta (Binky), for her patience through the long hours that I spent working on the manuscript, and for her unfailing support and encouragement; and, last but not least, my parents, for their understanding last summer when I spent most evenings working on the book during my visit with them.

Publisher's Note: This book contains recommendations within the context of an overall health program. The composite case histories are designed to illustrate prototypical health situations and are drawn from interviews and research. They are not intended to depict any actual persons, and the instructions are not intended as a substitute for professional medical advice. Before commencing any health program a physician should be consulted.

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First Edition

NUTRITION PRESCRIPTION



Also by Brian L. G. Morgan

The Lifelong Nutrition Guide

The Food and Drug Interaction Guide

Brain Food

Introduction

Mankind spent the first half of this century making remarkable gains in life expectancy and overall health. Crucial to those gains were a number of nutritional adjustments that reduced the chances of contracting a variety of diseases caused by nutritional deficiencies. We now routinely add vitamin D to milk in processing; we add iodine to our table salt; we add vitamin A to margarines; we add B vitamins to flour; we enrich breakfast cereals.

Today, however, we are confronting a new onslaught of nutrition-related diseases; in fact, six out of ten of today's leading causes of death in the United States (stroke, heart attack, cancer, atherosclerosis, cirrhosis of the liver, and diabetes) are inextricably linked to our diets. In response, nutrition education in this country is changing, and the best hospitals have more than 100 patient protocols to meet the differing nutritional needs of patients with different problems. In short, nutrition has become an integral part of patient care.

More important, nutrition is at the forefront of preventive medicine. At the Institute of Human Nutrition, my colleagues and I teach nutrition to doctors. The focus is increasingly upon the relationship of nutrition to specific health problems. Rather than talking about, say, the value of eating breakfast, we talk about the role of dairy products in osteoporosis and of vitamin C as a factor in the prevention of a wide variety of illnesses. Our intent is to teach nutrition in terms of doctors' professional concerns rather than as an abstract discipline to which doctors have paid little or no attention for too long.

In the same way, it is the purpose of this book to alert its readers to the link between diet and disease. The fact is that our diets are quantifiable risk factors related crucially to our chances of contracting—or surviving—a great variety of diseases. Until now there has been no practical, comprehensive guide for the layman to assess his or her own diet and help make dietary changes for overall health to avoid disease. *Nutrition Prescription* is intended to help you take advantage of the best knowledge available today of the interactions between food and disease.

Although medicine may be relatively unsuccessful against a multitude of diseases, sensible dietary practices can be effective indeed in reducing your chances of contracting those diseases or in mitigating their effects. *Nutrition Prescription* will help you determine which of the more than 50 common, nutrition-related diseases discussed here you may have or be likely to get, and to avoid or to minimize their consequences through comprehensive nutritional strategies.

The Diseases

Many researchers believe that a number of the degenerative diseases have periods of latency: they may be developing in your system for 20 or even 30 years before any symptoms are observable.

By adjusting the environment in which a disease develops, the course of the disease can be altered. It is not possible to change one's genetic makeup, but it is increasingly apparent that dietary changes—that is, the practice of preventive nutrition—can contribute to improved health and the prevention of disease.

The evidence is overwhelmingly in favor of an orderly, sensible approach to the nutrition-and-disease link. To cite but one instance, consider the Multiple Risk Factor Intervention Trial (MRFIT) conducted by the National Heart, Lung, and Blood Institute. This six-year investigation was conducted at 20 different clinical centers to determine the effects of high cholesterol, hypertension, and smoking on the chances of a coronary event occurring among a randomly chosen group of men representative of one risk group. In this case, almost 13,000 white males between the ages of 30 and 59 were selected to participate.

The data gathered have produced, and will continue to produce, innumerable scholarly papers and reports. But one representative finding effectively makes the point: 1 in 50 of the white males in the study who controlled their cholesterol intake and their blood pressure, and did not smoke, had a heart attack; those who failed to control one of the three risk factors saw their chances of heart attack ascend to roughly 1 in 20; those with two risk factors had almost a one-in-ten

chance of a coronary event; those with all three had nearly a one-in-five chance. Given the fact that proper dietary measures enable cholesterol and hypertension to be controlled, the benefits of doing so are obvious: you decrease your chances of having a heart attack *ten times* by controlling those factors.

The promise of this book, then, is to help you assess your chances of contracting more than 50 common diseases. Some, like cancers and heart disease, are major killers; others, like migraine headaches and insomnia and dental decay, are pesky, inconvenient ailments; yet others, like colitis, anemia, and hypoglycemia, fall somewhere in between. But each of the diseases discussed in this book has a clear nutritional component that can be used to decrease the risk of a disease or to ameliorate its symptoms or severity.

Fact vs. Fiction

People in this country spend billions of dollars on vitamins, minerals, and health foods, some of which are said to have health-giving or curative powers. In some cases the consumer is looking for a magical cure for a dread disease, in others the desire is simply for the healthiest and longest life possible. The reality, however, is that many claims made for so-called health foods are unproven or false.

In the same way, many unqualified "nutritional consultants" pander to people's needs to feel better, look younger, and lose weight quickly. There is often considerable salesmanship involved, too, but little genuine science or medicine. Sometimes the advice of opportunists masquerading as health experts can even prove dangerous in the long run. In Appendix 3 you will find a list of substances claimed by faddists to be essential components of the diet, but which are, in fact, not essential to health—and some of which are potentially hazardous.

Nutrition Prescription is not about miracle cures; it is about using nutritional strategies as adjuncts to sound medical care and proper treatment. You will find many vitamins and minerals discussed in this book, and some supplements are recommended. But you will not find an elaborate litany of all the "miracle cures" being sold; the ineffectual ones are absent, the dangerous ones indicated. And, of course, you will find in these pages the instances in which the nutritional treatments are, according to today's best medical knowledge, effective.

A Balanced Diet

Frequently, the best possible nutritional approach is that old standard, the balanced diet. A balanced diet is one that supplies all the

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essential nutrients required to keep your body functioning perfectly well. In practical terms, this means consuming the following on a daily basis:

- Two servings of protein-rich foods
- Four to six servings of vegetables and fruit
- Four to six servings of bread and cereals
- Two servings of milk and dairy products

A diet consisting of this mix of foods will supply all the essential nutrients at the level of the Recommended Dietary Allowances.

How to Use This Book

You may elect to read this volume from cover to cover; if you do, you will gather an immense quantity of information and guidance on some diseases for which you are at risk, but also about others you are unlikely to contract.

To facilitate both occasional reference use and cover-to-cover review, each chapter opens with a summary of the information that is to follow. First, the disease to be discussed is described. Second, the warning signs are identified, along with the portion of the population that is most likely to contract the ailment. From this information you will be able to locate yourself with respect to the disease. A listing of the nutritional strategies one can use to combat or prevent the disease comes next.

Each chapter also features a case history of a prototypical patient. Though based on facts, these composite cases have been assembled to illuminate in as personal a way as possible the nature and course of each disease. The remainder of each chapter is devoted to comprehensive "Dietary and Life-style Recommendations" for avoiding and/or treating the disease.

In essence, I believe that by arming yourself with a liberal mixture of knowledge about the disease, some information about its statistical probability, and a substantial body of knowledge about the relationship of the food eaten to the development of the disease, you can determine whether you or anyone in your family fits the profile. There can be no guarantees, but by following the recommendations contained in each entry, you may succeed in reducing your risk of contracting certain diseases or be able to live with them better.

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1 Acne and Other Skin Problems

Acne develops when the level of *androgens* (male sex hormones) increases in the body at puberty due to the increased production of the hormones in the testes and ovaries. This disrupts the skin's normal processes, causing the *sebaceous glands* to grow and produce excess oil.

The sebaceous glands are fat-producing glands at the base of the hair follicles. Ordinarily they produce just enough oil to keep the skin slightly lubricated, but under the influence of androgens, the cells lining the hair follicles are produced at a rapid rate. These are then shed, and become stuck together with oil. They clog the follicles, causing "pimples." Dermatologists refer to these as *comedones*.

Whiteheads are comedones in which the opening of the follicle is tightly closed. Blackheads are comedones that are open enough for the plug of oil and cells to push up to the surface. The black coloration is not dirt but results from the exposure to air of the pigment-containing cells that are over-produced with other cells lining the follicle.

Acne most commonly affects areas of skin containing a lot of sebaceous glands, such as the face, forehead, scalp, neck, chin, shoulders, and chest.

Acne is not caused by particular foods, by getting too much or too little sleep, or by any sexual practice (thinking of the opposite sex, masturbating, having sexual intercourse, or being celibate). Bacteria are also not a cause of acne, although they do help it to develop. Bacteria that are normally present in the hair follicles set off a chemical reaction that damages the wall of the follicle. It breaks and the fat and other substances in the infected follicle spill out into the surrounding tissue, causing a red skin lesion.

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Noninflammatory acne is characterized by blackheads, whiteheads, and a few *papulae* (which are larger lesions), and is usually treated conservatively. The person is told to wash the infected area two to three times a day, and the hair at least once a day (to keep oil off infected follicle heads). This helps to keep the area dry, as do over-the-counter drying agents containing *benzoyl peroxide* or *sulfur salicylic acid*. *Exfoliates* keep open the follicles to allow the oil and shedded cells to ooze out, and the follicle to heal. Sometimes a prescription drug made of an acid form of vitamin A called *tretinoin* is used.

Inflammatory acne is more serious, with deep pustules and cysts. This will be treated with antibiotics or another prescription drug, *Accutane*, which is a toxic derivative of vitamin A.

A variety of other skin problems are discussed below, including dermatitis, eczema, and psoriasis.

Warning Signs

DERMATITIS Commonly referred to as *eczema*, dermatitis is a reddening and swelling of the skin, causing itching. These symptoms are followed by blistering, oozing, and eventually crusting and scabbing on the skin. If the condition becomes chronic, the skin may peel or chap or become thickened, or may even become darkened in color. Dermatitis may be caused by allergies, toxic reactions to drugs and other substances, irritations from clothing (especially wool or silk), or infections. An inherited predisposition may also be a factor in its occurrence.

DERMATITIS HERPETIFORMIS This has a gradual onset and usually occurs between the ages of 15 and 60. It is characterized by tiny, blisterlike, burning and itching hives that are found on the elbows or knees, at the base of the spine, on the buttocks, or at the back of the head. It is usually found on both sides of the body in a symmetrical fashion and is caused by a sensitivity to wheat protein.

SEBORRHEA DERMATITIS Scaling of the scalp (dandruff), eyelids, and eyebrows, or of the skin around the nose, behind the ears, under the arms, around the anal and genital areas, and in the body folds of the obese. There may be redness and oozing, or hard, dry, and crumbly crustiness of the skin.

PSORIASIS This skin problem is characterized by small, silvery, scaly lesions that cover round or oval red patches. The cause of psoriasis is not known, although it is believed by some to be caused by a genetic defect that affects the growth of the top layer of the skin. That layer is usually replaced every 26 to 28 days, but in the psoriasis sufferer it is replaced every three to four days.

Psoriasis usually affects the back, knees, elbows, scalp, buttocks, palms, or soles. Less frequently, it affects the nails, eyebrows, anogenital regions, and armpits, as well as the folds of skin in the obese (although in these warm and damp areas, no scales of skin are likely to be found).

Psoriasis often first reveals itself between the ages of 10 and 40 and appears often on injury to the skin or after a generalized infection. After that, it may be brought on or exacerbated by stress, drug reactions, or a strep throat. When it starts after a strep throat, it usually looks like a red, bumpy rash. When the nails are affected, they become pitted and dry, and scaly material builds up underneath, separating them from the nail beds.

Psoriasis is usually chronic, erratic, and unpredictable. Outbreaks may last for weeks, months, or years, and when the condition goes into remission, nobody can predict whether or when it will return again.

HIVES An itchy swelling that comes and goes. It may be the result of an insect bite if found as a single lesion; if it occurs as multiple lesions, it is probably an allergic reaction.

Epidemiological Data

Four out of five teenagers have acne. Some suffer for a few weeks, some for a year, but most for ten years or more into early adulthood. If your parents had acne, the chances are that you will also.

A few women who escaped acne in their teens develop it in their twenties and thirties. This is rarely the case with men.

People with oily skin are likely to have a bigger problem with acne than those with dry skin.

Women who take birth-control pills that have a high progesterone content sometimes develop acne. When they switch to a pill higher in estrogen, the acne goes away.

DERMATITIS Seborrheic dermatitis is more common in people with Parkinson's disease and other neurological problems than it is in the rest of the population.

Seventy to ninety percent of people with dermatitis herpetiformis have it as a result of sensitivity to wheat protein.

PSORIASIS More than one percent of the American population suffers from psoriasis; 30 percent of them have a blood relative with the disorder. Psoriasis is more common in whites than in blacks.

One in twenty of all psoriasis sufferers will develop *psoriatic arthritis*, a variety of arthritis that is most likely to affect the hands.

Two-thirds of patients with psoriasis have significant periods of remission.

Prevention and Treatment

ACNE Foods and beverages do not cause acne; although neither zinc nor vitamin A supplements can cure acne, a deficiency of either nutrient may make an outbreak more likely; be sure to get the Recommended Dietary Allowances of both.

DERMATITIS Scaly dermatitis may be caused by a lack of vitamins C, A, and perhaps E; be sure to consume the Recommended Dietary Allowances of them.

Greasy, scaly dermatitis can be caused by zinc or essential fatty acid deficiencies, so be sure to get 15 milligrams of zinc in your diet, and cook with vegetable oils.

The variety of dermatitis known as *infantile eczema* can be due to a hypersensitivity to milk, egg protein, or wheat; consult your doctor.

DERMATITIS HERPETIFORMIS Sufferers from this skin problem should avoid food products containing wheat.

SEBORRHEA DERMATITIS The skin disorder can be caused by a vitamin B₆ deficiency, so be sure you get ample vitamin B₆ in your diet.

PSORIASIS Reduce your consumption of seafood and animal protein for a trial period; also try reducing your intake of citrus fruits, nuts, corn, and milk for a trial term.

CASE HISTORY: Phil Jenkins

Phil started to develop very bad acne when he entered puberty. As if he were not already self-conscious about it, his schoolmates made derisive remarks about his skin problems. Even at home, he was berated for his unsightly complexion. His older brother chided him about not washing his face often enough, although his problem certainly had nothing to do with cleanliness, since from the time he learned to dress himself, Phil had been fastidious about his appearance.

His mother, too, had been less than helpful, believing as she did that it was the "junk food" Phil ate that gave him acne. His ravenous teenage appetite led him to consume chocolate, pizza, and a lot of cake, as well as just about anything else put before him.

However, even after he eliminated what his mother regarded as the "guilty foods" in Phil's diet, his complexion problem remained the same. His mother then tried another home remedy, this one involving life-style changes. Phil was to stop staying up late listening to loud music, and start getting a full eight hours of sleep a night. Phil followed his mother's advice, but this treatment also failed.

Finally, Phil went to see his doctor, who prescribed Accutane. He told him to wash his face three times a day with a special medicated soap. Over

a period of twenty weeks, the treatment brought Phil's condition under control.

In his early twenties, though his acne trouble was behind him, he was left with badly pitted skin. He decided to be treated with a series of *collagen* injections (collagen is a body protein), which didn't eliminate the scarring entirely but helped enough to please him.

Dietary and Life-style Recommendations

In Dealing with Acne, Be Sure You Are Getting Sufficient Vitamin A and Zinc

Vitamin A and zinc deficiencies may exacerbate an acne condition, in that they are very much involved with the health of the skin. Zinc is critical for the growth of new cells, and vitamin A helps produce the "cement" that joins the cells together.

Strategy Be sure to get at least 15 milligrams of zinc and 5,000 international units of vitamin A in your diet. Foods rich in vitamin A include apricots, broccoli, cantaloupe, carrots, liver, peaches, pumpkins, squash, and tomato juice; zinc-containing foods are most meats and grains. (See tables on pages 318 and 323 for listings of a variety of foods rich in these nutrients.)

Consuming doses well in excess of the recommended amount will not cure acne. In fact, large doses of either of these nutrients are extremely toxic. Zinc will prevent your absorption of other essential nutrients like iron and copper and make you anemic. Vitamin A will cause hair loss and give your skin a "sandpaper" appearance. Excessive amounts of this vitamin taken over a period of many years can even be fatal.

What Foods Should I Avoid in Dealing with Acne?

Over the years, many foods and beverages have been accused of causing acne. At present, chocolate, fatty foods, and soft drinks are commonly assigned the blame. However, there is absolutely no proof that any food or drink can cause any kind of acne flare-ups.

Dermatitis Patients Should Be Sure to Get Sufficient Vitamins A, C, and E

A lack of vitamin A or C in the diet reduces fat secretion from the sebaceous glands and can cause dry skin. It has also been suggested that a deficiency of vitamin E is to blame for similar problems in some people.

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Strategy Be sure you get the Recommended Dietary Allowances of these vitamins in your diet (5,000 international units, 60 milligrams, and 10 milligrams of vitamins A, C, and E respectively). Include foods rich in these nutrients in your daily menu. Vitamin A-rich foods include broccoli, cantaloupe, carrots, apricots, liver, peaches, squash, and tomato juice; foods rich in vitamin C are citrus fruits and juices and green vegetables such as kale, mustard greens, parsley, and broccoli; vitamin E is found in a variety of nuts and oils. (See tables on pages 318, 321, and 322 for more foods rich in these nutrients.)

If You Suffer from Seborrhea Dermatitis, Get Sufficient Vitamin B₆

A classical sign of vitamin B₆ deficiency is seborrhea dermatitis. Many people in America have an inadequate intake of this nutrient, especially premenopausal women taking oral contraceptives.

Strategy Be sure to consume plenty of foods rich in vitamin B₆. These foods include bananas, fish, Grape-Nuts cereal, liver, and peanuts. (See table on page 320 for other B₆-rich foods.)

For Greasy, Scaly Dermatitis, Be Sure to Consume Sufficient Zinc and Essential Fatty Acids

This type of dermatitis usually occurs on the forehead, face, chin, scalp, shoulders, and chest. It can be the result of a zinc deficiency or of an inadequate consumption of the essential fatty acid linoleic acid.

Strategy Linoleic acid is best found in vegetable oils (see table on page 311). Cook with vegetable oils and be sure to get 15 milligrams of zinc in your diet from such foods as meats and grains (see table on page 323).

If You Suffer from Dermatitis Herpetiformis, Eliminate Wheat-Containing Foods from Your Diet

Up to 90 percent of people with this disorder can be completely cured by removing all wheat-containing foods from their diets.

Strategy Be sure to read all food labels to avoid consuming gluten (wheat protein). Make careful selections in restaurants, too.

If Your Child Suffers from Infantile Eczema, Milk, Eggs, and/or Wheat May Be the Cause

Very often the culprit is a sensitivity to one of these foods. However, if you removed all of these foods from a child's diet, you would run