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Why Women Live Longer Than Men

Women in developed countries can, on average, currently expect to live up to ten years longer than men.

That's a fact.

The oldest person in recorded history was a woman, Mme. Jeanne Calment, who died at the age of 122 in 1997.

That's a fact.

Nine times as many women as men live to celebrate their one hundredth birthday.

That's a fact.

Men aged 55 to 64 are twice as likely as women of the same age to die from accidents or heart disease and four times as likely to commit suicide.

That's a fact.

It is widely believed that women live longer than men because of some genetic superiority. Indeed, most people believe that women have always lived longer than men.

Those are myths.

Up until the early part of the twentieth century life expectancy for men was pretty much the same as life expectancy for women.

The fact is that the difference only developed during the 20th century.

And I believe that the difference can be easily explained. The fact that women now live longer than men has nothing whatsoever to do with genetics or hormones. It is all down to lifestyle.

The following list explains why men now tend to die sooner than women.

- 1 For most of the 20th century the average man pushed himself much harder than the average woman did. There were exceptions among both sexes, of course, but on the whole men felt that they had to drive themselves hard in order to 'succeed'. (The definition of 'success' has varied from community to community.) The resultant high stress levels have helped produce a high incidence of heart disease and have damaged the immune systems of millions of men – thereby making vast numbers of men exceptionally vulnerable to many varieties of cancer.

- 2 Smoking has, for decades, been very much a 'male' habit. For most of the 20th century the number of male smokers far exceeded the number of female smokers. It was the popularity of smoking among men which partly explained the higher incidence of heart disease and some common cancers among men.
- 3 Throughout the 20th century men have been more likely than women to eat too much and more likely to eat the wrong (often high fat content) foods. Women have tended to be more conscious of the advantages of healthy eating than men have. In addition, women have traditionally been much more conscious of their size than men have, and slimming clubs have always been more popular with women than with men.
- 4 For the first three quarters of the 20th century most of the financial worries within a marriage were shouldered by the man. Many women never saw their husband's pay packet or bank details. A remarkable number of women never even knew how much their husbands earned. Worrying about money is one of the commonest stresses – and is particularly likely to result in ill health.
- 5 Generally speaking, men have been woefully unwilling to be on the look out for – and to be aware of – abnormalities affecting their bodies. For decades women have routinely examined their own bodies – looking for abnormalities or early signs of developing disease. Men, on the other hand, have traditionally been unwilling to do this. Vast amounts of money have been spent teaching women how to examine their own breasts (in order to spot breast cancer). Virtually nothing has been spent teaching men how to examine their testicles (in order to spot cancer of the testes).
- 6 Women have been much more enthusiastic about learning the rudiments of self help. Far more women than men are knowledgeable about alternative medicine. In addition, women have learnt to be more willing to seek help from a health care professional when they have found symptoms or signs which might indicate an underlying health problem.

Why are women so much more comfortable with seeking medical advice than men? I suspect the explanation is simple. Women who get pregnant are accustomed to seeking medical help during their months of pregnancy years. And it is usually the mother (rather than the father) who takes sick children along to the doctor's surgery. Doctors are a major cause of sickness in our modern society, but there are times when their help can be lifesaving and the sooner an individual seeks medical advice the greater the likelihood that the doctor can deal with the problem satisfactorily. To all this must be added the fact that doctors (under pressure from politicians) have, for years, concentrated medical resources on health problems exclusively affecting women (such as cervical cancer and breast cancer) and virtually ignored health problems (such as prostate cancer) exclusively affecting men.

- 7 Alcohol was, for most of the 20th century, a 'man thing'. Alcoholism – and alcohol induced damage – used to be much commoner among men than women. The female body is more susceptible to alcohol but excessive drinking has traditionally been something much more likely to affect men than women.
- 8 Workaholism was almost exclusively a male problem for the greater part of the 20th century. Driven by ambition, competitiveness and a need to succeed millions of men pushed themselves to the limit and beyond. Many men have died – or become chronic invalids – because of their workaholism.
- 9 Throughout the 20th century men have, generally speaking, been unwilling to talk to anyone about their problems. A man may joke with his best friend, or talk to him about his boss, his favourite football team or his car, but he is unlikely to open his heart, or to be prepared to share his innermost feelings. The average woman, on the other hand, does not have so much difficulty in opening up her heart and sharing her fears, hopes and aspirations with her best friend. Sharing personal fears is a good way of reducing the damage fears can do. The average man bottles up his fears and his worries – allowing those fears

and worries to do a great deal of damage. By sharing her fears the average woman dramatically reduces the damage that is done.

- 10 When men take exercise it tends to be physically combative and potentially damaging. Football, for example, is likely to result in all sorts of physical injuries. The exercise men take also tends to be competitive in nature. So, for example, when men play golf or squash they are often determined to win. The result of all this is that when men take exercise it is likely to prove physically and mentally damaging. Feminine types of activity, on the other hand, tend to be gentler and less competitive. Women attend keep fit classes or aerobic classes or go dancing. They benefit from their exercise programmes.

Why Women Won't Live More Than Men For Much Longer

The difference in life expectation between men and women will not continue far into the 21st century. This is not because men are going to live longer but because women are going to die sooner.

I base this prediction on simple observations.

1. The number of women who smoke cigarettes is rising dramatically. Visit any large town, find yourself a convenient seat, and watch the young people go by. You will soon notice that smoking is now much commoner among young girls than it is among young boys. The statistical evidence supports this simple observation.
2. The incidence of alcoholism among women is rising too. A few decades ago it was rare to find a woman who had wrecked her life and her health with alcohol. Today it is commonplace.
3. Increasing numbers of women have been suckered by the women's liberation movement into believing that they owe it to themselves and their 'sisters' to take a more masculine attitude to life. It is common these days to find women in positions of managerial

power. Modern women have demanded, and have taken, the same sort of damaging stresses as were endured by men throughout the 20th century. Many women seem more aggressive and more 'masculine' than men. The incidence of stress related disorders among women is going to rocket in the next generation or two.

4. Women are taking their exercise more seriously too – they have become more competitive and they push themselves harder when they are allegedly relaxing.
5. As women take an increasingly masculine approach to life so they abandon their traditional, health giving relationships with their female friends. Many women now feel that it is somehow 'beneath them' to need to share their fears, their feelings and their weak moments with other women. Women are making themselves tougher and more self sufficient. The effect on their health will be bad.

Could Men Live As Long As Women?

In the next few decades we will see a dramatic fall in the difference between male and female life expectancies.

This will come about not because men are living longer but because women are dying earlier.

However, men could live longer if they chose to.

Here are my tips for any man wanting to live longer:

1. Don't smoke. Don't share a home or an office with anyone who smokes. Sit in no smoking compartments and eat in restaurants which ban smoking. Few things are more deadly than tobacco smoke.
2. Learn to be aware of your body. If you notice a change do not delay but visit your doctor straight away.
3. Learn as much as you can about health care. Learn a little about nutrition. Know how to treat yourself. If you have a specific health problem read books about it – so that you know as much as possible about the problem

affecting your health. Be prepared to seek medical help if you need it – however inconvenient or embarrassing it might be.

4. Take regular, gentle, non-competitive exercise. Don't push yourself too hard.
5. Learn to share your fears, your hopes, your disappointments, your ambitions and your feelings in general. Find a friend to whom you can talk about your most innermost thoughts. For most men the best and most sympathetic listener will be a woman rather than another man. Learn to talk to your wife or your partner, and don't be afraid to open your heart and share your feelings.
6. Drink alcohol in moderation. One or two glasses of wine a day might well help you stay healthy. More will kill you.
7. Get a life. Find interests outside your work. Don't allow yourself to be suckered into putting all your energy into earning money. Relatively few workaholics get rich. But most workaholics die young.
8. Learn to eat in a healthy way. Eat more fruit and vegetables. Cut out meat. Avoid fatty foods.
9. Learn to relax. Learn to rest. Take time out. Give your body a chance to recover from the daily grind.
10. Share your problems, your anxieties, your fears and your worries with your partner. It may be a cliché but it is true to say that a worry shared is a worry halved.

22 Easy Steps You Can Take To Reduce Your Cancer Risk By 80%

The human genome project has taken years and cost billions (in whatever currency you want to measure it).

But, as I showed in last month's VCHL, the genetic influence on longevity is relatively trivial. And you can control your destiny without allowing some idiot in a white coat to fiddle with

your genes. You can control how your genes affect your health.

If you have a gene which means that you are likely to get lung cancer if you smoke cigarettes you can minimise your chances of getting lung cancer by not smoking. And if you have a gene which means that you are likely to get breast cancer you can increase your chances of not getting breast cancer by taking care over what you eat (in particular, by cutting out meat and fatty food).

Here are my tips for healthy living. Follow these tips and you could cut your cancer risk by 80%. Whatever the genetic engineers may promise you they can't do that!

1. Eat foods which will boost your immune system. In general, eat plenty of fruit, vegetables and seeds. Your chances of developing cancer – for example cancers of the lung, breast, colon, bladder, oral cavity, stomach and cervix – will go down if you eat plenty of vegetables. Fruit and vegetables contain plenty of fibre which can help to protect you against cancer – plus special anti-cancer ingredients. The best anti-cancer foods to eat include: apples, asparagus, baked beans, broccoli, Brussels sprouts, carrots, cauliflower, chick peas, corn, garlic, grapefruit, kidney beans, lentils, onions, oranges, pineapple, brown rice, soya beans, spinach and strawberries. There is a full list of recommended foods in my book *Superbody*.
2. Keep your fat consumption down. Avoid foods which are rich in fat. Avoid dairy products. There is evidence linking fatty food to cancer – including cancers of the breast, uterus, ovary, pancreas, stomach and colon. Avoid butter, milk, cream and other fatty foods. Keep down your intake of vegetable fats too. Fat intake and breast cancer are closely linked. If you choose a high fat diet you are making a conscious decision to increase your risk of developing cancer.
3. Do not eat meat. Researchers have linked eating meat to cancer – including cancers of the breast, uterus, colon, rectum, pancreas and kidney. Red meat seems the most dangerous type of meat – beef, for example, has been specifically linked to colon cancer. Smoked, barbecued, salt cured and salt pickled foods

pose extra risks. If you don't want to get cancer – don't eat meat.

4. Prepare food carefully to preserve the vitamin and mineral content and to avoid the risk of infection.
5. Buy organic food whenever you can.
6. Do not drink unfiltered tap water.
7. Take a supplement rich in antioxidants.
8. Learn how to relax your body and your mind. And be prepared to spend a little time putting your learning into practice. Do your best to avoid unnecessary stresses.
9. Watch out for the early warning signs of cancer (such as unusual lumps, fresh bleeding, weight change etc.). And seek help straight away if you think you spot a warning sign.
10. Don't take drugs you don't really need. And be cautious about the promises made for vaccines. Try to keep away from hospitals, doctors' clinics and other places where sick people congregate (and where you are, consequently, likely to pick up new infections). Remember Coleman's First Law of Medicine: 'If you develop new symptoms while being treated for any medical condition the chances are that the new symptoms are caused by the treatment you are receiving.'
11. Try to avoid buildings which have closed circuit air conditioning or heating systems.
12. Avoid air travel whenever possible. Airlines tend to recirculate dirty air – thereby exposing passengers to many new (and potentially deadly) bugs.
13. Don't live within 150 yards of a power line or an electricity sub station.
14. If you have a mobile telephone use it sparingly – for emergencies rather than for idle chit chat.
15. Don't cook with a microwave oven.
16. Don't have unnecessary X rays. Routine X rays are a possible threat to your health. Most X rays are unnecessary. Hospital doctors routinely send patients for routine X rays but X rays are not just extremely expensive and time consuming – they are also potentially dangerous. They can cause cancer. Check with your doctor that your X ray is essential.
17. Control your weight. If you weigh just 22 pounds more than you did when you were 18 years old then you are probably at risk. Losing weight isn't just a matter of vanity. Women who are more than 40% overweight are 55% more likely to die of cancer – including cancers of the breast, uterus and ovary.
18. Don't smoke and keep away from people who smoke. It isn't enough not to smoke yourself. You are also at risk if you spend too much time inhaling other people's tobacco smoke. For example, the World Health Organization has warned that: 'in marriages where one partner smokes and the other does not, the risk of lung cancer to the non smoker is 20-50% higher.' If you are travelling on public transport, eating in restaurants or going to the cinema choose non smoking areas whenever possible.
19. Beware of sunshine. A little sunshine is good for you. But too much sunshine can cause skin cancer. Sunbathing is pointlessly reckless. Many cases of skin cancer are optional.
20. Beware of electrical appliances. Don't sit closer than 3 feet to your TV set. Unplug your electric blanket before getting into bed. Don't sit within two and a half or three feet of a VDU. Don't sit or stand too close to electrical appliances – electricity is almost certainly more dangerous than you think.
21. Minimise your consumption of food additives. If you eat a lot of packaged foods you almost certainly eat too many food additives. The average individual eats around 5.5 lb (2.5kg) of food additives every year. Food additives are potential hazards. You can minimise your consumption of food additives by eating a high proportion of fresh food.
22. Drink less alcohol. Alcohol can cause cancers of the mouth, larynx, oesophagus, stomach and pancreas. To minimise your cancer risk you should limit yourself to one or possibly two modest drinks a day.

Gall Bladder Fact File

- ❖ Your gall bladder is a small warehouse (the size of a tiny purse) where bile is stored.
- ❖ Bile is a mixture of acids, pigments and cholesterol which help to absorb fats.
- ❖ Your gall bladder is tucked away under your liver (and under your rib cage) on your right hand side.
- ❖ You can manage without your gall bladder perfectly well. If your gall bladder is removed bile just flows directly into your intestines. The gall bladder is just a warehouse.
- ❖ Most likely problem with your gall bladder is that you'll develop gall stones. These are usually made of cholesterol. But they can be made of calcium or pigment.
- ❖ Gall stones don't always mean trouble. Millions of people have gall stones without knowing that they are there. Problems usually only develop when the stones get stuck moving out of the gall bladder.
- ❖ Symptomless gall stones are often found on routine X rays.
- ❖ Gall stones should probably only be removed when they cause trouble.
- ❖ Surgeons used to take out all gall bladders when they'd found stones. These days most doctors agree that gall stones that don't cause any symptoms can be left where they are.
- ❖ One survey showed that as many people die having their gall bladders removed as are killed by gall bladder stones. So the operation should only be done when it's really necessary (e.g. when the stones are causing pain).
- ❖ The removal of the gall bladder is probably the commonest abdominal operation surgeons do. But doctors still don't agree on when it should be performed or which patients need to have it done.
- ❖ There are new techniques available which could make gall bladder surgery just another piece of bizarre and inexplicable medical history.
- ❖ The traditional operation is quite simple and

relatively safe. The surgeon makes a cut in the abdominal wall and then reaches in and cuts out the gall bladder.

- ❖ Patients who have their gall bladders removed stay in hospital for a week or so and need up to six weeks' sick leave.
- ❖ Some surgeons use lasers to cut out the gall bladder. They then suck out the bladder and stones through a tiny tube. This operation – through a keyhole sized scar – involves a hospital stay of no more than one or two days. And patients can be back at work within two weeks.
- ❖ Keyhole surgery needs a very skilled surgeon. If you have the operation done this way you should make sure that the surgeon is trained and experienced in the technique.
- ❖ Surgeons also use a technique called lithotripsy – which shatters the gallstones.
- ❖ Some doctors prescribe drugs chenodeoxycholic acid and ursodeoxycholic acid which dissolve gall stones (this technique was first tried back in 1937).
- ❖ There seems a good chance that within a few years time doctors will be able to remove gall stones without an operation at all.
- ❖ Even if you have gall stones which have been causing trouble you may be able to stop the trouble – and remain healthy – by eating a low fat diet.

Waiting times for tests and investigations

My wife had to have a blood test recently. She was told to telephone for the results of the test a fortnight later. It wasn't a particularly urgent test so, showing extraordinary patience, that is exactly what she did.

When she rang she was told that the results were not in. And that she might have to wait another week.

Three weeks for a blood test result?

I telephoned her GP's surgery, got the name of the hospital where the blood sample had been sent, and telephoned the laboratory.

Wrong hospital.

I was given the name of another hospital. I rang that one.

Wrong hospital.

At the third hospital I struck gold. They had the blood sample. And they had the blood test result – which they gave to me over the telephone. Who knows how long that result had been sitting there?

Why are hospitals and GPs so debonair and seemingly uncaring when dealing with test results?

Many still seem to rely on the post – or on couriers – to deliver hospital results.

This is cruel, potentially dangerous and absurd.

Hasn't anyone in the NHS heard of telephones? Fax machines? Email?

Don't people working for the NHS understand that patients – and their relatives – worry while waiting for results?

(I bet NHS staff and their relatives don't have to wait so long when they have had tests done.)

The NHS is a crumbling, decaying mess.

It doesn't need more money.

It needs staff who care more about patients.

It needs employees who realise that they are in a service industry where the interests of the patient should come first, second, third and fourth.

Bottom line: most blood tests, X-rays etc. should be back within a week.

If you have to wait longer telephone every day (every hour if you like) and nag, nag, nag until you get the answers you need.

The VCHL Hospital Guide

Everyone thinks they know what doctors and nurses do. But here's my quick (slightly tongue-in-cheek) guide to what health professionals really do.

Administrator:

More common than cockroaches. And less useful. Administrators have (with help from politicians) destroyed the NHS.

Consultant:

Doctor in private practice who uses the NHS

hospital as a source of new patients whose fees will pay for his villa in Spain.

Junior doctor:

(Male): Tired, bitter and cynical. Sole aim is to bed as many nurses as possible.

(Female): Tired, bitter and cynical. Sole aim is to bed as many nurses as possible.

Medical Secretary:

Tells lies on behalf of consultant in an attempt to hide the fact that he's playing golf when he should be operating. (Favourite phrase: 'He's on a course.')

Nurses (qualified):

Well trained to fill in forms. Often more aloof than the doctors (which isn't easy). Think they're too important to waste time talking to patients.

Nurses (student):

Haven't yet learned not to be nice to patients. Often full of compassion. The training will get rid of this.

Nursing Auxiliaries:

The only people in hospitals who do real nursing. They talk to patients, provide comfort and do little services to make life easier.

Health visitors:

Highly paid but no one knows what they are for.

Pharmacists:

Pharmacists used to prepare potions and mixtures and do all sorts of clever cooking with raw medicinal ingredients. Those days are long since gone. Today pharmacists rarely seem to do anything much more complicated than stick little labels onto packets of pills.

Physiotherapist:

Muscular young women who look like hockey players and often are.

Porters:

The best ones are jolly, cheerful, friendly and do far more good than the doctors. The worst ones just steal food and medical equipment.

Security guards:

Act like bouncers at nightclubs. Hired to throw out people who look as though they might bleed on the fitted carpets in the corridors.

Social workers:

Organise and attend meetings though no one (including the social workers) knows what the meetings are about.

The Open International University for Complementary Medicine

As some of you will have noticed from the biography information on the front cover, I am Honorary Chancellor and Professor of Holistic Medical Sciences with the Open International University for Complementary Medicine.

I have received a number of enquiries from readers about the University's activities and so in the centre of this month's VCHL you can find details of their Congress and Seminar programme for the next two years.

Questions and Answers

Life expectancy

Question

Surely doctors must be doing a great deal right. Life expectancy rose steadily throughout the last century proving that the medical profession is slowly but surely succeeding in conquering disease and ill-health.

Answer

It is a myth that adults are living longer these days than they were a century ago. Doctors and drug companies often claim that life expectancy has gone up because of modern medicine but in VCHL Vol 1 No 2 I demolished this myth and illustrated my argument fairly vividly with a long, random list showing that longevity is not a 20th century phenomenon.

The reason for the confusion is simple. In the 19th Century infant mortality rates were high

– with thousands of infants dying of infectious diseases. The introduction of better sewage facilities and the provision of cleaner water supplies made a dramatic difference to infant mortality rates and had a significant effect on overall life expectancy figures. If a high proportion of babies die this must inevitably bring down the average life expectancy. If fewer babies die the average life expectancy goes up.

Contrary to the claims of the medical establishment and the pharmaceutical industry doctors are today one of the top four causes of death – up there alongside cancer and heart disease and strokes. The most dramatic illustration of this unpleasant truth lies in the fact that whenever doctors go on strike the local death rate goes down. Plus, there is also evidence showing that the incidence of cancer is higher in areas where there are more doctors.

A few years ago I wrote a short book (now out of print) called *Why Doctors Do More Harm Than Good*. When promoting the book on radio I was attacked by numerous representatives of the medical profession. I will never forget pointing out that one in six patients in hospital are there because they have been made ill by doctors. A representative of the medical establishment thought for a while upon hearing this statistic, agreed with me that the figure was accurate, and then said: 'But it is important to remember that five out of six patients in hospital are not there because they have been injured by doctors.' He seemed proud of this and seemed to think that he had successfully countered the point I was making.

Organ donors

Question

I was surprised to read that medical experts are calling for brain dead donors of organs to be given an anaesthetic in case they feel pain. How can anyone who is brain dead feel any pain?

Answer

The problem is in defining death. Are people who have their organs ripped out for transplant operations really 'dead'? The surgeons who do the ripping out will say that they are. I disagree. Patients who have their organs ripped out for transplant surgery have to be in good condition. They have to be full of nice warm blood. A cold

body which has rigor mortis is no good to the transplant surgeons. I think transplantation is a ghoulish, barbaric, unpleasant and unnecessary business. To paraphrase Jean Paul Sartre: 'Of course we can do transplants. The question is can we not do transplants?'

Losing Weight

Question

I'm terribly overweight and as a result have no confidence. I have spent a fortune on diets but although I've often lost weight I've always put it back on again within a few months.

Answer

Magic diets may provide short term help but the best way to lose weight permanently is to do it without dieting. Harness your willpower to make sure that you eat when you're hungry and stop when you're not. That's the single, most important secret of successful weight loss. I have recorded a special slimming audio tape designed to help readers who want to lose weight safely and permanently. Details of the tape should be included with this edition of VCHL.

Miserable

Question

I feel very miserable and my psychiatrist tells me that this is because I have got a chemical imbalance in my brain. He has given me tablets to rectify the problem. The tablets are causing terrible side effects and although I have been taking the tablets for several months they haven't helped at all. In fact, if anything I now feel worse. Do you think it could be possible that very real problems in my life could be causing my unhappiness? I am very unhappy in my job and I am also in a lot of debt. My wife left me some months ago (although I still love her very much) and I have had to go back home to live with my parents (both of whom treat me like dirt).

Answer

Many psychiatrists (like many other doctors) are now owned so totally by the drugs industry that they can never think of anything other than a

pharmacological solution to any medical problem. It seems clear to me (as it would to any other slightly better than half-witted individual) that your state of mind could well be linked to the way your life is going at the moment. I strongly suggest that you obtain a second opinion to make sure that the drugs you are taking are necessary and aren't making your condition worse. I dealt with anxiety and depression (and the ways in which these problems can be conquered without drugs) at some length in VCHL Vol 3 No 2 (a special issue subtitled *Why Anxiety And Depression Are Over Diagnosed And Over Treated And How Most Cases Of Both Can Be Safely And Effectively Treated Without Drugs*). Back issues of VCHL are available from Publishing House – see page 16 for details.

Soya

Question

I recently read that soya is bad for us. Is this true? I really don't know what to believe any more.

Answer

The basic ingredients for a healthy diet are vegetables, fruits and whole grains. That's the starting point. Soya is an enormously flexible foodstuff. As part of a diet built around the basic building blocks I've mentioned above it can be enormously useful. Like everything else, you can eat too much of it but as part of a balanced diet I think it's extremely useful. Is soya deadly? I don't think so. The evidence from research involving people (much the best sort of research in my view) suggests that soya helps reduce the risk of heart disease as well as cancer. There has been laboratory research involving animals which has shown that soya causes cancer, heart disease and grey hair and puts fuzzy lines on the TV set but I don't think you need to take much notice of that. The best research is epidemiological – rather than the stuff conducted by white coated intellectual dwarves in antiseptic laboratories. Incidentally, when looking at research you should always ask yourself who did the research, who paid for it and who is reporting it (and why).

Vegetarians and Cancer

Question

Someone I know who was vegetarian recently died of cancer. I regard this as pretty good proof that meat isn't a cause of cancer – as you claim it is. Primitive man hunted wild animals and ate meat and he was pretty healthy. He didn't worry about eating a low fat diet and meat was pretty much the only thing he ate.

Answer

I suggest you get in touch with the *Guinness Book of Records*. I reckon you managed to cram a world record number of myths, inaccuracies and misconceptions into a single letter.

I get letters every week from meat eaters telling me that they know of vegetarians who have died from cancer and that, based on this flimsy anecdotal evidence, it is clear that meat is not a cause of cancer. This really is silly. It is like saying 'Bert was a non smoker and died of cancer and therefore cigarettes cannot cause cancer'. You need the IQ of a malfunctioning lawnmower to come up with this theory. And an even lower IQ to believe it. If I find a 90 year old smoker who didn't die of lung cancer (and there are many) does that prove that smoking is safe? The evidence clearly shows that eating meat causes cancer. Being vegetarian merely reduces your chances of getting cancer – it doesn't eliminate the risk completely. If you want to eat meat then that is your choice – but don't try denying the truth in an attempt to convince yourself that what you are doing is not dangerous.

Your next myth is that primitive men were all healthy. Really? That one is such a poor argument that it seems a waste of time to refute it.

You may also be wrong to assume that primitive man ate a diet consisting almost exclusively of bits of dead animal. Where on earth did you see any such evidence? Archaeologists may have found lots of animal bones at the backs of caves inhabited by primitive man – and not unreasonably come to the conclusion that this provides evidence that primitive man ate bits of dead animal.

But what makes you think that primitive man's diet didn't also consist of plant foods too?

I don't know what vegetables were around at that time but there won't be much evidence

remaining of their existence because, as you may possibly have noticed, potatoes, carrots and parsnips don't leave skeletons behind. Even the peelings are likely to have disappeared by now.

The evidence which exists suggests that most primitive men obtained most of their food from wild plants. Our ancestors were herbivores rather than carnivores.

Far more important is the assumption which you seem to make that a diet which was (might have been) suitable for a semi-naked man popping out of his cave occasionally to throw a home made spear at a wild boar must also be suitable for a fellow in a suit working in a bank. It is easier to spot the differences between primitive man and modern man than it is to spot the similarities.

The man in the prehistoric cave ate what he could get. He caught his food, picked it or dug it up. And then he ate it. Fingers. No damask table cloth. He had to run around all day chasing wild animals (or trying to get away from them if they were chasing him). If he hadn't yet discovered fire he ate his food raw. He didn't put on a £500 suit, slip into the car and drive round to the nearest Michelin restaurant for a £200 five star feast, washed down by a bottle of claret at £100 a go. He almost certainly didn't eat meat every day.

He lived under enormous physical stresses. He didn't have central heating or air conditioning and his stresses were entirely different to the stresses endured by the man on the top of the Clapham Omnibus. Obesity, diabetes, heart disease and cancer are pretty much diseases of our modern civilisation. Primitive man didn't die of the diseases which are likely to kill us.

To all that you must add the fact that the type of meat you get from a wild boar is completely different to the type of meat you get from an animal which has been reared and fed in captivity, deliberately fattened up and filled with hormones and antibiotics. Even today, the fat content of animals killed in the wild is completely different to the fat content of animals reared on a farm. And animals killed in the wild are rather less likely to be chock full of carcinogenic chemicals.

A modern so-called civilised diet consists of pre-packed fat-rich meat, dairy products (do you really imagine that primitive man managed to chase, catch and milk enough wild boar to

make a cheese flan?), bars of chocolate, doughnuts and processed foods packed with additives. Such a diet is high in fat and energy. It is the exact opposite of the sort of diet we need.

Our lifestyle means that most of us need a low fat, low energy diet. Our exposure to stresses (both environmental and psychological) means that our immune systems are constantly under stress. We are exposed to far more infective threats than our ancestors.

In short our lifestyle is completely different. And yet we have changed our diet in exactly the opposite way.

The bottom line is that anyone who eats meat really doesn't have much right to complain if they subsequently develop cancer. (Although, despite the availability of evidence showing the danger of eating meat, when the lawyers get in on the act I have no doubt that meat companies and butchers will find themselves on the wrong end of a million lawsuits.)

Post Traumatic Stress Disorder

Question

Do you really think there is such a thing as 'post traumatic stress disorder'?

Answer

No. Labels like this do no one any good. We all have traumas in our lives. We all suffer from stress. But inventing special labels like this one merely provides more employment for psychiatrists and psychologists on silly radio and TV programmes. Those who are described as suffering from this disorder are encouraged to blame someone else for their symptoms – and, often, to seek damages through the courts – rather than to try to deal with their problem at source. And other sufferers from anxiety and depression are made to think that they are second class citizens in the world of mental illness.

Paedophilia Backlash

Question

I was walking in a park the other day when a boy asked me to play ball with him. I didn't dare in case someone saw me and thought I might be

a paedophile. Afterwards, when I thought about it, I felt really sad. What sort of society have we created?

Answer

Paedophiles aren't to blame for this. There have always been paedophiles. The blame has to go with the politically correct lunatics who are determined to eradicate all risk from our lives and, in the process, to turn our world a uniform shade of cheerless, unremitting grey.

Arrogant Specialists

Question

I was recently sent to the hospital to see a specialist. I spent just four minutes with the 'great man'. He asked me my name but no other questions. He talked the whole time. Half of what he said I didn't understand. The other half was patronising and irrelevant. At the end of the consultation he dismissed me with the wave of his hand and told me that he would write to my GP. Who do these people think they are?

Answer

Hospital consultants are technicians. Whether you pay them directly or not they are hired, by you or on your behalf, to repair your malfunctioning organs. The only real difference between the average hospital specialist and a dishwasher repair man is that the former probably has an ego the size of Sutherland and a serious attitude problem. The truth is that an expert who would rather talk than listen has forgotten what made him an expert in the first place. Hospital consultants only get away with this gross behaviour because people let them.

Nurses, the Elderly and Respect

Question

My father, who is in his late eighties and as mentally alert as anyone I know, is in hospital. I am appalled to see how the nurses treat him. He has done a great deal with his life and deserves their respect but they call him by his Christian name, patronise him and generally treat him like a mentally retarded child.

Answer

The profession of nursing is a relatively new one. Up until the 19th century nurses were usually local prostitutes doing a little moonlighting. It wasn't until Florence Nightingale put things on a more professional footing that the idea of training nurses became accepted.

During the first three quarters of the 20th century, nursing was a respectable and respected profession. It has now become a rather tawdry trade – as overwhelmed and stifled by bureaucracy and administration as the NHS itself. Someone needs to put the caring back into nursing – and they need to do it fast.

They should start by telling young nurses that they should never refer to patients by their Christian names for the simple but important reason that it strips them of their dignity – and dignity is a fundamental building block for hope, confidence and other healing emotions.

High Blood Pressure

Question

I have had high blood pressure for several years. Although I have no symptoms from the high blood pressure, the pills my doctor prescribes always upset me. She says that I have to put up with the side effects because all high blood pressure sufferers need to take drugs for life.

Answer

Your doctor is woefully misinformed. Many high blood pressure sufferers can control the problem and reduce their need for medication by making simple lifestyle changes. My book *High Blood Pressure* (published by the European Medical Journal) contains my advice on this subject. But check with your doctor before following the advice. She may need to check your blood pressure regularly and reduce your medication.

Human Dignity

Question

My son is severely brain damaged. Every time I take him out in his wheelchair local children taunt him. It breaks my heart. What can I say to these children to make them stop?

Answer

It's difficult to know what you can say to children who have so little compassion, so little love in their hearts and so little intelligence that they taunt a brain damaged child. But try to remember that your son, however badly brain-damaged he may be, has more human dignity than any of these bits of urban flotsam. And, sad though it is, perhaps we shouldn't be too surprised. Today's children and tomorrow's teenagers are bred on television and computer games and have passionless pop stars, thuggish sportsmen and dishonest, hypocritical politicians as role models.

Healthy Drinking

Question

How much water do I need to drink? Do you think it is possible that a failure to drink enough water could cause headaches and tiredness?

Answer

Relatively small amounts of dehydration can cause lethargy and headaches. Those who regularly drink too little are at risk of developing problems with their brain, kidneys, digestive system and heart. Remember that the amount of blood you have circulating in your body is dependent upon the amount of water you have drunk. If you drink too little then the amount of blood in your body will go down and there will be less blood to take food to the organs – and less blood to remove waste products.

It isn't enough to wait until you feel thirsty. By the time you feel thirsty you are already slightly dehydrated. Keep topping up with fluids throughout the day. A couple of litres of fluid a day is a sensible minimum. I recommend three litres a day. In hot climates or hot weather you will probably need more. Remember that drinks containing caffeine (such as tea or coffee) and alcohol don't count as fluids since they can actually cause your body to excrete more urine (and, therefore, lose fluid).

Cocaine and Tobacco

Question

Which do you think is the most dangerous drug

– cocaine or tobacco? My friends and I have been having an argument about this.

Answer

Tobacco is more addictive than cocaine and it kills far more people. Our politicians worry a great deal about the import of cocaine and other drugs into this country, but they care little and do less to halt the far more deadly export of tobacco into the nations of the Third World. Indeed, tobacco companies and their executives are hugely rewarded and feted by the establishment. I have a suspicion that we would be mightily peeved if the government of Colombia handed out export awards and knighthoods to the most successful exporters of cocaine. There's a word for this sort of attitude. The word is 'hypocrisy'.

Vaccines

Question

Do you think that the popularity of vaccine programmes could explain the apparent rise in serious but previously unknown illnesses among small children? Cot deaths, autism, dyslexia and many different types of cancer seem to be getting ever commoner. Do you think vaccines could be responsible?

Answer

I firmly believe that if the vaccine programme continues – and is encouraged to grow – we will see many new illnesses. And I believe that illnesses that hardly existed a generation or two ago will become commonplace.

Having studied vaccines and vaccination programmes for over two decades my fears about them fall largely into three categories. First, the immediate side effects concern me. Some of these are serious (such as brain damage and, possibly, cancer) and some are mild. Second, I am concerned about the possible damage all these vaccines might do to the immune system. Many children now have thirty vaccines before they reach adulthood. What sort of effect do all those vaccines have on the human body? Third, I am worried about the fact that vaccines might be interfering with a normal part of the growing process – the exposure to all the usual

childhood illnesses, most of which are relatively harmless. Are those childhood illnesses essential for the healthy development of the immune system? Do vaccines interfere with that process? I suspect they might.

There is also the risk that vaccines might change the normal way in which infections affect the human body. The average age of individuals contracting measles seems to have risen since the introduction of the measles vaccine and atypical measles (an exceptionally dangerous form of the disease which is difficult to treat) is becoming more common. What new strains of diseases are we introducing by using vaccines so recklessly?

Genetic engineering

Question

I think you're wrong about genetically engineered food. Our governments would not be so enthusiastic about genetic engineering if they did not know that it was both safe and effective. I have read several articles in newspapers and magazines explaining just how useful genetic engineering can be. As a result of what I have read I think that genetic engineering will help reduce poverty, protect the environment and do away with starvation.

Answer

I wish I had your trusting nature and your faith in the honesty of our politicians. Sadly, I've been investigating health issues for far too long to have retained my innocence. It is my experience that politicians sell out to the highest bidder.

I was horrified to see Blair recently taking sides with his boss Clinton when America's senior oral sex expert opposed the European Union's caution over genetically modified food. Clinton said he was convinced the produce was safe on the evidence he had seen. Blair agreed with him. What a pair. There isn't any evidence showing whether or not GM food is safe or deadly. American diplomats, displaying a level of stupidity remarkable even for American government employees, have called the European attitude (wanting to ban genetically modified food on safety grounds) 'protectionism in

disguise'. Meanwhile one big seed manufacturer, and GM proponent, has announced that its food manufacturing subsidiary won't be using GM food while another has banned GM food from a staff canteen run by an independent caterer at one of its British offices.

I also wish that I had your faith in the honesty of newspaper editors and proprietors. If you believe what you read in the press (or hear on TV or radio) and do not suspect that the people who decide what to let you read or hear have hidden agendas then you are innocent indeed. The problem today is that there are just too many people around who have a vested interest in manipulating the facts and distorting the truth to suit their own commercial purposes. Media organisations need attractive saleable news which supports the business aims and needs of other subsidiaries. Any similarity to the truth is a coincidence.

There are a number of quite specific reasons why genetic engineering will not do the things you claim it will do. Here are just a few of those reasons:

- ❖ Putting insecticides into plants (as genetic engineers do) is dangerous. Pests rapidly develop resistance to the insecticide in the plant. There is a risk that if all farmers use the same genetically engineered seeds then a single new pest could cause a major world-wide food shortage.
- ❖ Genetically engineered seeds don't increase crop yields. Genetic engineering is done for profit. It is naive in the extreme to imagine that it is done to help eradicate poverty or to prevent poor people from starving to death.
- ❖ There is plenty of food around in the world. Just look at the food mountains (and lakes) in the European Union. The problem is that many people in the world are too poor to buy food while some people are absurdly greedy and eat far too much (making themselves obese and ill in the process). Food distribution is poor and the infrastructure in some countries means that even when food is donated it cannot easily be distributed to those who need it most. Greed, dishonesty and corruption are also significant problems which genetic engineering will not affect.

- ❖ In poor countries the high cost of genetically engineered seeds (and the fact that big companies – mostly American – have patented seeds which have been freely used by generations) means that poverty will increase not decrease.
- ❖ No one knows what bad effects genetic engineering will have on the environment. But the early research which has been done suggests that it is almost certain to have some bad effects. The only thing which is certain is that genetic engineering isn't going to have any good effects on the environment.

To all this we must add the fact that there simply isn't yet any evidence to show that genetic engineering is safe. This is, potentially, one of the biggest hazards ever to have faced mankind – and is, in my view, far more of a threat than nuclear war.

Finally, the evidence shows that the shortage of food in the developing world is matched by an excess of food in the developed world. If the food surpluses were moved from the north to the south of the globe there would be far less obesity (and obesity-related disease) in the developed countries and no hunger in the developing world.

Talk about a need for new genetically engineered crops to help combat hunger and starvation is also nonsense. Between 30 and 40 of the nations where there is most hunger export food to the US so that people who already eat too much can continue to eat hamburgers.

Farmers – often in the Third World – have already shown that they can dramatically improve their output if they are given a little help in combating drought and other difficult conditions. In Latin America when soil conservation programmes and organic farming methods were introduced yields were tripled or quadrupled within a year. Years of agrochemical use and poor land husbandry has led to declining soil quality (and, therefore, declining food quality). But organic farming does work and we can produce the food we need without chemicals.

Brain food

Question

I want to keep my brain active and healthy into old age. Do you have any tips?

Answer

- ❖ Eat plenty of fresh fruits and vegetables
- ❖ Eat plenty of whole grains and avoid fatty foods
- ❖ Avoid foods and products which contain aluminium (read labels to find out which foods and products contain it).
- ❖ Don't drink too much alcohol – that is a major cause of dementia.
- ❖ And, most important of all, stay as busy and as active as you can. The brain needs exercise. If you let it atrophy it will work less efficiently. If you give it regular workouts then it will be more likely to stay in good shape.

I'm preparing a major feature on how to live longer and stay younger. I hope this will appear in VCHL shortly.

Fennel

Question

Is it true that fennel can be useful as a treatment for irritable bowel syndrome? If so, how should one take it?

Answer

Fennel is a traditional aid to digestion and can ease intestinal cramps and colic. It's effective in the treatment of wind, bloating, flatulence and belching and has an antispasmodic effect too. You can eat the stems or the fronds or you can eat the seeds (but no more than a teaspoonful a day). You can also drink fennel tea. Women who are pregnant should not consume fennel as it mimics the female hormone oestrogen and may stimulate uterine contractions.

Antiseptic ointments

Question

A friend who works in the health service told me that antiseptic creams which contain local anaesthetics do more harm than good and should all be thrown into the bin. Can you explain this advice?

Answer

The best way to prevent a cut, graze or other minor skin lesion becoming infected is to clean it thoroughly. And that usually means lots and lots of fresh, running water. Spots and other small sites of infection are often best left alone – since they usually burst in the end. Antiseptic creams and ointments probably don't do a great deal of good. But, used sparingly and sensibly, they probably don't do a great deal of harm either.

Update

- ❖ **The future:** 'Discoveries in genetic engineering, robotics and molecular level engineering will soon make it possible for terrorists to unleash mayhem far more dangerous than the nuclear threat,' says Bill Joy, chief scientist for Sun Microsystems Inc. 'These technologies are going to create a quadrillion dollars of wealth in the next century. But we do have to deal with the risks. The future is rushing at us at incredible speed and people just haven't thought it through.'
- ❖ **Tobacco:** According to the World Health Organization, one in five children in developing countries is now a smoker. The tobacco companies of the world will undoubtedly

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regard this as a great success. Their commercial future in the developed world is limited by regulations on advertising and by massive lawsuits, but their commercial future in the developing world seems unlimited and offers huge profits for the future. One of the great scandals of the 20th century was that while tobacco companies were being sued in the developed world for the damage they had done to human health they were, at exactly the same time, still promoting their products in the developing world. To a certain extent they were using marketing techniques which had proved so successful in the developed world in the 1950s and 1960s – and which had been outlawed or banned in the developed world. It looks as though that scandal is going to continue well into the 21st century.

❖ **Biotechnology forecast:** In Australia, one of the world's leading advocates of biotechnology has warned farmers that consumer resistance to genetically modified foods will last less than ten years. According to the *Sydney Morning Herald*, former senior US agricultural bureaucrat Dr Val Giddings (now vice president for food and agriculture at the Biotechnology Industry Association) has warned Australian farmers to hedge their bets if they believe they can get a premium for selling non-genetically modified foods.

Giddings apparently told farmers that despite consumer resistance to GM foods they would be wrong to think that GM free status would ever be worth money. (Presumably the idea of doing something for anything other than money doesn't occur to someone working for the biotechnology industry).

The Biotechnology Industry Association spokesman apparently believes that the advantages of biotechnology will quickly sweep away any opposition.

He allegedly predicted that in a couple of decades' time people will go to a doctor, have a blood test and will then be given 'prescriptions for "improved" carrots or strawberries which will contain nutrients that will help forestall the onset of diseases such as Alzheimer's and cancer.'

Giddings is reported to have claimed that functional foods (also known as nutraceuticals) would start to appear within three years. Remarkably he claims that anti-cancer broccoli would be the first. (I'm not sure whether the irony here was intended or not. Broccoli is, of course, one of the vegetables which naturally contains a powerful and effective anti-cancer ingredient.)

'You could see one field of wheat or potatoes used to produce the world's blood clotting agents to treat all haemophiliacs and it will be worth \$10 million harvest,' said Giddings, presumably hoping that farmers will be so excited by the prospect of earning such big money that they won't stop to work out that if a one acre field produces enough nutraceuticals to treat every haemophiliac in the world, all the other farmers who hoped to get in on the act would be left out in the cold.

Giddings warned that a moratorium would perpetuate obsolete farming practices.

I find it worrying that people like Giddings are out and about in the community. In my view they should be locked up and the people who think they are teapots should be let out.

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'The proper function of man is to live, not to exist. I shall not waste my days in trying to prolong them. I shall use my time.'

JACK LONDON