

Our guide to strength training, p.4



UNIVERSITY OF CALIFORNIA, BERKELEY

Wellness Letter®

THE NEWSLETTER OF NUTRITION, FITNESS, AND SELF-CARE

From the School of Public Health

www.WellnessLetter.com

Volume 20, Issue 8

May 2004

Is it true what they say about decaf?

Most people who drink decaffeinated coffee do so because it doesn't make them jittery or keep them awake. But some believe it's better for them than regular coffee—even though coffee has been cleared of nearly all health charges, and may actually be beneficial. Is decaf somehow healthier than regular coffee? Or does the decaffeination process itself represent a health risk? On the other hand, many Americans are drinking tea because they've heard how healthy it is. If they drink decaf tea, they may wonder, do they get the health benefits? Here are answers to these and other questions.

How much caffeine does decaf contain?

It must have at least 97% of the caffeine removed. That leaves about 5 milligrams, compared to the 100 to 150 milligrams in 6 ounces of brewed coffee. Tea starts with much less caffeine, so most decaf tea has even less caffeine than decaf coffee.

How is coffee or tea decaffeinated?

There are three methods to extract the caffeine: using organic chemical solvents (methylene chloride or ethyl acetate), carbon

dioxide, or the water method (also known as the Swiss Water method). Since ethyl acetate is derived from fruit, coffee decaffeinated via this solvent is sometimes described as "natural" decaf. Some coffee or tea processors use different methods for their various products.

Is one type of decaf preferable?

No. Over the years there have been worries about decaf processed with methylene chloride because studies had found that this chemical caused cancer when inhaled by lab animals (which is why it was banned in hair sprays). But there was no carcinogenic effect when the animals drank the chemical. In any case, the residue in decaf is virtually nil, and there's no evidence of any danger for humans drinking decaf. The FDA has approved the compound for use in decaffeination. Many companies, including Starbucks (except for its decaf mocha java), use methylene chloride because consumers tend to prefer the taste compared to, say, water-filtered decaf, which usually tastes blander.

Does regular coffee pose any health risks?

Coffee has been blamed for causing many ailments, but in nearly every instance it has been declared not guilty, as we have reported over the years. It was linked to heart disease and pancreatic cancer—but then exonerated. Some researchers still worry that coffee drinking may promote hypertension; most studies, however, have found no such effect. A few studies have suggested that large quantities of coffee (regular or decaf) can boost blood cholesterol slightly, but most research has found no increase in cholesterol or cardiovascular risk. One exception: drinking five or more cups of unfiltered coffee, brewed in a French press (a pot with a plunger), raises cholesterol. The great majority of Americans and Canadians, however, drink filtered coffee.

Caffeine actually has potential benefits. Besides boosting alertness, it has an analgesic effect, which is why it is added to some pain relievers. Several studies also suggest it helps prevent Parkinson's disease. A Finnish study in the *New England Journal of Medicine* in March found that coffee may reduce the risk of Type 2 diabetes. And there's preliminary evidence suggesting it may help against gallstones and dental cavities.

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Wellness facts

■ **Some women blame oral contraceptives for weight gain, but there's no evidence for this**, according to a review of 42 studies on the subject, which appeared in *Obstetrics and Gynecology* in February. If there is such an effect, it is small and may be due to short-term water retention. Similarly, last year a study at Pennsylvania State University found that Depo-Provera, an injected form of progestin, does not cause weight gain in the first three months of use.

■ **American women are consuming 335 more calories a day than they did 20 years ago**, and men an extra 170 calories a day, according to the latest government statistics. Almost all the extra calories come from high-carbohydrate foods such as sugary snacks and soft drinks. Fat intake has remained about the same. But fat provides a smaller percentage of our daily calories now than it did two decades ago, simply because of the rise in total calories.

■ **Sunscreens do not increase the odds of developing melanoma**, the most dangerous type of skin cancer, despite some research that suggested it might. A new analysis of 18 studies found that sunscreens do not boost the risk—nor do they reduce the risk. However, sunscreens do protect against other forms of skin cancer. And the researchers noted that all the studies used older forms of sunscreen, and that today's improved products may protect against melanoma.

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What about decaf—does it pose any risks?

Though decaf has been less studied than regular coffee, it too has been the focus of several health scares that have so far not panned out. For instance, a recent study of women in Iowa found that those drinking four or more cups a day of decaf had an elevated risk of rheumatoid arthritis, but a more recent study from Harvard found no such link.

Decaf can, however, have some of the same effects on the body as regular coffee. It too can cause heartburn or irritate stomach ulcers in susceptible people. And oddly enough, even without the caffeine, it too can stimulate the nervous system and briefly boost blood pressure in those unaccustomed to coffee, according to Swiss researchers. But coffee, decaf or regular, does not cause hypertension.

Is decaffeinated tea as healthful as regular?

No one knows. The studies suggesting health benefits have looked at people who drink a lot of regular tea, not decaf. The benefits apparently come from antioxidant compounds called flavonoids. Decaf tea generally contains less of these, though flavonoid content varies widely among teas, so it is hard to predict. The levels also depend on how the tea was processed. Moreover, not all types of flavonoids are lower in decaf tea, and it's not known which ones are most important. A few studies suggest that decaffeinated teas do have potential anti-cancer effects. For instance, one study found that smokers who drank four cups of decaffeinated green tea daily for four months had significantly reduced DNA damage, as shown by urine tests. Another study gauged the total antioxidant capacity of various teas and found that some decafs rank higher than some regular teas.

On the horizon: Coffee plants are now being genetically engineered to have 70% less caffeine. But it will take another four to five years for the plants to mature and produce beans. And it's not known whether coffee from these beans will taste better or worse than today's decaf.

The antibiotics surprise

The cause or causes of breast cancer remain uncertain—and thus a recent study that linked antibiotics and breast cancer got a lot of coverage in the press. Antibiotic use is so common that many women would have trouble counting up how many prescriptions they've had. Women take antibiotics for infections of the respiratory system and urinary tract, as well as for acne and rosacea, to

name a few uses. Should women now refuse to take antibiotics? Should they have never taken them? What does all this mean?

The research appeared in the *Journal of the American Medical Association* in February. It was a well-designed study of 2,266 women with invasive breast cancer and 7,953 healthy "controls," enrolled in a large nonprofit health plan in Washington state. Antibiotic use was verified by computer records. The higher the antibiotic use, the higher the risk of breast cancer, even when factors known to affect the risk of breast cancer (such as age and family history) were taken into consideration. On average, breast cancer risk was 50% higher for antibiotic users, and the heavier the use, the higher the risk. (Note: antibiotic creams were not tested—only oral antibiotics.)

What does it mean?

Nobody knows how—or even if—antibiotics might increase the risk of breast cancer, but here are some theories. Antibiotics might kill off intestinal bacteria that neutralize potentially cancer-causing substances. The trouble with this idea is that some antibiotics kill off very few intestinal bacteria, and some kill many of them. Or—another idea entirely—frequent antibiotic use might indicate that a person had frequent or chronic infections. Chronic inflammation (usually caused by infection) has been linked to some cancers, including breast cancer. Or chronic infections might be a sign of weakened immunity—which may also increase susceptibility to cancer. Finally, perhaps the disorders for which the antibiotics were prescribed, rather than the drugs themselves, somehow boosted the risk of cancer.

Yes, the study is troubling. But there's no reason to be alarmed or to refuse antibiotics when you need them. Here's what you need to keep in mind:

- It is important to remember, as the researchers emphasized, that this research is preliminary and needs confirmation. One earlier observational study did come up with similar findings.

- This study found an association between antibiotic use and breast cancer, but that doesn't necessarily mean that the drugs caused the cancer. Hidden variables or "confounders" may have affected the findings. The women who took antibiotics differed from those who did not; for instance, they were older, heavier, and better educated. The researchers adjusted for such factors, but other important differences may not have been accounted for.

- There's no clear explanation for how antibiotics could increase the risk of breast cancer. The proposed theories leave us with more questions than answers.

- In any case, there's no doubt that antibiotics are overused in

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The *University of California, Berkeley Wellness Letter* (ISSN 0748-9234) is published monthly by Health Letter Associates. Helen Mullen, Publisher; Michael Goldman, Editor; Shirley Tomkiewicz, Writer; Dale A. Ogar, Managing Editor; Jeanine Barone, M.S., Sports Medicine and Nutrition Editor; Tom Damrauer, M.L.S., Chief of Information Services; Tim O'Brien, Circulation Manager; Jerry Loo, Product Manager; Joan Mullally, Business Development; Rodney M. Friedman, Founding Publisher and Editor. Subscription price (12 issues), \$28 per year in U.S., \$36 plus 7% GST in Canada (Canadian funds), GST Number 126230994, \$39 (U.S.) per year foreign. Known office of publication: 5 Water Oak, Fernandina Beach, Florida 32034. Please address editorial correspondence, reprint requests, and bulk-subscription inquiries to Health Letter Associates, PMB 157, 2018 Shattuck Avenue, Berkeley, CA 94704. Subscription information, inquiries, and problems: P.O. Box 420148, Palm Coast, Florida 32142 (telephone 386-447-6328). If you do not want your name passed on to companies for the purpose of receiving marketing offers, tell us by writing to the *Wellness Letter*, P.O. Box 420235, Palm Coast, FL, 32142 and we will be pleased to respect your wishes.

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International Publications Mail Agreement #40031451. Canadian return address: *University of California, Berkeley Wellness Letter*, P.O. Box 39, Norwich, Ontario N0J 1P0.

POSTMASTER: Send address changes to *University of California, Berkeley Wellness Letter*, P.O. Box 420148, Palm Coast, Florida 32142.

This newsletter is not intended to provide medical advice on personal health matters, which should be obtained directly from a physician.



this country. Some patients ask for them whenever they have a cold or sore throat, and some doctors prescribe them almost on demand. *Here's advice we've given before: don't take antibiotics unless you know they are necessary. They do not kill viruses (such as those causing colds or the flu), only bacteria. Never take them just for "good measure."* If there are other options available, try them first. For example, other drugs may relieve acne.

Final thoughts: The search for the causes of breast cancer, and possibly other cancers, is ongoing. This new study has no immediate practical application, but it does provide new and possibly fruitful avenues of investigation. Meanwhile, our advice remains the same: begin having mammograms at age 50, or earlier if your doctor advises. And take antibiotics only when necessary.

DWID—driving when it's dark

No one sees as well at night as in the day, but this is seldom a problem unless you're driving at night. "Night myopia," which makes road signs and other objects look blurry in very low light, is fairly common among young adults. However, it can also occur in older people. This is partly a matter of focus, partly a matter of poor recovery time from glare, and other factors.

Some people who wear glasses opt for a second prescription for night driving. This may be helpful for pilots, truck drivers, and sailors who work at night, but not all eye doctors think this is advisable or necessary for the typical driver. Some may need a different prescription, others only an anti-reflective coating, while others need nothing.

Still another remedy proposed for poor night vision is tinted lenses—yellow, amber, or orange. These are supposed to improve contrast, but they may actually intensify glare. Any tint cuts down

visual acuity. The American Optometric Association does not recommend tinted lenses for night driving. Windshield tints cut down visibility as well. Blue lights inside the car have also been suggested, but these definitely make matters worse.

Better options for night driving

- An anti-reflective coating on your regular glasses may help minimize glare. An optometrist or optician can supply this coating. It won't work miracles, though.

- Improved highway lighting and such features as reflective paints on roads, rumble strips on the shoulders, and other aids have made night driving safer. Try to stay on Interstates and other well-lighted roads at night. Save country drives for the daytime, and if you must drive on dark two-lane roads, use your high beams (except, of course, when a car is coming).

- Keep windshields, mirrors, and headlights clean. In muddy or slushy conditions, pull off the road occasionally and clean up. Use your defroster to keep windows from fogging. Make sure there's cleaning fluid in the wiper reservoir. Replace a scratched or cracked windshield. Some states will require you to do this anyway before your next renewal inspection.

- Bright headlights can be blinding, whether on the opposite side of the road or in the rearview mirror. If somebody with bright lights is tailgating you, especially a truck or SUV with multiple high headlights, move into another lane or pull over to the right and let him pass.

- Don't forget to remove your sunglasses when it starts to get dark. Don't wear them at night to reduce glare.

- If you are having problems driving at night, have your vision checked. Try to limit your driving to daylight hours.



Speaking of Wellness

Bodies in motion

An ad on the radio these days tells me that if I want to improve my health, my best bet isn't to eat a good diet and get regular exercise, but to purchase an expensive brand-name Swedish mattress and lie down on it. Are there people out there who believe this? Apparently many do think it's better to lie down than be active, better to drive than to walk, better to take the escalator than the stairs. Well, consider this a counter-commercial for all that.

You may think of "stress" as something undesirable, but your body needs physical stress. That's what builds strength and endurance and improves flexibility—those abstract qualities that enable you to hurry through the airport to catch your plane, lift the groceries out of your car, do the gardening, function well at your job, care for your family. Physical activity keeps the heart and bones strong, builds muscle, and improves lung capacity, among other things.

Regular exercise has been a pleasurable part of my life for many years. I like the gym. I use an elliptical trainer or treadmill for half an hour (listening to books on tape) a few times a week, and then I lift some weights for 15 minutes (for a guide to strength training, see page 4). I'm not trying to build big biceps, and though I may yearn for washboard abs, I know I'm unlikely to get them. I like to exercise after work, on the way

home. It's not tiring—quite the opposite. Rather than using up my energy, it energizes me for the evening. Exercise may stress the body, but it de-stresses the mind. *Mens sana in corpore sano*, as the Romans had it. A sound mind in a sound body—the one supports the other.

But you don't need a gym or health club. There are simple exercises you can do at home, using chairs, light weights, or whatever is at hand. You can walk outdoors or at the mall.

It's never too late to begin—study after study has shown that older people benefit from strength training. And it's never too soon. If you're a busy young adult in pretty good shape, exercise will help you get in better shape and keep you that way. It may seem hard at first, but once you get over the hump, you won't be able to do without it. As the marketers try to sell us mattresses instead of walking shoes, and burgers instead of broccoli, they also peddle a huge range of "anti-aging" products—everything from cosmetics to supplements to hormones. In fact, if you want to stay young, or become younger than your years, exercise is the answer. It's the closest thing there is to an anti-aging product.

John Swartzberg, M.D., Chair, Editorial Board

Why everyone needs strength training

Can you pick out the three true statements below?

1. A woman needs an entirely different strength training program from a man.
2. Lifting weights is only for the young and fit. If you're over 60, it's too risky.
3. Strength training can help improve blood cholesterol levels.
4. To get any benefit, you have to spend at least 45 minutes lifting weights five days a week.
5. Strength training can help with weight control. And even if you shed no pounds, you'll be trimmer and fitter.
6. Strength training can help prevent or reduce low-back pain and arthritis pain.
7. Lifting weights turns body fat into muscle.

The true statements are 3, 5, and 6. The others are misconceptions or myths.

Here are a few facts about strength training:

- It involves lifting free weights such as barbells, working out on weight machines, or working against other forms of resistance, such as elastic bands.

- A reasonable program using moderate resistance won't make you look like the governor of California. But it can improve your appearance.

- While strength training can't turn fat into muscle (that's impossible, since fat and muscle cells are completely different in composition), it does burn calories and thus helps you shed body fat. A half-hour workout, on average, burns 200 calories. In addition, strength training builds muscle, and muscle burns more calories than fat does.

- Strength training not only builds strong muscles, but also increases bone density.

- Women especially can benefit from strength training, since they are more prone to thinning bones (osteoporosis). A strength-training program should be designed to meet your needs and fitness level. Gender has little bearing on the matter. There is something for everybody, even frail older people or those suffering from chronic conditions.

- Weight training is a good way to get started on a fitness program—provided you have sound advice. People who engage only in aerobic exercises such as brisk walking, cycling, swimming, and running can further benefit from weight training.

- A strength-training program can take very little time. Most of the benefit comes from two or three 15- to 20-minute sessions a week.

- Findings from scientific research overwhelmingly support the benefits of strength training. Researchers have found that it reduces blood pressure and waist-to-hip ratio, as well as improving daily physical functioning and blood cholesterol levels.

- Strong muscles improve your quality of life. It's particularly important for athletic performance. And if you aren't an athlete, it's still wonderful to be able to tote a bag of groceries with ease, stow a suitcase in the overhead bin on a plane or train, or carry a child in your arms.

- It's never too late to get started. Studies with even frail 90-year-olds have shown benefits. Stronger muscles help prevent

falls and preserve independence and self-confidence.

- You do need to continue to walk, run, swim, or cycle. Those are the activities that strengthen a very important muscle—your heart.

How risky is strength training?

Some sports-medicine experts have expressed concern lately about the risks of workouts using heavy weights. Overexertion can cause blood vessel walls to balloon out, and in rare cases can lead to a stroke. But if you follow the exercises on the opposite page and use light to moderate weights, or if you get instruction from a trainer, strength training is safe.

If you are 35 or older or have any health problems, ask your doctor before you start. If you have uncontrolled high blood pressure, any kind of heart or back problem, arthritis, or a family history of aneurysm or heart disease, or if you are recovering from an injury, a medical professional may advise you to wait until your problems are under control. And it is a good idea to make sure that any program you undertake is tailored to your needs—no matter how old you are or how good your health.

The easiest and safest way to learn strength training is at a gym, health club, or the local Y. But don't simply join without checking things out. Tour the facility; ask for a guest pass. Look for trainers and instructors with certification from the American College of Sports Medicine, the American Council on Exercise, or the National Strength and Conditioning Association, for example. Tell your prospective trainer what your goals are and what physical problems you may have. If possible, get some feedback from members. Most gyms are happy to welcome sedentary older members and will design appropriate programs for them. A good gym will give you an hour or more of free one-on-one orientation. You may wish to pay a trainer to work with you after that.

Workout tips

- ✓ If you decide to work out at home or at a gym (alone or with a partner), the exercises at right are a good way to get started.

- ✓ Start slowly, with light weights. Over time, increase the repetitions as well as the weight.

- ✓ A "set" consists of 8 to 15 repetitions. Doing one set is beneficial, but you can work up to two or three sets. Rest for a minute between sets.

- ✓ Work slowly and smoothly. Lower the weights in a controlled manner. Avoid locking your knees or elbows or arching your back.

- ✓ Exhale while you lift and inhale when you bring the weight down. Don't hold your breath. Breathe evenly.

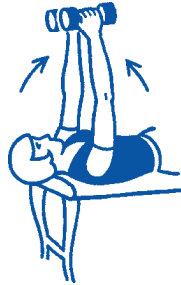
- ✓ Lifting weights should not be effortless. The goal is to tax your muscles somewhat. But don't overdo it.

- ✓ If you feel breathless or exhausted, stop. Mild discomfort or awareness of exertion is okay, but pain is a sign to stop. "No pain, no gain" is poor advice, whether you're running or lifting weights.

The Wellness Workout

The following is a basic 20- to 30-minute strength-training workout. Read the guidelines on page 4 before starting. We are providing one exercise for each major muscle group; there are many variations, and you may wish to add others.

Bench fly, for chest (pectorals). Lying on a bench, hold weights straight up over your chest, with elbows slightly bent. Slowly lower your arms in a semi-circular arc until weights are level with your chest, or slightly lower. Reverse the movement, bringing weights over your chest. Repeat.



Lateral raise, for shoulders (deltoids). Standing with your feet shoulder-width apart and knees slightly bent, hold dumbbells at your sides at thigh level. Slowly lift the weights out to the sides to shoulder level; keep elbows slightly bent. Slowly lower, and repeat.



Upright row, for upper back (trapezius), shoulders, and arms. Standing with your feet shoulder-width apart and knees slightly bent, hold dumbbells side by side at thigh level (palms toward thighs). Slowly pull them up to your collarbone, until elbows are just above shoulder height. Slowly lower, and repeat.



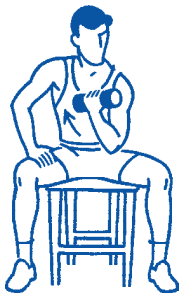
Curl down, or negative sit-up, for midsection (abdominals). Start by sitting with your knees bent, feet flat, and arms reaching forward. Slowly lower yourself to the floor to a count of 10. Sit back up (using your arms, if necessary), and repeat.



Triceps extensions. Supporting one knee and hand on a bench or chair, hold a weight at the side of your chest, keeping your arm bent so that your elbow is behind you. Without moving the elbow, extend your arm behind you. Return to starting position; repeat. Switch arms.



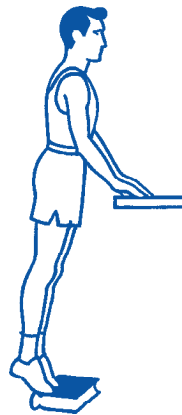
Curls, for biceps. Sit leaning forward with your legs slightly spread and one hand on your thigh. Keeping the other elbow on the other thigh, hold a weight so that your forearm is horizontal. Slowly curl the weight up and in toward your chest; repeat. Switch arms.



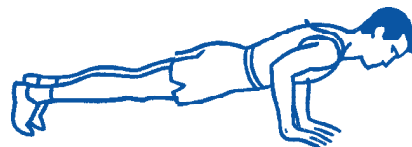
Dumbbell squats, for buttocks, quadriceps, and hamstrings. Holding dumbbells (with palms inward), stand with feet hip-width apart; don't lock knees. Keeping your weight on your heels, contract your abdominal muscles and bend your knees, lowering your upper torso. Don't go lower than the illustration shows. Slowly straighten up; repeat.



Heel raises and dips, for calf muscles (soleus and gastrocnemius). Standing with the balls of your feet on a thick book or step, slowly rise on your toes, then lower your heels as far as you can. Repeat. Use your hands for balance, not support.



Step-ups, for buttocks, quadriceps, hamstrings, and calves. Stand facing a 9- to 14-inch step (depending on your height). With hands on hips, place right foot in center of surface, so your right knee is directly over the ankle. Leaning forward slightly, slowly lift left foot and tap top of step with ball of left foot. Slowly return left foot to ground. Repeat, then switch legs.



Push-up #1. Place hands slightly wider than shoulder-width; keep feet together, with knees locked. Start with elbows straight, but never locked. Bend your elbows to lower your body, and try to bring your chest to within an inch of the floor. Keep your body in a straight line, from head to ankles, throughout the movement. Move up and down slowly, with abdominal muscles tightened. Repeat.



Push-up #2 (easier version). Same as above, but keep your knees on the floor and feet raised. Don't put your weight on knee caps, but rather just above them; you can use a cushion. Don't arch your lower back. Lower, lift, and repeat.

Drawings by Susan Blubaugh

Is virtual colonoscopy for real?

By now, most readers of this newsletter know that screening for colon cancer saves lives. Yet only about one-third of Americans who should be screened have actually had any kind of test. The most accurate test is a colonoscopy. But the prep for the test (fasting and purging) is unpleasant, and you need sedation while the endoscope (which actually “sees” your colon wall) is inserted. Yet paradoxically the demand is so high that clinics in some areas cannot keep up with it. Unless you have symptoms, you may have to wait months if you live in certain cities.

You may have heard a lot lately about virtual colonoscopy—a misnomer, actually, which implies that the examination is not quite real (like “virtual dating” on the Internet). It should probably be called CT colonography, because the “virtual” part is that the colon is surveyed by X-ray and video screen, rather than a scope. This sounds like a big improvement to most people, but until lately CT colonographies had never been shown to be as accurate as the conventional kind. Then in December, in the *New England Journal of Medicine*, Dr. Perry Pickhardt and his colleagues reported that virtual colonoscopy (we’ll stick with the better-known term) could detect as many precancerous and cancerous polyps in the colon and rectum as conventional colonoscopy. “Is it ready for prime time?” asked the accompanying editorial. “Maybe” was the answer, but more research will need to be done.

Which would you pick?

Here’s how conventional and virtual are alike and different:

- To prepare for either test, you have to fast and take laxatives. People often dread this more than the test itself.

- For both tests, a tube must be inserted into the rectum so that the colon can be inflated with air. For virtual colonoscopy, you receive no sedation. For conventional colonoscopy, you are given “twilight” anesthesia to make you comfortable; you may not even remember the test afterward.

- Except for the tube, a virtual colonoscopy is noninvasive. Instead of exploring your colon with a scope, the physician uses “computed tomography,” that is, X-rays plus a computer program that displays the images. In the Pickhardt study, a new technique turned the images into three-dimensional displays, and this accounted for the improved accuracy of the test, as compared with older methods producing flat pictures. (The study called this a “fly-through” tour of the colon, which may be more entertaining for the doctor, at that moment, than for you.)

- Virtual is quicker. The examination itself takes only 10 to 15 minutes, with another 15 to 30 minutes for interpretation of the findings. Afterwards, you can drive yourself home. The conventional colonoscopy takes from 30 minutes to an hour, and you need an hour or so to recover from the anesthesia. You’re required to have someone take you home.

- Like any CT scan, virtual colonoscopy exposes you to X-rays. The conventional type puts you at risk (a very small risk) for perforation of the colon.

- But—and this is a big but—insurers don’t pay for virtual colonoscopy. A virtual colonoscopy generally costs \$600 to \$1,000; the conventional kind, \$600 to \$2,000. Price is a big deterrent for most people, since insurers, including Medicare, are not yet convinced they should cover the new test.

- Two other potential drawbacks: In a conventional colonoscopy, polyps can be removed in the course of the exam, but if the virtual test finds a suspicious polyp, you’ll then need a

conventional colonoscopy to remove it. Dr. Pickhardt envisions a day when this could be done immediately, by a different set of technicians. And if the virtual test detects only very small polyps, which would simply be removed during a regular colonoscopy, the doctor might advise waiting for a few years for another test, which could cause anxiety for some people.

Do something, not nothing

Dr. Pickhardt reported that 70% of his patients liked the virtual colonoscopy better than the conventional kind, but only half said they would do it again. Many of us would prefer a test that detects and removes suspicious polyps in a single procedure.

For the moment, your best bet is to talk matters over with your doctor. Both kinds of colonoscopy have their pluses and minuses. The important thing is to be screened for colon cancer, which kills more Americans than any other cancer except lung cancer. There are other good tests, including sigmoidoscopy and that old standby, the fecal occult blood test (that little card you smear with a stool sample and send to a lab). Whatever you do, though, don’t be fooled by the “virtual colonoscopies” offered by centers doing whole-body scans. These are not up to the standard of the method used in the Pickhardt study.

Water, sodium, potassium: the verdict is in

We should worry less about water and more about sodium and potassium, according to a major new report from researchers at the U.S. government’s Institute of Medicine, working with Canadian scientists.

Water, water everywhere

It is a myth that you need eight glasses of water a day. Some readers scolded us when in the past we said this was a myth. But the new report confirms it. People normally get enough fluids by drinking when they’re thirsty. And other beverages besides water (including caffeinated ones), as well as foods (such as fruits and vegetables), help meet fluid needs. **The new advice:** let thirst be your guide. The only time you need to make an effort to drink is when you are very physically active or if you are outdoors when the weather is very hot or cold.

Salt: aim even lower

We consume way too much sodium—that’s old news. But according to the report, we should be consuming even less sodium than was previously advised. For many people, this is a key to preventing or at least postponing high blood pressure. Reducing sodium intake may also help people control hypertension once they have it. **The new advice:** people aged 19 to 50 should consume just 1,500 milligrams of sodium a day (that’s the amount in about two-thirds of a teaspoon of table salt); those 51 to 70, 1,300 milligrams; and those over 70, just 1,200 milligrams. The report sets the upper limit at about 2,300 milligrams a day (a little more than a teaspoon of salt). *More than 95% of American men and 75% of American women (and nearly as many Canadians) exceed that limit.* Three-quarters of our sodium intake, on average, comes from processed foods and restaurant meals. A cup of canned soup typically supplies more than 1,000 milligrams; a Big Mac, 1,050 milligrams; an ounce of bacon (three strips), 570 milligrams.

Potassium: the good guy

Making the blood-pressure picture even worse, Americans consume far too little potassium (Canadians do somewhat better). Like

sodium, this mineral is an electrolyte—among other functions, it helps balance the acidity/alkalinity of the body’s fluids and helps control blood pressure. In industrialized countries, diets tend to be low in potassium and high in sodium; that may be one reason why most people here eventually develop high blood pressure. But in the developing world, where diets are rich in potassium and low in sodium, high blood pressure is nearly nonexistent. When people move from there to industrialized countries, however, their blood pressure rises, and the change in diet may be a factor in this.

The new advice: consume at least 4,700 milligrams of potassium a day. That’s at least three times more potassium than so-

dium. However, most Americans get only half that much potassium, and many consume *less* potassium than sodium.

Vegetables (especially leafy greens), citrus fruits, and beans are rich in potassium. Dairy products, fish, and nuts are also good sources—for a list, see page 8. These foods help keep us healthy in other ways, too. Don’t take potassium supplements, unless your doctor has recommended them. Supplements can supply dangerous amounts, resulting in abnormal heart rhythms.

Potassium-rich foods are a big part of the so-called DASH (Dietary Approaches to Stop Hypertension) diet—see our website to read about it. The DASH diet is most effective when combined with a low-sodium diet.

ASK THE EXPERTS

Q *What do you think about CortiSlim, the new weight-loss supplement?*

J.B., VIA THE INTERNET

A There’s no evidence that CortiSlim will lead to weight loss, or that it is safe. Now that ephedra has finally been banned, you can expect to see lots of alternative weight-loss products on the market—all untested and unproven.

CortiSlim contains calcium, chromium, vanadium, and a cocktail of herbs including banaba leaf extract, green tea extract, bitter orange peel, magnolia bark extract, and beta sitosterol. Green tea extract and bitter orange peel are common ephedra substitutes; they may work like ephedra and speed up calorie burning slightly. But they may also be dangerous, like ephedra, and there’s no research showing they lead to long-term weight loss. Beta sitosterol may lower cholesterol levels, but it would not cause weight loss. Magnolia bark is a folk remedy for countless ailments. In any case, who knows how much, if any, of these ingredients is in the supplement?

The main sales pitch for CortiSlim is that it will control cortisol levels in the body. It’s claimed that high levels of stress cause obesity, and that this hormone, which your body releases in response to stress, makes you store excess fat. Scientists have indeed been looking into the role of cortisol in obesity, but at this point it is still theoretical. In any case, there’s no evidence that CortiSlim will reduce cortisol, or that lowering cortisol causes weight loss.

“Who has high cortisol levels?” the ads inquire. Answer: anybody who experiences daily stress, gets fewer than eight hours sleep, and hopes to lose weight—at least 90% of the population. At \$50 for a month’s supply, that’s a pretty fat business. The CortiSlim website has lots of testimonials and before-and-after photos, and a “lifestyle expert,” Dr. Shawn Talbott, who claims to have done a lot of research. We could not find even one published study on CortiSlim.

Q *Is it dangerous to eat an entire apple, core and seeds included? What about other pits and seeds?* L.P., VIA THE INTERNET

A There’s no harm in eating an apple core—actually, it will give you extra fiber. Many seeds are both edible and nutritious. Like nuts, seeds have a relatively high fat content, and indeed many are grown mainly for their oil, which is generally unsaturated.

Some seeds or pits, specifically apple, apricot, pear, cherry, plum, and bitter almond, contain a minute quantity of a substance called amygdalin, which releases cyanide. This is not usually a health hazard. Though deaths from eating many apricot pits have been reported in small children, an adult would have to consume 50 to 70 apricot pits to get a lethal dose of cyanide. A few apple or pear seeds or a plum pit won’t hurt you.

Q *What do you know about the Chinese miracle lamp I see ads for? Does it relieve pain, cramps, and tennis elbow, as claimed?*

B.C., LINCOLN CITY, OREGON

A The Chinese “miracle” lamp is known by many names, including TDP (which stands for Te-ding Dian-ci-bo Pu), body spectrum machine, and health energy machine. It comes in freestanding and tabletop versions, priced at \$100 and up—often way up. It is essentially a heat lamp, emitting no visible light but—according to the manufacturers—certain infrared rays, created by heating a special mineral-rich clay in the lamp. These rays, it’s claimed, somehow mesh with electromagnetic waves said to emanate from the human body. Thus, the story continues, they can cure everything from muscle pain and thyroid problems to diabetes, asthma, and ulcers.

But there is no scientific research to back up these claims. One ad relates that the lamps were tested in a factory in rural China where workers were forced to stand in mud all day—but under the lamps’ rays. The re-

sult of the experiment: none of these workers complained of arthritis pain (they probably didn’t complain of much else, either). We did find a few references to beneficial effects of the lamps on earthworms, rabbits, and plants. But these “findings” are meaningless when it comes to humans.

The FDA has allowed these lamps to be marketed here because they are more or less the same as other heat lamps used to relieve muscle pain, but it recently directed at least one manufacturer to stop making medical claims.

Q *Is feta cheese higher in saturated fat than other cheeses?*

R.L., VIA THE INTERNET

A No, it’s somewhat lower. Feta is a sharp, salty Greek cheese made from sheep’s milk, and like any whole-milk cheese, it has a lot of saturated fat. One ounce has 6 grams of fat (mostly saturated), meaning that 70% of its 75 calories come from fat. But cream cheese is actually higher in total and saturated fat than feta. One plus for feta is that it’s usually used in small amounts—crumbled in a salad, for example. Because it’s soaked in brine, feta is high in sodium (315 milligrams in just one ounce, about one-fifth of the recommended daily intake). You can reduce the sodium by rinsing the cheese in water.

If you have a question you would like to see answered in the Wellness Letter, write to Ask the Experts, PMB 157, 2018 Shattuck Avenue, Berkeley, CA 94704 (or go to the Subscriber’s Corner at WellnessLetter.com). We regret that we are unable to publish answers to all questions or respond to letters personally.

Please address inquiries about new or existing subscriptions to the Wellness Letter Subscription Department, P.O. Box 420148, Palm Coast, Florida 32142 (or go to the Subscriber’s Corner at WellnessLetter.com). Subscription price is \$28 per year (\$36 Canadian funds).

Potassium power

A new government report (see page 7) recommends at least 4,700 milligrams of potassium a day to help prevent hypertension. Americans, on average, consume only half that much. Eat more of the following:

FOOD	POTASSIUM (mg)
Spinach, cooked, 1 cup	840
Potato, baked, with skin, medium	800
Sweet potato, baked, medium	700
White beans, 1/2 cup	600
Yogurt, nonfat, 1 cup	600
Halibut, cooked, 4 oz	600
Brussels sprouts, 1 cup	500
Orange juice, 1 cup	500
Lima beans, 1/2 cup	475
Banana, medium	470
Broccoli, cooked, 1 cup	460
Squash, winter, 1/2 cup	450
Avocado, 1/2 medium	440
Cantaloupe, cubed, 1 cup	430
Tomato sauce, 1/2 cup	400
Grapefruit juice, 1 cup	400
Corn, 1 cup	390
Milk, nonfat, 1 cup	380
Lentils, cooked, 1/2 cup	365
Salmon, baked, 4 oz	350
Cereal, bran, 1 oz	340
Pork chop, cooked, 3 oz	320
Kale, cooked, 1 cup	300
Tomato, medium	290
Mushrooms, 1/2 cup	275
Orange, 5 oz	250
Grapefruit, 1/2 large	230
Carrot, 2.5 oz	230
Strawberries, 1/2 cup	230
Almonds, 1 oz	210

At WellnessLetter.com

Visit our website. The **Subscriber's Corner** has information about coffee, colon cancer screening, water, the DASH diet, and other articles related to this issue. The password below also gives you access to our guide to more than 90 dietary supplements.

Our **Recipe of the Month** is Strawberry, Mango, and Lentil Salad, a great source of potassium.

As a subscriber you have searchable online access to all our 2001-03 issues. You can go directly from the Index to the articles you need.

THIS MONTH'S PASSWORD: eggplant

Distilled wisdom

Will vinegar clear your sinuses, combat allergies and arthritis, aid your liver, and detoxify your body? Will vinegar capsules help you lose weight and lower your cholesterol? Such claims are nothing new, except that they are now also on the Internet. Even the Vinegar Institute, which exists to promote the sale of vinegar, says there is no research to substantiate any medicinal claims. And nutritionally, there's not a lot to say for vinegar. Mostly water, its chief ingredient is acetic acid. It contains no vitamins and only a minuscule amount of minerals.

Still, there's something mythic about vinegar—such an ancient and useful liquid, available in so many pleasing varieties (made from apples, grains, potatoes, molasses, or wine), handy not only for salads but for many tasks around the house. Thanks to its acidity, vinegar kills bacteria, so it's an excellent preservative and is used to pickle a wide variety of foods. As a household cleanser, it dissolves soap film and rust, as well as some stains in clothing; it cleans coffee makers, refrigerators, and counter tops. Try mixing vinegar with water and keeping it in a spray bottle: this works as well as many expensive cleansers. For more household uses, go to the Vinegar Institute's website at www.vinegar.org.

Wellness made easy

✓ **If you have low-back pain and are shopping for a mattress, buy a medium-firm one, not a hard one.** Conventional wisdom, along with many mattress ads, claim that firmer mattresses are better for your back. But a recent Spanish study of 313 people with chronic back pain has found that a mattress of medium firmness is more likely to reduce symptoms. Your mattress is a health issue, however, only if it is uncomfortable and interferes with your sleep and/or leaves you with a backache. Comfort is subjective, and this is one area where what feels good *is* good.

✓ **To control your weight, all it takes is 30 minutes a day of walking at a moderate pace, or an equivalent activity.** In a recent study from Duke University, sedentary overweight people who walked 11 miles a week (about 30 minutes a day) but did not change their diet either maintained their weight or lost a few pounds. Meanwhile, a comparison group who did not exercise or diet gained two to three pounds, on average, over the eight-month period. Another group, who exercised more vigorously, lost an average of eight pounds (they actually lost 11 pounds of body fat and gained 3 pounds of muscle).

✓ **Another plus for nuts and fish: they may reduce the risk of advanced macular degeneration,** the leading cause of vision loss in older people. Harvard researchers recently looked at 260 people with early stages of macular degeneration and found that a high fat intake, whether from animal or vegetable sources, increased the likelihood that the disease would worsen. Only the fats in nuts and fish seemed to improve the odds.

✓ **Children who don't drink milk have an increased risk of fractures.** Researchers in New Zealand looked at 50 kids (age 3 to 13) who drank no milk and found not only that they had low bone mineral density, but that they were nearly three times more likely to fracture a bone before puberty than other kids. Most of the fractures were caused by slight trauma and involved the forearm. They were also more likely to be overweight. **If your kids avoid milk, make sure they get calcium from other sources, such as fortified soy products.**

✓ **Don't think that a "deer whistle" attached to the front of your car will scare deer off the road in front of you.** Deer don't react to them, according to a recent report from the Insurance Institute for Highway Safety. You can't even be sure that they emit any "whistle," since humans wouldn't be able to hear the high-frequency "sound." If they do whistle, the sound may not be audible to deer. And if deer hear it, that may not cause them to run away—they may stand still. Each year 1.5 million motor vehicles collide with deer in this country, and the numbers have been rising. More than 10,000 Americans are injured and 150 killed in such collisions each year.

✓ **Did your garden hose come with a "safe to drink" label?** If not, don't drink from it unless you let the water run for a minute or two to flush it out. Most hoses are made of polyvinyl chloride, which uses lead as a stabilizer. High levels of the lead can leech into the water, especially if the water has been sitting in the hose for many hours, according to tests by *Consumer Reports*.

✓ **If cooking dried beans seems like a project, try split peas or lentils.** These require no soaking, so lentil or split pea soup cooks up fairly fast. Simmer the dried legumes with seasonings and cut-up vegetables until the peas or lentils are tender. You'll get lots of fiber, protein, vitamins, and minerals, and almost no fat.