The Fat American

Almost 2 in 3 American adults are overweight, and 1 in 3 is obese.

Question: My overweight husband is on more than 15 medications. Every time he goes to the doctor he gets a new prescription. What can we do?

M.C., Bethlehem, Pennsylvania

Answer: In my years of practice I have found that any person unwilling to change his or her unhealthy diet and lifestyle will eventually need multiple medications to maintain health. This is particularly true as excess weight is gained. And we Americans are certainly doing that.

The findings of a U.S. government study, which were released last year and based on a survey conducted from 1999-2000, show that the "fat American" is more than a stereotype—he is a national health crisis. About 30 percent, or 1 in 3, of American adults are obese, compared with 23 percent in a previous survey conducted from 1988-1994. In addition, the percentage of Americans who are overweight climbed from 56 percent to 64 percent (almost 2 in 3) since the last survey.

Because of excess weight, eventually the blood pressure, cholesterol and blood sugar increase; the joints deteriorate; the heart weakens; and plaque builds up in arteries—leading to heart attacks and poor peripheral circulation. Anyone who is overweight and does not change his diet and lifestyle early enough in the disease process is going to require multiple medications to keep his body functioning.

Taking more medications is complicated by the fact that people

differ immensely in how they metabolize and eliminate drugs. A 1998 article in the Journal of the American Medical Association stated that side effects to medications were the No. 4 cause of death in America.

It may be helpful to understand that doctors consult the Physicians' Desk Reference to get their information about drugs. Unfortunately, many doctors, pressed by increasing workloads, rely heavily on pharmaceutical reps for additional drug information. They simply don't have time to learn nutritional medicine.

I have been fortunate to add nutritional medicine to my specialty, and I am able to get many patients off most of their medications if they first are willing to change their diets and lifestyles. In fact, I started writing my Bible Cure series so I could provide natural solutions for medications and help people learn about alternatives.

Your husband must be weaned off his medications while under the care of
a physician. The natural approach has significantly fewer side effects.

Question: I have elevated ultrasensitive C-reactive protein levels and am taking Lipitor. Will taking a natural supplement help?
E.L., Orlando, Florida

Answer: C-reactive protein (CRP) is an indicator of inflammation somewhere in the body. Long-term elevation of it is associated with arthritis, Alzheimer's disease, Type 2 diabetes and cardiovascular disease. Much of coronary artery

disease is a chronic inflammatory process in the arterial walls. If your ultrasensitive CRP is elevated, it is critically important that you take steps to lower it.

Limit or eliminate foods high in arachidonic acid such as red meat, eggs, whole milk, cheese, butter and ice cream, as well as fried foods. Also eliminate or reduce hydrogenated or partially hydrogenated fats such as margarine, hardened vegetable oils, cookies, cakes and pies. Decrease polyunsaturated fats such as most salad dressings, as well as corn, safflower, sunflower and soybean oils. Instead use extra-virgin olive oil and vinegar or macadamia-nut oil.

Also avoid foods high in processed sugar. Choose healthy alternatives such as whole-grain wheat products.

Important supplements include pharmaceutical-grade nonrancid fish oil capsules—approximately 1,000 mg (milligrams)—one capsule three times a day. Physicians commonly treat ultrasensitive CRP with cholesterol-lowering medications such as Lipitor, yet many patients with elevated CRPs have a bacterial infection that goes undetected for years as coronary artery disease progresses.