



Great news about avoiding diabetes

It's only common sense: when people at risk for diabetes get regular exercise, follow a low-fat diet, and lose weight, they improve their chances of staying well. (We're talking about Type 2 diabetes, the common form often called "adult-onset," not Type 1, once called "juvenile diabetes," in which the body stops producing insulin.)

In August "common sense" made national headlines. A

study from the National Institutes of Health (NIH) showed that relatively simple measures can lower diabetes risk dramatically. Full results of this study have not been published, but preliminary findings were so impressive that we decided not to wait.

The three-year study included 3,234 Americans. All were in a prediabetic state. That is, they had impaired glucose tolerance—their bodies were not processing blood sugar efficiently. One group in the experiment followed a low-fat diet with a view to losing about 7% of their body weight during the first year, and they exercised moderately—half an hour daily. Most of them simply walked. They got counseling about making these changes, as well as follow-up. A second group took metformin (brand name Glucophage, and currently in use to *treat* diabetes) twice daily. A third group took placebo pills. These other two groups got general advice about healthy habits but no follow-up. Almost 30% of the placebo group developed diabetes during the study. About 22% of those taking metformin did. The most dramatic effect was in the life-style-change group, where only 14% developed diabetes—that's a 58% reduction. The effect was even greater in those over 60.

As we reported in September, a major study undertaken in Finland had almost the same results. But nobody was certain that what applied to the Finns would apply to the diverse American population. The new NIH study confirms that it does. All the participants were overweight; their average age was 51, though the age range was 25 to 85. Almost half of them belonged to minorities that have higher rates of diabetes (blacks, Hispanics, people of Asian ancestry, Pacific Islanders, and Native Americans). Some had developed diabetes during pregnancy—a form of diabetes that usually corrects itself after delivery, but increases a woman's future risk.

What does this all prove?

For one thing, metformin may have some use in the *prevention* of diabetes, but it isn't as effective as diet, exercise, and weight loss. And in this study, it was less effective in preventing diabetes in older people and those who were less severely

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Wellness facts

■ Of all nuts, walnuts are special because they contain the heart-healthy polyunsaturated fat called alpha-linolenic acid. A recent study at UC Davis confirmed that **walnuts help reduce blood cholesterol**, especially the small dense LDL ("bad") cholesterol that is most likely to damage coronary arteries. The walnuts (1 1/2 ounces a day) were beneficial whether the initial diet was low-fat or not. Though walnuts, like all nuts, are high in calories, subjects who ate them did not gain weight.

■ **Regular physical activity does not increase the risk of osteoarthritis of the knees**, according to a recent English study. Previous knee injuries, however, were found to increase the risk eightfold. Other research has suggested that exercise—notably exercise that builds the quadriceps muscles (in front of the thighs), such as cycling or stair climbing—actually helps prevent or delay osteoarthritis of the knee. It's also known that wearing high heels damages cartilage in the knees and thus can lead to osteoarthritis, which may help explain why twice as many women suffer from this painful knee condition.

■ **Weight gain and too little exercise are two big risk factors for cancer**, according to the International Agency for Research on Cancer, which is part of the World Health Organization. Half of all adults in Europe and 61% of Americans are overweight. Exercise may help prevent cancer of the colon and, possibly, breast. Avoiding weight gain may guard against cancer of the colon, kidney, uterus, and breast. Being overweight and/or sedentary also increases the risk of heart disease and diabetes.

Editors' note: As this issue goes to press, the world still reels from the terrorist attacks on the United States. The staff of the *Wellness Letter* extend their deepest sympathy to all who suffered (and still suffer) from these acts. If you are wondering whether leading a healthy life still retains its relevance, we reaffirm that it does. In times of crisis, more than ever, you need to take care of yourself. We plan, in future issues, to discuss such subjects as post-traumatic stress disorder, which may be widespread in New York City and Washington, D.C.

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overweight. Another drawback: the drug can cause diarrhea, and some people had to discontinue it.

An encouraging finding to emerge from the study is that the changes needed to head off diabetes are not drastic—and they work well in all racial, ethnic, and age groups. Study participants increased their intake of fruits and vegetables, and decreased fat. They cut down on sweets, but didn't have to give them up entirely. Weight loss was 5 to 7% of body weight, but nobody had to go hungry. Walking 30 minutes a day, as one researcher pointed out, is a far cry from having to run a marathon.

Industrialized nations, particularly the U.S., are in the midst of an obesity—and hence a diabetes—epidemic. More than 16 million people already have Type 2 diabetes, and the numbers

are rising. Diabetes is dangerous and potentially disabling: it can result in kidney failure, amputations, and blindness. Heart disease and stroke are common complications.

But this news could hardly be better. *There's a way to prevent or at least delay diabetes—and it's a practical, even easy, way. People will need instruction, along with support and encouragement. If you think you are at risk—that is, you are overweight and sedentary—get a blood test for diabetes. Encourage high-risk members of your family to be tested. In fact, we recommend that everybody get tested beginning at age 45. However, people at high risk, especially those belonging to a minority group or with a strong family history, should be screened and counseled starting at age 30.*

This is one bullet you may well be able to dodge.



Speaking of Wellness

That ounce of prevention

[This is the first monthly column from the new head of our editorial board, Dr. John Swartzberg.]

Every fall I have pleaded with my patients to be vaccinated against the flu. Many of them declined and voiced their fears:

- "I'm afraid it will give me the flu." (This is not possible.)
- "It might weaken my immune system." (No way—it teaches your immune system to combat the flu virus.)
- "I'm afraid of needles." (Me too, but be brave!)
- "It doesn't work." (Nothing is perfect, but 85% of those who get the shot are protected for about six months.)

Last year, for a variety of reasons, there was a shortage of vaccine and it arrived very late. No longer did I have to convince anyone. The same people who had refused in previous years were irate because they couldn't get vaccinated.

This year there should be enough vaccine to go around, but it may arrive later than usual. If you are 50 or older, or have a chronic illness or weakened immune system, act now, since you're at high risk for potentially deadly complications from the flu. Your doctor should have the vaccine, but if not, contact your city, county, or state health department. There's nothing special about the shot you receive from a doctor—it's all the same vaccine. Pharmacies often have clinics; find out

when they are open and be the first in line.

Vaccination is less important if you are healthy and under 50, but I still recommend it. Since the vaccine supply is likely to be delayed this year, wait until those at high risk have had a chance to get the shot. Influenza is a miserable disease that can lay you up for a week or two. There is only one good reason not to be vaccinated: if you're allergic to eggs, you might get a reaction, since the vaccine is grown in eggs.

Mid-October through November is a good time to get your shot. Flu epidemics usually begin in January or February and it takes a couple of weeks to develop immunity.

If you fall into that unlucky 15% that get vaccinated but still get the flu, there are prescription antiviral drugs that can reduce the severity and duration of the disease if you take them within the first 24 hours. Call your physician. But don't ask for antibiotics. They won't do anything for the flu.

If you are in a high-risk group and for some reason you can't get the vaccine, there is another option: the FDA has approved several drugs to prevent influenza. You have to take them daily, and like all drugs, they may have side effects. But they could save your life.

Turn to page 4 for our advice on other preventive services.

UC BERKELEY WELLNESS LETTER



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



The salt story so far

Sodium, which makes up about 40% of table salt (sodium chloride), is like some other elements in our diet: it's necessary for life, but too much of it is not healthy. Sodium plays an essential role in regulating body fluids and blood pressure. Most experts recommend limiting sodium intake to 2,400 milligrams a day, the amount in about a teaspoon of salt. Many of us eat much more—and most of this sodium does not come from our salt shakers, but from processed foods, fast food, and restaurant meals, which are usually oversalted.

Whether people with normal blood pressure need to limit their sodium intake has been hotly debated for some time. (After all, the reasoning goes, why should healthy people have to punish themselves with bland food?) But more and more evidence has been accumulating about the harmful effects of too much sodium. And it's not only blood pressure that's at issue. Here's a summary of recent findings:

- High sodium intake may increase the risk of stroke and heart attack, independent of its effect on blood pressure. Recent studies have found that too much sodium can adversely affect the elasticity of blood vessels. That is, it may cause or worsen hardening of the arteries (atherosclerosis).

- Some people, as has long been known, are sodium-sensitive: a high sodium intake boosts their blood pressure and can eventually lead to hypertension. This doesn't happen to everybody, and it's impossible to determine in advance who is and isn't salt-sensitive (though blacks are more likely to be). Recent research suggests that salt-sensitive people with hypertension are most likely to be insulin-resistant as well. That is, their body does not use insulin properly and their blood sugar goes up, putting them at risk for diabetes.

- Though this is old news, lowering sodium intake can be very effective in controlling high blood pressure in many people. The

now-famous DASH (Dietary Approaches to Stop Hypertension) diet—rich in fruits, vegetables, and low-fat dairy products, and low in fat—is known to help lower high blood pressure (see *Wellness Letter*, May 1999, or WellnessLetter.com). In a recent study of people with mildly to moderately elevated blood pressure, the sodium level of the DASH diet was cut from 3,000 milligrams to 2,300 and then 1,200 milligrams a day. Each cut in sodium reduced blood pressure further. This was also true when sodium was reduced by the same amounts in a control diet, which was otherwise typical of American eating habits. The combined effect of the DASH diet and the low-sodium intake was greater than the effect of either alone—in fact, it was as effective as anti-hypertension medication. Reducing sodium may not be the only element in treating hypertension, but it remains very important.

Shaking the salt habit

You may be perfectly healthy now, but why risk hypertension and other ills by overusing salt? You need not do without salt or eat a bland diet, but try to limit yourself to 2,400 milligrams of sodium (one teaspoon of salt) daily. The way to do this is not to hide your salt shaker, but to read labels on all foods you buy. Limit your intake of canned soups and sauces, cold cuts, chips, crackers, and packaged bakery goods. Switch to a diet rich in fruits, grains, vegetables, and nonfat or low-fat dairy products. Don't eat at fast-food restaurants, or at least not often. When you're cooking at home, omit (or at least reduce) salt from recipes. In restaurants, ask the server to have the cook omit salt, if possible.

Last words: *A few weeks after you give up a high-sodium diet, you'll find that salty foods taste unpleasant and that other foods taste better than ever. A light shake of salt on a baked potato or some other food is okay—that's only a tiny amount of sodium. Try pepper and other spices, too, as well as lemon juice or herbs, for additional flavor.*

BUYING GUIDE

Good food from the Middle East

For healthy snacks, light lunches, and side dishes, you can hardly beat hummus, tabbouleh, and baba ganoush—vegetable-based Middle Eastern products now available in the refrigerated sections of most supermarkets and delis. Grape leaves stuffed with seasoned rice are excellent, too.

Hummus is mashed chickpeas with spices, tahini (roasted ground sesame seeds), and flavorings, such as red peppers, olives, garlic, or sundried tomato. Baba ganoush (or babba ghanouj, and other spellings) is roasted puréed eggplant, also with tahini, as well as olive, soy, or canola oil, plus cumin and other spices. Tabbouleh (with various spellings) is bulgur wheat (a whole grain), with finely chopped tomato, cucumber, parsley, and fresh mint, plus lemon juice and olive oil.

These spreads and snacks usually derive 35 to 50% of their calories from fat. But the fat is mostly unsaturated, and these products contain no cholesterol, so they are “heart-healthy.” Since they are made from vegetables or beans, you get some fiber. Sodium can be as high as 200 milligrams in a small serving (this can add up fast if you eat a lot).

The best idea is, as always, moderation. Use small pieces of pita, baked corn chips, carrots, or sliced cucumber to dip into

hummus and baba ganoush. Combine these foods with tomato and other chopped vegetables in a pita. Try tabbouleh as a topping for a baked potato; combine it with salad greens at dinner as a side dish. Use hummus in place of mayo on a sandwich, or instead of butter or cream cheese on your breakfast bagel or toast.

The brands below may not be available nationwide, but you'll easily find similar products. Many of these spreads and salads are made locally. If you're watching calories, be sure to read the labels and check the serving sizes.

A sampler

PRODUCT	CALORIES	FAT (g)	FIBER (g)	SODIUM (mg)
Tribe of Two Sheiks				
Dill Hummus, 2 tbsp	50	3	1	105
Cedar's Roasted Red Chili				
Pepper Hummus, 2 tbsp	60	2	3	120
Wakim's Foods Babba				
Ghanouj, 2 tbsp	50	2	3	80
Cedar's Stuffed Grape				
Leaves, 2 oz	72	3	3	87
Wakim's Foods Taboule				
Salad, 1/2 cup	100	6	1	130

The Wellness guide to preventive care

A recent government study showed that more than half of all Americans do not receive many of the important preventive services they need—that is, immunizations, screening tests for early detection of disease, and education about healthy habits and injury prevention. Why not?

- Many Americans—44 million—have no health insurance.
- Many people do not get continuity of care. They may have to switch doctors as they switch from one insurer to another, making it hard to keep track of what services they've had.
- Patients may not insist on getting preventive services. They may be confused about which tests to ask for. They may not know that Medicare (and some other insurance plans) covers some of the pricier items, such as mammograms and colonoscopies, as well as the cheaper ones. They may not know that prevention is usually the most economical form of medicine—well worth budgeting for, even if insurance doesn't cover it.
- With tests for some cancers, there's the embarrassment factor. Some people may dread being tested for colon, prostate, or breast cancer and be relieved if the doctor fails to mention it. Some people would rather not know.
- Both doctors and patients may be confused by contradictory recommendations. What should a medical checkup consist of? Does everybody need an annual physical? Should all men get a PSA test? At what age should a woman start having mammograms? (See chart at right for answers to such questions.)
- Doctors may fail to ask patients about smoking and drinking, not to mention exercise habits and diet. Some HMOs don't encourage their doctors to counsel people. Some doctors think their job is to treat illness, not prevent it.
- The watchword among insurers now is cost containment. Yet medical technologies and consumer demand for services are expanding daily. Thus, we all have to make choices. Will patients in a big HMO get more benefit from an additional MRI machine or from having their doctors take time to counsel them about exercise and a heart-healthy diet? The new MRI machine will be easier to justify, in terms of immediate, measurable benefits.

How about that annual physical?

It used to seem simple: people were advised to undergo a standardized annual or biannual "complete physical." But in the 1980s, at the request of the government, an independent committee of physicians known as the U.S. Preventive Services Task Force reviewed all evidence and evaluated the benefits and drawbacks of common screening tests and came up with recommendations. (A similar group, the Canadian Task Force on Preventive Health Care, does the same work in Canada.) That head-to-toe physical exam has now been discarded for seemingly healthy people, since it yields too few benefits for its cost. Over the long run, it doesn't pay off in terms of better health and longer life.

Some tests that used to be routinely done, such as chest X-rays, electrocardiograms (EKGs), urine tests, and complete blood counts, are now reserved for people with symptoms or risk factors. In other words, they are not general "screening" tests and are not done routinely in everyone (and as such are not covered in this article).

The U.S. and Canadian Task Forces continue to update and

re-evaluate their advice, reviewing thousands of studies every year and consulting hundreds of scientific reviewers.

Health care: your role

You are responsible, in large part, for managing your own preventive care. Your primary-care practitioner should be your partner. If you need any of the tests listed on the chart, ask about them. You should, if possible, have a copy of your test results and records.

There are other important preventive measures not listed on our chart—the kind of commonsense steps that could save millions of medical dollars and prevent injury, illness, disability, and premature death. Here's a checklist:

- ✓ Don't smoke, and avoid secondhand smoke.
- ✓ Maintain a healthy weight.
- ✓ Get regular exercise. Brisk walking for just half an hour every day can be a big factor in weight control and in staying healthy.
- ✓ Choose a diet low in animal fat and sodium, and rich in fruits, vegetables, whole grains, and low-fat or nonfat dairy products. Eat at least two servings of fish a week.
- ✓ Keep alcohol consumption moderate: no more than one drink daily for a woman, two drinks for a man. If you are a heavy drinker, seek counseling, and cut back or quit.
- ✓ Do self-exams of your breasts or testes, as well as skin.
- ✓ Fasten seat belts, see that kids ride in proper restraints, and obey the law. Drive sober and defensively.
- ✓ Brush and floss to prevent dental disease.

Medical experts may disagree about a lot of things, but they all agree that good health depends on improved access to and increased use of preventive services.

A test you don't need

Increasing numbers of readers ask us for the lowdown on the so-called full-body CT scan—a flourishing industry these days. It has even been featured on *Oprah*. Symptomless people are signing up for these tests—not covered by medical insurance—at a cost of about \$1,000. For most people, results are nil, unless you count a commodity called "peace of mind." But peace of mind is really not something a full-body scan can deliver. And if it could, how often would you have to get one?

According to the American College of Radiology, the full-body scan is not the right way to screen for cancers of the breast, prostate, colon, or lung—at least not without follow-up tests. It cannot spot high blood pressure or diabetes. The American Cancer Society discourages it as a waste of money, and a poor substitute for the tests listed at right.

Furthermore, if the scan does find anything suspicious, you may simply be subjected to more (sometimes invasive) tests—and it may well turn out to be a false alarm. Instead of peace of mind, you get anxiety.

Finally, the FDA worries about needless exposure to radiation from a test that's unlikely to do you any good.

Someday there may be one magic test that will accurately detect anything and everything. But the full-body scan is definitely not it.

Preventive services for healthy adults

These are the major screening tests (that is, routine tests for people without symptoms) and adult immunizations. Our advice is based largely on the recommendations of the U.S. Preventive Services Task Force. Most HMOs and Medicare cover these services; fewer traditional insurers pay for them. *Infants, children, and pregnant women need other kinds of preventive care not described here.*

SERVICE	WHO NEEDS	HOW OFTEN	COMMENTS
Blood pressure measurement (to detect hypertension)	All adults.	Once every 2 years for those with normal blood pressure.	More frequent monitoring for those with readings of 130/85 or higher. See <i>Wellness Letter</i> , May 1999.
Cholesterol measurement	All adults.	Once every 5 years. More often if total or LDL ("bad") cholesterol is high, HDL ("good") is low, and/or you have risk factors.	Those at high risk for heart disease need medical advice about life-style changes and possibly drug therapy. See <i>Wellness Letter</i> , August 2001.
Pap smear (for early detection of cervical cancer)	All women with a cervix, starting at age 18, or earlier if sexually active.	If 3 annual tests are normal, then once every 3 years. More often if you smoke or have multiple sex partners or other risk factors.	Some experts advise that women who have never had an abnormal result can stop being screened after age 65.
Breast cancer screening (mammography)	All women 50 and over; those 40-49 should discuss risk factors with a doctor.	Annually. Medicare reimburses for it.	Clinical breast exams are also important—consult your doctor.
Colorectal cancer screening (fecal occult blood test, sigmoidoscopy, colonoscopy)	Everyone 50 and over; earlier for those at high risk.	Occult blood test annually; sigmoidoscopy every 5 years or colonoscopy every 10 years.	Digital rectal exam and X-ray with barium enema may also be done. Medicare now pays for colonoscopy. See <i>Wellness Letter</i> , December 2000.
Prostate cancer screening (prostate specific antigen, or PSA, test; and digital rectal exam, or DRE)	Blacks and men with family history, DRE and PSA starting at age 40. For others, DRE, and possibly PSA, starting at 50.	DRE annually; PSA on professional advice.	Usefulness of PSA screening for all men remains controversial. See <i>Wellness Letter</i> , November 2000.
Diabetes screening (fasting blood glucose test)	Everyone 45 and older; earlier for those at high risk.	Every 3 years.	Blacks, Hispanics, Asians, Native Americans, obese people, and those with a strong family history need more frequent screening, starting at age 30.
Thyroid disease screening	Women 50 and over; those with high cholesterol or family history of thyroid disease.	On professional advice.	Routine screening remains controversial. Talk to your doctor about risk factors. See <i>Wellness Letter</i> , June 2000.
Chlamydia screening	Women 25 and younger, if sexually active.	Annually, or more often.	Men and women of any age who are at risk for STDs (chlamydia, gonorrhea, syphilis, and HIV) should be tested.
Glaucoma screening	People at high risk: those over 65, very nearsighted, or diabetic; blacks over 40; those with sleep apnea or family history of glaucoma.	On professional advice of eye specialist.	Many eye specialists advise screening all adults every 3-5 years, starting at age 39. See <i>Wellness Letter</i> , September 2000.
Dental checkup	All adults.	Every 6 months, or on professional advice.	Should include cleaning and exam for oral cancer.
Tetanus/diphtheria booster	All adults.	Every 10 years.	People over 50 are least likely to be adequately immunized.
Influenza vaccine	Everyone 50 and over, people with lung or heart disease or cancer, and others at high risk.	Annually, in autumn.	Even healthy younger adults can benefit and should consider getting the shot.
Pneumococcal vaccine	Everyone 65 and over, and others at high risk for complications.	At least once.	Effective against most strains of pneumococcal pneumonia; lasts at least 5-10 years.
Rubella vaccine	All women of childbearing age.	Once.	Avoid during pregnancy.
Hepatitis B vaccine	All young adults, as well as adults at high risk.	On professional advice.	All newborns should be vaccinated.
Chickenpox vaccine	Anyone who has never had chickenpox.	Once. But above age 13 it requires two shots.	Not recommended for pregnant women or those with compromised immunity.

Undercover maneuvers

People toss and turn at night, of course, and sleep in many positions, but most of us have a favored one. Does it matter what position you sleep in?

How about the back?

Sleeping on your back makes your upper airway more likely to close down, and thus you are more likely to snore. People with sleep apnea (characterized by loud snoring and temporary interruptions of breathing) are usually told not to sleep on their backs.

Snoozing on your back can also make gastrointestinal reflux (heartburn) worse, because the stomach contents can more easily slide into the lower esophagus while you sleep and produce a burning sensation. If you have asthma, reflux can trigger an attack. One way to avoid reflux at night is to elevate the head of your bed by at least six inches. Use wooden blocks or a couple of fat phone books under the headboard's legs. You can also try to sleep on your left side, which reduces acid backup into the esophagus.

If not the back, the stomach?

Sleeping on your stomach, alas, can strain your back and neck if you tend to have back or neck problems. It puts stress on your neck and increases the curvature of the spine in your lower back. Sleeping on your side with your knees bent is probably easiest on your back. Or you can put a small pillow under your stomach to decrease curvature, or a regular pillow under your head and shoulders for better alignment of your neck, shoulders, and head.

Finally, if you have carpal tunnel syndrome (chronic pain in the wrist and hand), don't sleep with that hand under your head or pillow. It can make matters worse.

If not the stomach, the side?

A study from the *Journal of Urology* recently suggested that sleep position may promote kidney stone formation. Stones tend to form in only one kidney and to recur on the same side. Of 110 patients with kidney stones, 93 consistently slept on the same side every night, and that side matched the kidney stone side in three out of four cases. However, this evidence is very preliminary, and of marginal usefulness.

Tennis balls, bow knots

You may have concluded that the best way to sleep is standing up. However, if your sleeping position is comfortable and restful and produces no unwanted side effects, and your bed partner, if any, is not complaining about snoring or pillow-snatching, you don't need to worry. Sleeping on your side is probably the best idea: it may cut down on snoring and back strain. But some of us sleep happily on our tummies or backs.

How can you avoid a certain sleeping position when, after all, you are asleep? The standard advice is to sew, or otherwise attach, a tennis ball or ping-pong ball to your sleeping attire on the side you wish to avoid, or to the back of it. *Another idea:* tie a thick soft belt or sash in a large bow knot at the side or back of your waist. To stay on your side, try positioning pillows in front and back.

Another reminder: *Sleep position really matters if you're a baby. Allowing an infant to sleep on its stomach increases the risk of sudden infant death syndrome, or SIDS—hence the campaign to instruct parents to put babies down on their backs, and to use head supports to keep them from turning over. The incidence of SIDS has gone down since these rules went into effect.*

Massage: hands-on advice

Massage can be soothing, relaxing, and agreeable, even for people in the best physical condition. But what about the claims made for therapeutic massage? Americans are spending anywhere from 2 to 4 billion dollars a year on massage therapy these days, hoping to relieve everything from low-back pain to depression. Can massage help with such problems?

Massage (the word comes from the Arabic *massa*, to stroke) is one of the oldest hands-on therapies. Early Chinese and Indian practitioners used it, as did the Greeks and Romans. It has never gone out of use, but modern medical researchers have seldom given it rigorous attention. One recent study published in the journal *Spine* found that massage therapy worked best in chronic back-pain patients who went into the treatment with high expectations for improvement.

Other recent studies that compared massage to self-care or acupuncture for low-back pain support the value of massage for relieving pain. And a small study from the *Journal of Applied Gerontology* suggested that massage was beneficial in many ways for older adults. Experience and common sense are all we have to rely on; it's very hard to do good clinical trials on massage. Massage therapy can relax muscles, relieve muscle spasms and pain, increase blood flow in the skin and muscles, ease mental stress, and induce relaxation. It can also be useful in increasing the range of motion of joints after injuries.

Many techniques, one goal

Massage can be done to the entire body or restricted to the back, neck, shoulders, or feet. It typically involves kneading and stroking the skin and the application of pressure on tense muscles. The most common technique in the U.S. is known as effleurage or Swedish massage, a gentle stroking and kneading, sometimes with tapping, clapping, or similar percussive movements with the hands. Acupressure and shiatsu (finger pressure) are other massage systems that can be used along with or instead of stroking and kneading. These are based on Japanese and Chinese acupuncture. There are many other massage techniques involving manipulating and pressing joints, bones, and soft tissues.

Many health professionals—physical therapists, osteopaths, athletic trainers, nurses, chiropractors, and, of course, qualified massage therapists—practice massage. Thirty states and the District of Columbia have agencies regulating massage practice and requiring professional training (usually a minimum of 500 classroom hours) for licensing. You can find a list of these states and other information at www.amtamassage.org/about/lawstateguide.htm. Other states have local, usually county, licensing. The two main accrediting institutions are the Commission on Massage Training Accreditation (COMTA) and the American Massage Therapy Council of Schools. You can also find a member of the American Massage Therapy Association (AMTA) at www.amtamassage.org; or you can call 888-843-2682. Members have to graduate from an approved study program and pass an exam. Many doctors can refer you to a qualified massage therapist.

Massage can be comforting and helpful, but is not a substitute for the medical treatment of an injury. If you have an acute injury such as a sprain, tendinitis, or a swollen joint, get a physician's advice. Injuries should not be massaged directly. Because it is relaxing and stimulates blood flow, massage can be helpful for injured or sick people, especially if they are confined to bed. If you

have heart disease, osteoporosis, diabetes, or any other serious medical problem, consult your doctor before trying massage therapy.

At your first visit, your therapist should ask about your medical history, your physical condition, and why you want a massage. You should expect quiet, clean, comfortable surround-

ings and a padded table. You'll be asked to undress; your therapist should keep you draped except for the parts undergoing massage. He or she will use a lotion or oil; this cuts down on potential skin irritation from friction, and it feels good. If you give someone a massage yourself, try lotion or oil. You don't need special preparations: any lotion or oil (even vegetable oil) will work well.

ASK THE EXPERTS

Q *What do you know about herbal products for breast enlargement? And what about the Brava Breast Enhancement System, now advertised on the Internet?*

J.W., SEATTLE

A Dozens of creams, gels, and pills with names like Bloussant, Wonder Cream, Grobust, and Miracle Bust now promise to increase a woman's breast size. They contain various combinations of herbs that are supposed to enlarge the breasts, such as fennel, saw palmetto, wild yam, fenugreek, and dandelion. Potential side effects include bleeding, allergic reactions, and headache. If plant estrogens (presumably the active ingredient in many of these herbs) can make breast tissue grow, they might also stimulate abnormal breast cells to multiply. Apart from the strong likelihood that you are wasting your money, you are taking an unnecessary risk. Don't believe the testimonials, which are backed up with no research. Don't fall for the claims about "studies" posted on websites. There have been no scientific studies, and these products are unregulated.

The Brava Breast Enhancement and Shaping System consists of two plastic domes that fit over each breast. These are attached to a small computer battery pack that regulates the suction action of the system. The domes must be worn 10 hours a day for 10 weeks (held in place by a zip-up bra). The maker claims that stretching breast tissue makes it grow. One study, authored in part by the people who developed the "system," claimed it resulted in a 55% increase in breast size in the 12 women studied and had no side effects.

Ads for the device claim it's FDA-approved. In fact, the FDA has not reviewed it for effectiveness, but allowed it on the market as an unregulated device. Nobody knows how long any increase in breast size would last. Or, indeed, whether the growth of tissue would be healthy. And the kits cost a whopping \$2,500.

You have to purchase Brava through a doctor, though it is hard to imagine a reputable doctor selling it. Pregnant and nursing women, plus those who've had breast surgery or breast disease, are advised not to

use it. A padded bra would be safer, cheaper, and a lot less trouble.

Q *How can I get rid of liver spots? What causes them?* M.D., TUCSON

A Cumulative exposure to the sun causes liver spots, also called lentigo or age spots. Like freckles, these dark flat patches are harmless. They have nothing to do with the liver. They appear on sun-exposed skin, such as the forehead, hands, face, and shoulders, usually in people over 55.

Most of us simply learn to live with them, but if you find them unsightly, ask your doctor or nurse practitioner about prescription bleaching creams. (Skip over-the-counter bleaching creams—they are not effective.) Prescription bleaching creams may lighten the spots but must be used over several months. You might also try tretinoin (a form of vitamin A, brand name Retin-A), another cream that lightens the skin. It, too, must be used over several months.

A dermatologist can also use a chemical peel (a mild acid that burns skin and causes the outer layer to peel) or "dermabrasion," which sands away the spotted skin. Spots can also be removed by freezing the area (cryotherapy) or by lasers. These procedures, like the creams, may cause stinging, redness, and permanent discoloration.

You can try to prevent new spots by protecting yourself from the sun with clothing, such as long-sleeved shirts, pants, and a hat, and by using a sunscreen on your hands and face regularly—SPF 15 or higher. Apply sunscreen 30 to 40 minutes before going out in the sun to allow your skin time to absorb it. And don't use perfumes or after-shave lotions before sun exposure—they may increase your sensitivity to sunlight. Though liver spots do not turn into skin cancer, it's wise to ask your doctor to have a look at any new spots that appear on your skin. Your risk for skin cancer rises as you grow older.

Q *Will the herb cat's claw help the immune system?* C.V., VIA THE INTERNET

A The herb contains many interesting compounds, but as with most herbal remedies,

there have been no good studies on its effects in humans. It's hard to predict what the cat's claw supplements (capsules, tablets, creams, teas, and liquids made from various parts of the plant) sold in health-food stores will do.

Known as cat's claw because of its clawlike thorns, this woody vine is native to the Amazon, where it has been used medicinally for centuries. There are several species; two (*Uncaria guianensis* and *Uncaria tomentosa*) are supposed to have therapeutic effects.

Some of its compounds are alleged to help boost certain aspects of the immune system, have anti-cancer effects, reduce inflammation, inhibit blood clotting, or lower blood pressure. That sounds pretty miraculous, but the evidence comes only from test-tube studies and animal research, and the results have not been consistent. In Germany, where the herb is standardized, some doctors prescribe it for certain people with compromised immune systems, such as those undergoing chemotherapy for cancer.

As with many herbs, there are as many potential risks as possible benefits. High doses may cause diarrhea, bleeding gums, excessive bruising, and a dangerous drop in blood pressure. *Do not try it* if you are pregnant (or may become pregnant), breastfeeding, have HIV, or are taking a drug that affects blood clotting. Cat's claw may also interfere with certain widely used prescription medications.

Because it is untested, unpredictable, and risky, we don't recommend cat's claw.

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.

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WELL & INFORMED

Public TV's new wrinkle

You never know what you'll find on PBS, but lately it's been Dr. Nicholas Perricone selling his book, *The Wrinkle Cure*. Presenting himself as a research scientist in front of a large audience busily taking notes, Dr. Perricone promotes his "anti-inflammatory" diet and the supplements he sells as the keys to preventing or removing facial wrinkling.

But, as we've noted in a previous issue, his theories make no sense. Certainly fruits and vegetables, fish, and olive oil are good for you, but they won't "cure" wrinkles, and especially not over a three-day period, as claimed. Nor is it true that consuming extra protein will repair skin damage, or that women need more protein than men, or that everybody should eat five meals a day, or that everybody is dehydrated. It is an oversimplification to say that "inflammation" causes wrinkles. Nor can nutritional supplements prevent them.

The best anti-wrinkle program is prevention: Stay out of the sun, wear sunscreen, use a moisturizer, and don't smoke. Smoking increases wrinkling and other signs of aging. And try not to wrinkle your brow wondering how this infomercial found a place on publicly funded TV.

Visit our website

This month at WellnessLetter.com: The *Subscriber's Corner* provides more information about diabetes testing and other preventive services (from cholesterol, thyroid, and blood pressure tests to screening for breast, prostate, and colorectal cancer), the DASH diet, and other articles related to topics in this issue.

The *Recipe of the Month* is for tabbouleh—so you can make this bulgur-based salad at home.

The new feature in *Foundations of Wellness* discusses B vitamins, homocysteine, and heart disease.

Our website also has articles on more than 70 dietary supplements, all our 1999 and 2000 issues, a four-year index, healthy recipes, and much more.

THIS MONTH'S PASSWORD: health

The Oscar effect

According to a recent study in the *Annals of Internal Medicine*, one way to live a long and healthy life might be to win an Academy Award. It has long been known that high social status tends to confer long life. Researchers at the University of Toronto decided to track the fate of Oscar winners—who enjoy extreme prominence in modern life. Included in the study were all of the 235 people who have ever won Oscars for acting, 527 nominees who did not win, and 887 "controls" (performers who appeared opposite the nominated performers and were the same sex and about the same age as the winners, but who were never nominated). Startlingly, winning an Academy Award conferred a huge gain in life expectancy for both men and women—about four additional years of life, on average. A few winners, like Anthony Quinn, won more than once, and such multiple winners gained an extra six years. The merely nominated lived longer, on average, than the never-nominated, but the winners did better than anybody. The researchers could find no explanation for this except, well, success. Maybe big stars have a healthy diet and a staff to take good care of them, the researchers theorized—but that's a big maybe. Should doctors give out little gold statues at the end of every office visit?

Wellness made easy

✓ **Don't avoid commercial peanut butter because of rumors that it contains trans fats**—the peanut butters contain virtually no trans fats, according to a new analysis by a USDA researcher. (Trans fats, created when vegetable oil is hydrogenated, act like saturated fats in the body and thus increase the risk of heart disease.) Most peanut butters contain very small amounts of hydrogenated vegetable oils, added to keep the peanut oil from separating and rising to the top of the jar. Peanut butter is high in fat, but this is highly monounsaturated and does not boost blood cholesterol. In fact, last year a study found that a diet rich in peanuts and peanut butter could significantly reduce blood cholesterol.

✓ Ever get a printout of a lab test from your doctor that you can't figure out when you get home? What is that test (you know that HDL is good cholesterol, but what is ALT, creatinine, or albumin?) and what do those numbers mean? You're better off asking your doctor, but **an excellent new website, www.labtestsonline.org, can answer many of your questions.** The site is sponsored by clinical laboratory groups and several diagnostic companies, but the content is noncommercial and written for consumers.

✓ **Look again at apple juice.** Compared to other juices it may be a nutritional weakling (unless it is fortified with vitamin C), but it contains antioxidant compounds called polyphenols that may help protect against heart disease. A recent study at UC Davis looked at the blood of people who drank 12 ounces of commercial (unfortified) apple juice a day for six weeks and found that the juice significantly reduced the oxidation of LDL ("bad") cholesterol. Oxidation makes LDL more likely to promote the buildup of fatty plaque in coronary arteries. Surprisingly, when the subjects ate two apples daily for six weeks, the benefits were less.

✓ **To remove fine cactus spines, briars, or even multiple small splinters from the skin,** especially from a child's skin, try the following. First, use tweezers to remove as many pieces as possible. Then apply a nontoxic household glue (such as Elmer's Glue, not Crazy Glue) with a cotton swab and top it with a single layer of gauze. Let the glue dry and remove the gauze and glue. The spines or briars should come out with it. This treatment works better than any other method, according to one study of children.

✓ **Don't drink aloe juice.** Thousands of websites promote it for everything from boosting immunity to curing ulcers, but there's no scientific evidence that swallowing it cures or treats anything. One worry about the juice is that it may be contaminated with aloe compounds that act as a laxative, and thus can cause severe cramping and diarrhea. Aloe vera gel, from the leaf of the aloe plant, has long been used in lotions and cosmetics and as a treatment for burns and wounds. The fresh cut leaf may indeed have soothing properties when applied to the skin.

✓ **Another reason to carpool,** besides the environmental benefit: the added weight provided by a front-seat passenger reduces your risk of dying in a frontal crash by about 8%, according to a study by a General Motors researcher.

✓ **There's no reason to rinse packaged domestic rice:** it's unnecessary and it washes away some of the vitamins and minerals added to enrich white rice. Possible exception: rice purchased in bulk, which may need cleaning.