



# HEALTH

R E P O R T

June 1991

The Source of Healthful Information for 27 Years

Volume 27, Number 9

## Executive Health Report Has A New Name

With this issue, *Executive Health Report* is changing its name to *Executive Health's Good Health Report*.

But we're not changing our unbiased health reporting. You'll continue to read reliable, behind the scenes coverage of health issues and useful tips.

In the ground-breaking tradition of *Executive Health Report's* founder, Richard Stanton, eminent authorities will continue to brief you on how to have vitality, health and joy in living.

Whatever you like or don't like about *Good Health Report*, please drop us a note. We value your opinions.

## In The News

### Leech Saliva May Offer New Hope for Heart Patients

This summer, six institutions will test a genetically engineered version of leech saliva against aspirin and a standard clot-busting drug called heparin in 100 unstable angina patients. Called hirudin, the saliva from European leeches has been produced synthetically by nearly a dozen companies now competing for FDA approval. According to *Medical World News*, March 1991, animal tests have already shown that hirudin has few side effects and stops the two kinds of blood clot building processes. Heparin stops only fibrin formation so in 15% of patients, further clotting occurs.

## Inside This Issue

What's On Your Mind?.....	2
Wellness Tips.....	3
New Exercise Guidelines.....	6
Design Your Own Low-Fat Diet.....	7
Good Health Briefs.....	8
From Abroad.....	8

## How To Have Healthy, Younger-Looking Skin

Nelson Lee Novick, M.D.  
Clinic Chief, Dermatology Clinic  
Mount Sinai Medical Center, New York

**Y**our skin is the largest organ of your body. On an average-size adult, it weighs about seven pounds and covers about 20 square meters.

A highly complex organ, your skin has many duties. It interfaces between the external world and your inner organs, and acts as a cushion against trauma. It helps conserve energy and regulate body temperature. Important growth factors, hormones and immune system-modulating substances are produced within the skin.

### Skin Care Is Big Business

In our youth-oriented society, young-looking skin is prized. This fact has led to multi-million dollar advertising budgets, hyping hundreds of skin care and cosmetic products for both men and women.

Inflated claims may not only confuse but even mislead you. They can also result in costly trial and error, ending in frustrated disappointment. Happily, these woes can be avoided quite easily.

### What You Really Need

Despite its complexity, skin needs only simple and inexpensive care to keep it healthy and younger-looking, whatever your gender or age. This means:

- 1) adequate sun protection

- 2) appropriate moisturization
- 3) proper cleansing
- 4) recognizing problems early.

### Arch Enemy Number One!

The sun—or any UV source like tanning booths—is your skin's Arch Enemy Number One. More than 90 percent of skin damage, including cancers, precancers (called actinic keratoses) and the effects we

call aging actually result from years of sun damage. Roughened skin, mottled discoloration, fine and coarse wrinkling, broken blood vessels (in reality, permanently dilated capillaries called telangiectasias), sallow, leathery and sagging skin are

all largely due to sun damage. Insidiously, this damage may take up to 20 years to become apparent.

In contrast, skin without much sun damage remains smooth, unblemished, normally pigmented and with age, shows only slight mottling and sagging.

Compare the skin of your buttocks with the sun-exposed areas of your face, neck and hands. If you've had twenty or thirty years of relatively unprotected outdoor exposure, you may see a skin age difference of up to 15 years between exposed and non-exposed areas.

### The Key To Youthful Skin

This leads to the obvious: sun protection is the single most important step you can take to have younger, healthier skin.

*Continued on page 4*

*Contrary to what Madison Avenue would have you believe, the outer layer of skin cannot "eat" or "drink in" most substances applied to it.*



Elizabeth Barrett-Connor, M.D., D.C.M.T., D.Sc. (Hon.), Professor of Medicine and Chair, Department of Community and Family Medicine, School of Medicine, University of California, San Diego, CA  
 Richard L. Bohannon, M.D., F.R.C.P., Lieutenant-General, United States Air Force (Ret.); Medical Consultant, The Institute for Aerobics Research, Dallas, TX

Leonard Hayflick, Ph.D., Professor of Anatomy, Department of Anatomy, School of Medicine, University of California, San Francisco, CA

Charles H. Hennekens, M.D., Dr. P.H., Professor of Medicine, Professor and Acting Chairman of Preventive Medicine, Harvard Medical School, Brigham and Women's Hospital, Boston, MA

George H. Hitchings, Ph.D., Nobel Laureate and Scientist Emeritus, Burroughs Wellcome Research Laboratories, Research Triangle Park, NC

Albert A. Kattus, M.D., F.A.C.P., Honorary Professor of Medicine, School of Medicine, University of California, Los Angeles, CA

John K. Lattimer, M.D., Sc.D., F.A.C.S., Professor and Chairman Emeritus of the Department of Urology at Columbia University College of Physicians and Surgeons; Senior Consultant, Squier Urological Clinic and Urological Service, Presbyterian Hospital, New York, NY

John Stirling Meyer, M.D., Professor, Dept. of Neurology, Baylor College of Medicine; Director, Cerebrovascular Research Laboratories, Dept. of Veterans Affairs Medical Center, Houston, TX

Nelson Lee Novick, M.D., Chief, Mount Sinai Medical Center Dermatology Clinic; Associate Clinical Professor, Mount Sinai School of Medicine

John L. Ochsner, M.D., Chairman, Department of Surgery, Ochsner Clinic; Clinical Professor of Surgery, Tulane University School of Medicine, New Orleans, LA

Solon Palmer, Jr., M.D., (Ret.), Scripps Clinic and Research Foundation, La Jolla, CA

Peter D. Wood, D.Sc., Ph.D., Professor of Medicine, Stanford University School of Medicine; Associate Director of the Stanford Center for Research in Disease Prevention, Stanford, CA

#### Publisher

Alan C. Bushnell

#### Editor

Ann Buzenberg, M.Sc.

#### Circulation Director

Mary E. Setter

#### Executive Editor

Thomas F. Koinis, M.D.

#### Contributing Editors

G. Patrick Guiteras, M.D.

Susan Kleiner, Ph.D., R.D.

Ralph LaForge, M.Sc.

#### Senior Associate Editor

Steve Schneider, Ph.D.

#### Associate Editor

Deborah Prum, M.Sc.

#### Graphics

Richard Farrell

#### Copy Editor

Jodi Klomser

**Good Health Report** (ISSN 0882-2131) is published monthly by Executive Health, P.O. Box 8880, Chapel Hill, North Carolina 27515. Telephone: 919-929-7519. FAX: 919-929-2458. POSTMASTER: Send address changes to Good Health Report, P.O. Box 8880, Chapel Hill, NC, 27515.

**SUBSCRIPTIONS** U.S.A. \$34 a year. Mexico and Canada \$40. All other countries \$58. Only international money orders, credit cards or checks cashable on U.S. banks will be accepted for overseas orders. Second-class postage paid at Chapel Hill, NC, and at additional mailing offices.

©1991 by Executive Health Report. All rights reserved. Reproduction in whole, or in part, without permission is prohibited. For users registered with the Copyright Clearance Center's transactional reporting service, authorization to photocopy is granted provided that fees of \$1.75 base + .75 per page are paid directly to CCC. (Fee Code: 0882-2131/89 1.75+.75) Reprints of this report and back issues \$3.00 each. Back issue list available on request.

## What's On Your Mind?

G. Patrick Guiteras, M.D.

*Beginning with this issue, an occasional column will answer questions from our readers. If you would like to submit a question, address your letter to What's On Your Mind Editor, Good Health Report, P.O. Box 8880, Chapel Hill, NC 27515-8850. Letters may be edited. My regular column will return next month.*

### Burning Mouth Syndrome

**Q:** Over the past two years, my wife has developed an ailment known as Burning Mouth Syndrome. We have visited with many doctors in search of a cure and have found none. She complains of a constant burning, painful sensation on her tongue. Apparently many older people suffer from this condition. Could you comment on Burning Mouth Syndrome and discuss its cause and treatment?

**A:** Mother Nature provides doctors with many lessons in humility. Burning Mouth Syndrome is one of these lessons. And what she teaches victims of BMS—patience and understanding—is not totally devoid of value but is not what the typical patient seeks when asking for relief.

The usual scenario is this: a woman complains of burning, a bad taste, and dryness in the mouth, usually on the tongue. Frequently she will say that it's not there on awakening, but gets worse as the day progresses. Foods either have no taste or, worse, taste strange. A number of mouth washes, dentifrices and other remedies have not proven useful.

The doctor, peering into her mouth, sees nothing out of the ordinary. Tests are ordered and results pondered. Additional remedies are tried. Nothing good happens.

In medical parlance, BMS is an idiopathic illness, from the Greek *idio* meaning one's own, and *pathos* or suffering. In this context, it is used to describe an illness for which no cause is known; it causes its own suffering, so to speak. Frequently used by physicians, the word is a special favorite among medical students who like its important sound along with its ability to get them off the hook and out of tight spots.

But BMS is currently under consider-

able scientific scrutiny. Useful, if inconclusive, information has emerged. Studies show that most victims are post-menopausal women who felt their change of life more strongly than their peers who do not have BMS. Their symptom is usually on the tip of the tongue but other oral structures may also be affected. No bacterial or fungal infection has been found. Some researchers have found diminished saliva production and altered saliva composition in BMS.

A high prevalence of positive blood tests for rheumatologic diseases such as rheumatoid arthritis and lupus suggests an association between BMS and these disorders—even without overt

rheumatologic symptoms. However, many healthy older people test positive for rheumatoid arthritis and similar disorders.

While these findings offer little practical help as yet, each patient with BMS must be thoroughly evaluated. In some patients a cause can be identified and corrected.

For example, both a vitamin B-12 deficiency and iron deficiency anemia can produce a sore tongue. Replacing the missing nutrient effects a cure.

Other sufferers may have ill-fitting dentures or a habit of thrusting the tongue against their teeth or dentures. In these cases, adjustment of the dentures or habit-modification treatment is helpful.

If the patient is a menopausal woman, estrogen replacement is sometimes helpful, though the results are not uniform. Some patients with sore mouth and tongue have a treatable yeast infection though, by definition, they do not have BMS. And certainly, frequent sips of water should be tried in all patients on the supposition that inadequate or abnormal saliva is the culprit. Perhaps in the not-too-distant future,

*Mother Nature provides doctors with many lessons in humility. Burning Mouth Syndrome is one of these lessons.*



we'll be able to drop the "idiopathic" from Burning Mouth Syndrome.

### Not So Rosy

**Q:** I have a skin condition known as rosacea. My nose and cheeks get red and pimply, something I really don't want at age 56. A dermatologist prescribed tetracycline which works but gives me intolerable diarrhea. What else I can try?

**A:** I suggest you talk with your doctor about Metrogel, a gel formulation of metronidazole. It is applied to the affected skin and has few, if any, systemic side-effects. What's more, it is effective for this vexacious chronic skin condition that is common among middle-aged people. I agree with your assessment of rosacea—it's challenging enough to move into middle age without having to face acne again.

You can expect good results from Metrogel, thus garnering all those well-deserved comparisons to Robert Redford and not to the most famous rosacea patient of all—W.C. Fields.

### Embarrassed To Ask

**Q:** I have had trouble with aching, stiff joints for the past several months. My regular doctor has treated me with various anti-arthritis medications, with limited success. I'd like to see a specialist about this problem, but am embarrassed to ask my doctor for a referral. I'm afraid it will hurt his feelings—he's been very good to me over the years. Do you have any suggestions? Should I simply go to the specialist on my own?

**A:** The answer is clear—talk it over with your doctor. Conscientious physicians want their patients to get well and if they can't provide the needed improvement, then most would also want a consultation with a colleague in an appropriate specialty. It is standard operating procedure in medical practice and most physicians want help when they—and their patients—need it.

Don't worry about hurt feelings. If you and your doctor have a long and agreeable relationship, it is unlikely that you will injure his or her ego. Doctors are accustomed to this situation and often feel relief when the patient asks for another opinion

in a case that is not going well.

Don't try an end run. Your doctor probably has important information about your problem that can be shared with the consultant, thus saving you time and expense. Not only that, your follow-up care will likely be overseen by your general physician, an activity best coordinated if good communication exists among consultant, generalist, and patient.

### Itching To Be Done With It

**Q:** I always get bad poison ivy. Last year I had rash and blisters all over, even on my eyelids! Some creams and pills from my doctor helped but I still suffered for a week. I've heard about a poison ivy serum. A friend said that one shot of this and you won't be bothered by poison ivy. Does the serum really work?

**A:** While its manufacturer claimed that it blocked the body's allergic response to poison ivy, in my experience, this serum just didn't work and in some cases made the allergic reaction worse.

The best way not to get poison ivy is to stay away from it. At the least, if you cannot avoid contact, protect yourself with gloves, long sleeved shirts and long pants. After your work is done, get out of the clothing at once and take a long shower. Removing the poison ivy oil from your skin within 15 minutes of contact will lessen the allergic response you experience.

While some people advocate using chlorine bleach or gasoline to wash the oil off your skin, soap and water does the job quite well and carries no risk of burning your skin or blowing you up.

If a rash does develop, over the counter remedies can help. You could try calamine lotion and Benadryl which is an antihistamine. If that doesn't do it, your doctor can prescribe a cortisone cream for topical application, or if the case is very bad, cortisone by mouth. That usually takes care of the itching and speeds healing of the rash.

■  
*G. Patrick Guiteras, M.D., practices family medicine in Chapel Hill, NC, and is a clinical faculty member of the University of North Carolina School of Medicine.*

## Wellness Tips

### Savor Summer Foods...Safely

Warm weather means cookouts—and food poisoning on the rise. Use these U.S. Dept. of Agriculture tips to keep illness off your menu.

**1. Refrigerate** food you'll use quickly; freeze raw meat or poultry you won't use in one to two days. Keep your freezer at 0°F, your refrigerator at 40°F.

**2. Thaw food in the refrigerator,** not on the countertop. Bacteria multiply quickly at room temperature.

**3. Wash hands, utensils and counter surfaces after contact with raw meat and poultry.** Otherwise, bacteria on raw meat can spread.

**4. Never leave perishable food unrefrigerated** for over 2 hours.

**5. Thoroughly cook raw meat, poultry and fish** to an internal temperature over 160°F.

**6. Freeze or refrigerate leftovers promptly.** Previously cooked and stored food spoils easily. To re-use, reheat leftovers to bubbling—about 185°F.

**7. Don't partially cook food—meat dishes in particular—then freeze and finish cooking later.** Raw meat and poultry should be cooked completely during the first cooking to kill any bacteria. Then freeze for later thawing in the refrigerator or microwave oven.

### Exercise for Limber Fingers

Limber hands and fingers can help you work and play more easily. Here are some easy hand exercises to build flexibility and strength; they're ideal for arthritis. Be sure to exercise both hands.

- Open your hand, with fingers straight. Now bend all the fingers, trying to touch fingertips to the top of the palm. Keep your knuckles and thumb straight. Open your hand and repeat.

- Open your hand with your fingers straight. Now reach your thumb across your palm until it touches the base of the little finger. Stretch your thumb out and repeat.

*Reprinted with permission from Exercise and Your Arthritis, ©1986, Arthritis Foundation. The Arthritis Foundation is not responsible for any injuries sustained while practicing these exercises. Always consult your physician before beginning new exercises.*



Continued from page 1

But you needn't give up tennis, golf, swimming, and boating, or lead a cloistered life indoors.

What must go is sunbathing for the sake of a tan. A so-called healthy tan is actually the skin's expression of permanent, irreversible damage. A tan fades at season's end, but the underlying damage does not.

People differ in their sensitivities to sun exposure. Check the box below to find your skin type and its typical reaction to sun exposure. At the most protected extreme is darkly pigmented black skin, with its high melanin composition. Least protected are certain ethnic groups: people of Celtic descent—Scotch, Irish, English—and those from North Europe—Germans and Scandinavians. If you have Type 1, 2 or 3 skin, I urge you to be very cautious about sun exposure, especially from 10 a.m. to 3 p.m.

Next to hiding indoors, clothing offers the best protection. Broad-brimmed hats, wide UV-shielding sunglasses, and long pants and long-sleeved shirts are ideal.

### Which Potion Is For You?

If summer's hot sticky weather makes such apparel unacceptable, use a good sunscreen as a practical alternative.

By FDA regulation, sunscreens are labeled with sun protection factor (SPF) numbers. Generally, the higher the number, the greater the protection. For example, if you ordinarily get a mild sunburn after twenty minutes of noonday sun, an SPF 15 sunscreen could help you remain outdoors about 300 minutes (15 times 20 minutes) before burning.

Nowadays, sunscreens may contain a variety of protective ingredients, including

para-aminobenzoic acid (PABA), PABA-derivatives (such as padimate A and padimate O), parsol 1789, benzophenones, salicylates and cinnamates.

*Sunblocks*, which scatter ultraviolet light, provide 100% protection—no suntan and no damage. As a rule, they contain opaque, physical blockers like titanium dioxide or zinc oxide. The thick, white cream you see on the noses of lifeguards is zinc oxide ointment. RV-PAQUE ointment is pigmented to make it cosmetically more acceptable. But aesthetics make these products impractical for total body use.

On the other hand, *avoid so-called sun care products* which consist primarily of mineral oil, baby oil, cocoa butter and coconut oil. These ingredients offer no protection. In fact they may even promote sun damage by concentrating ultraviolet rays onto the skin.

### How To Get Top Protection

Here's what I recommend:

- **sunscreens above SPF 25**
- **PABA-free sunscreens**, such as PreSun 29, because PABA and its derivatives can be irritating or allergenic to many people.
- **water-fast sunscreens**—those capable of remaining fully protective through nearly 90 minutes of swimming or heavy sweating. Products labelled water-resistant remain effective only half as long, and those not labelled at all lose optimal effectiveness quickly when wet.
- **apply sunscreens liberally.** A bathing suit-clad body needs about one ounce of sunscreen.
- **apply to dry skin** in an air conditioned room, 15 to 30 minutes before going out.
- **reapply sunscreen as soon as possible** after a long swim, vigorous towel-drying, or heavy exercise.

### Moisturizing

Of all skin care products, moisturizers are the most hyped. Claims abound for

anti-aging, anti-wrinkling, cellular activating, rejuvenating, skin-firming, skin-repairing, and pore-shrinking products.

Highly advertised moisturizers contain ingredients claimed to have miraculous properties—collagen, procollagen, elastin, amino acids, vitamin E, tocopherol, vitamin A, allanotoxin, hyaluronic acid, DNA, RNA, placental extracts, liposomes, eggs, milk, honey, royal bee jelly, and fruits, vegetables and herbs. Such moisturizers can cost from \$15 to over \$100 an ounce. Most are available only at "fine department stores." Further more, some products are designated solely to use under the eyes... only at night... for the face... for the body.

A few general rules can simplify and lead to choosing the right moisturizer for the least money.

### Do You Need A Moisturizer?

Who really needs a moisturizer? Certainly many people as they age. Natural oil gland production diminishes, resulting in dryness—by far the most common skin affliction. Flaking, itching and cracking may follow. Research shows that over a lifetime, everyone has dry skin at some time.

Even teenagers can benefit from moisturizers. Overexposure to the sun (which should be avoided, of course) can leave skin dry and flaky, as can prolonged exposure to the low humidity of air-conditioning. Winter winds and chapping moisture can also do it, compounded by indoor heat's

## Getting U

The epidermis has three sections. The basal layer's cells continually divide and move upward to supply cells for the layers above.

The **melanocyte cells** produce the pigment you see in skin color. Sitting in the sun or in a tanning booth triggers more pigment production—an attempt to heal the damage of ultraviolet (UV) radiation.

In the middle is a thick layer of **squamous cells** which divide and migrate upward to die and form the relatively thin but tough outer layer you see, feel and wash, called the **stratum corneum**.

Contrary to what Madison Avenue would have you believe, this outer layer of dead cells cannot "eat" or "drink in" substances applied to it. Remarkably few substances penetrate this efficient barrier.

To remain smooth and supple, this top skin layer must contain 10 to 30 percent water. To lock in the skin's natural water content, your skin produces its own oily film from **sebaceous gland** secretions.



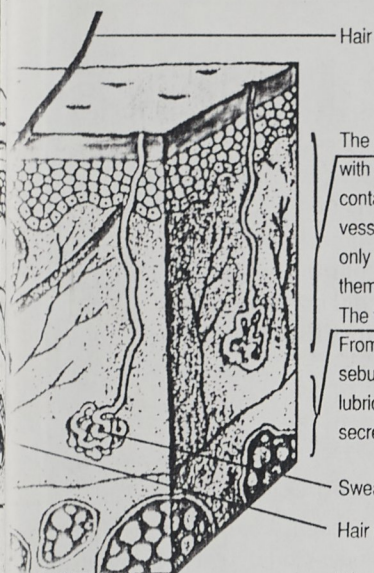
### Which Skin Type Are You?

- Type 1** always burn, never tan—extremely sensitive
- Type 2** always burn, sometimes tan—very sensitive
- Type 3** sometimes tan, sometimes burn—sensitive
- Type 4** always tan, sometimes burn—minimally sensitive
- Type 5** always tan, never burn—not sensitive
- Type 6** black skin—not sensitive

—*Super Skin*, Nelson Lee Novick, M.D., Clarkson N. Potter, Inc., Div. Random House, New York.



# er Your Skin



The **dermis**, or supporting layer, is laced with sensitive nerve endings and nutrient-containing blood vessels. Fed by larger blood vessels, these tiny vessels are your skin's only source of nutrition and oxygen. Surrounding them are fibrous proteins, collagen and elastin. The fatty **subcutis** cushions and stores energy. From here, the sebaceous glands secrete oily sebum which follows each hair shaft to the pores lubricating the skin. Here also, the eccrine glands secrete sweat to regulate your body's temperature.

Taken from *Saving Face* - Nelson Lee Novick, M.D.,  
Published by The Body Press (div. Price Stern Sloan, Inc.), 1986  
360 North La Cienega Blvd., Los Angeles, CA 90048

drying effects.

Treatments for both the teen or the adult version of acne can be irritating. I often add moisturizers to acne treatment regimens to soothe the beleaguered skin.

So the answer to who needs a moisturizer is probably *everyone* at some time, especially as we grow older and drier.

Advertising for so-called anti-aging and anti-wrinkling concoctions makes good use of this fact. Dryness does not cause wrinkling but it accentuates any wrinkling already present.

## Getting Your Money's Worth

- **Avoid any moisturizer with exaggerated claims of "anti-wrinkling."** Any products that reduce dryness will also lessen wrinkle accentuation, but it does not eliminate the underlying problem.

- **Avoid products with miracle-performing ingredients.** As you can see in the box above, the skin cannot absorb most substances applied to it. Molecules of collagen, elastin, or other exotic-sounding ingredients are simply too large to penetrate the skin pores.

- **Avoid products designated for use on only one area of the body.**

- **Avoid those containing common irritants or allergic sensitizers,** such as lanolin or lanolin derivatives, paraben, preservatives and fragrances.

- **Seek relatively inexpensive, all-purpose moisturizers that may be applied**

**all over.** These contain combinations of such ingredients as petrolatum—an occlusive substance well-recognized for its ability to lock water into the skin—and glycerin—a humectant, which draws water up from lower skin layers, as well as locking onto water from surrounding air. Moisturel lotion is one such product.

- **Purchase products** available at local supermarkets or drug stores.

- **Look for non-greasy moisturizers** that won't plug skin pores or cause acne.

- **Use a moisturizer once or twice daily,**

preferably after a bath or shower, for best results. Apply it all over after lightly patting your skin dry.

## By Prescription Only

Recently, a new moisturizing drug called *Lac-Hydrin* lotion was introduced. Containing the equivalent of 12% lactic acid and available by doctor's prescription only, it is valuable in treating severe dry skin problems, as well as dryness associated with eczema and psoriasis.

Because it is a topical drug, the FDA required makers of *Lac-Hydrin* to demonstrate that it was safe to use and that it did what was claimed for it. By contrast, cosmetic non-prescription moisturizers must show only that they are safe for the general population. Unlike conventional cosmetic moisturizers, *Lac-Hydrin* works on the skin's underlying layers and its effects last up to 14 days after the last application. If yours is a dry skin problem that doesn't respond to supermarket moisturizers, consult your doctor.

## Cleaning Your Skin

Advertising claims aside, no soap or cleanser is actually good for your skin. No soap can make your skin look younger. Nor can cleansers fight wrinkles or give you "a special glow." All skin cleansers are irritating to some extent.

Daily, your skin encounters a world filled with environmental attackers: grease, grime, germs, natural oils, sweat, cosmetics and pollutants. Added to the need to remove these is your psychological need to feel clean.

At one time, strong soap, hot water and vigorous scrubbing were recommended but today, gentleness is the rule. All soaps and cleansers dissolve grease and allow it to be rinsed off with water. Knowing these facts, here is how to shop and choose wisely.

**Toilet soap** is simply the salt of animal or vegetable fats with palm or coconut oil added for lathering. Quite alkaline and degreasing, it should be used only by those with very oily skin and avoided by others, especially on the face. **Deodorant soap** like Safeguard has antibacterial agents added to suppress odor-producing organisms; it tends to be drying. If you have sensitive skin, avoid it, or use it only on areas like underarms, groin, perianal and feet. **Superfatted soap** is toilet soap with cold cream, lanolin, mineral oil or cocoa butter added to counter its drying effects. Some people complain of its greasy residue. **Transparent soap**—Neutrogena, for example—is a variation of superfatted soap with added glycerin, alcohol and sugar.

Soapless or **synthetic detergent soap**, such as Lowila Cake, is made from petroleum materials and fatty acids. It tends to be less irritating, less alkaline, and richer lathering than plain soap, and is less likely to leave a greasy or scummy residue.

Not to be confused with liquid soaps, which are basically liquid versions of toilet soaps is a new category of **sensitive skin cleansers**, such as Moisturel Sensitive Skin Cleanser. These perform satisfactorily, share

## The ABCD's of abnormally pigmented skin growths

*If you notice any of these warning signs, see your doctor immediately.*

**A stands for asymetry**—one part of the growth is not identical to the other.

**B stands for border**—jagged like the coast of Maine instead of smooth borders.

**C stands for color**—mixtures of red, white, blue, black or brown rather than one uniform color.

**D stands for diameter**—larger than one-quarter inch in size (about the size of a pencil eraser or larger).

—American Academy of Dermatology



# New Health Guidelines For Physical Exercise

After years of scientific study and debate the experts agree and the news is good. We adults don't need to puff, labor and strain in order to gain benefits from exercise.

In a marked departure from guidelines developed in the 1970's which equated fitness with health, experts now say that high intensity exercise is *not* necessary to reduce risk of cardiovascular and other degenerative diseases.

The goal of fitness—improved oxygen consumption and performance—is simply not the goal of many Americans. If good health instead of, say, improved marathon

time is your goal, we now know that reasonable exercise at lower intensities, done regularly, confers plenty of health-giving benefits.

We also know from experience that moderate exercise, while requiring some discipline, is more realistic for most of us than the vigorous, no-pain-no-gain exercises of the 1970's. And the lower risk of injury carried by moderate exercise makes it safe to begin without an expensive evaluation, just an OK from your doctor.

The newest 1991 Exercise Guidelines of the American College of Sports Medicine (ACSM) parallel those issued separately by the American Heart Association and the American Council on Exercise. All recommend the following:

- **For aerobic, cardio-respiratory health:**

- exercise 15 to 60 minutes (formerly 20 to 60 minutes)

- exercise at 40-85% of aerobic capacity (formerly 50-85%)

- exercise 3-5 times weekly (no change).

- **Muscular strength and endurance** guidelines did not change:

- perform 5 to 7 repetitions per set, doing three sets of each exercise

- perform 8 to 10 exercises

- work out 2-3 times weekly.

## Our Future Is Our Past

We are headed, I believe, toward a return to attitudes and activity levels of the 1900's. Back then, chopping wood and carrying water were necessities that also afforded a sense of real accomplishment.

Now, we urge you to exercise daily. The ideal exercise will promote endurance and strength, and offer you a sense of accomplishment. That's the secret of a long, healthy and fruitful life. ■

*Ralph LaForge, M.Sc., teaches exercise physiology at the University of California-San Diego and is Director of Health Promotion at the San Diego Cardiac Center Medical Group.*

## Exercise For The Ill

The greatest single change in the ACSM's guidelines revolutionizes the physical rehabilitation programs for people with congestive heart failure, cancer, renal and kidney disease and others with life-threatening illness. The same decade of research that proved you needn't overexert yourself to get healthy showed that, with clinical supervision, the seriously ill can benefit from exercise, physically and psychologically. This represents a dramatic change; exercise previously was not recommended for the seriously ill.

*Continued from page 5*

many benefits of synthetic detergent soaps, and come in handy pump dispensers for measured economical use.

Finally is the whole array of soaps with fruits, vegetables or herbal additives, medications or abrasive particles. In herbal and organic soaps, the manufacturing process so refines these natural ingredients that in most cases no trace is left; artificial scent is added, which makes the product potentially more allergenic. Antiacne and other medicinal additives in soap aren't in contact with the skin long enough to be effective, and they can cause irritation or allergy. Finally, astringents, toners, and abrasive or exfoliating cleansers tend to be harsh and drying, especially on sensitive or irritated skin.

Here's what I recommend:

To prevent over-drying, use a sensitive skin cleanser only once or twice a day. Avoid lathering or rinsing with polyester scrub sponges, brushes or even wash

cloths. **Lather up using your fingertips**, then **rinse thoroughly with lukewarm water**. (While it may feel relaxing, hot water degreases the skin, especially when combined with soap.) **Gently pat the skin** with a towel, then **apply a moisturizer to damp not dry, skin**.

## Heeding Important Signs

Preventing aesthetic problems is important. But knowing early signs of skin cancer is vital. The ABCD approach on page five helps you decide when a mole or birthmark needs your doctor's attention.

Over 500,000 new skin cancers a year are diagnosed in the United States. Life-threatening malignant melanoma—malignant

moles, beauty marks, and birthmarks—are also on the rise. Get to know your skin's warning signs and have an annual complete skin physical by a dermatologist, supplemented by your own monthly total body check.

## An Asset Worth Protecting

The steps are simple: protect your skin from the sun, moisturize and clean it properly, and watch for early warnings of malignancy. With these, you are on your way to enjoying healthier and younger-looking skin! ■

**About The Author** Nelson Lee Novick, M.D., is Associate Clinical Professor at Mount Sinai School of Medicine, as well as Associate Attending at Mount Sinai Medical Center and Clinic Chief of the Centers Dermatology Clinic. He has written widely in his two fields of internal medicine and dermatology, both for medical journals and consumer magazines. He is author of several medical texts and of the popular books, **Super Skin** and **Baby Skin**, a child skin care book. He was honored by direct election to the American College of Physicians and serves on the Board of Directors of the American Analgesia Society. We welcome Dr. Novick to membership on the **Good Health Report** Editorial Board.



# How To Design Your Own Low Fat Diet

**C**utting fats from your diet reduces your risk for many life threatening diseases.

That's not all. Cutting down on fats also cuts the number of calories you eat, and so you can lose weight. By eating leaner foods, you'll look and feel healthier and more energetic.

## Today's Guidelines

At nine calories per gram, fat is the most concentrated source of calories that you eat. Carbohydrates and proteins supply only four calories per gram, yet another good reason for eating more carbohydrates and fiber from cereals, grains, fruits and vegetables.

Set your goal at getting **30% or less of your total daily calories from fat**. This is the upper limit recommended by the American Heart Association. Within that limit, you should aim for **under 300 milligrams of cholesterol**, which is found only in animal foods.

If you want to reduce your blood cholesterol level, cut down on both saturated fats and cholesterol in your diet. As a general rule for anyone, **no more than 10% of total calories should come from saturated fat sources**.

With all this information, your first and possibly toughest hurdle is to *decide to change your lifestyle*.

Once you are committed, you have several ways you can monitor your fat intake (see box). And when buying foods which do not come with prepackaged nutritional listings, use these guidelines.

## Which Fats Are Saturated?

Saturated fat comes from...

- visible or marbled fat in beef, veal, lamb and pork
- poultry skin and fat
- butter, cream and butterfat in milk
- whole milk dairy products including ice cream and cheese
- solid shortening and cocoa butter
- tropical oils including coconut, palm and palm kernel
- hydrogenated fats and oil.

One way to reduce dietary fat and cholesterol is to eat less meat and poultry. Buy lean cuts. Eat portions no larger than the palm of your hand. If you remove poultry skin, chicken and turkey have less fat than red meat. Bake, broil, grill, steam, or microwave on cooking racks to avoid melting the fat back into the meat. To cut dairy fats, choose skimmed milk products.

## Count Fat Calories

How do you know the amount of total fat you may eat daily? One way is to monitor your total intakes of all fats and saturated fat. First, determine the average number of calories you eat in a day.

Then multiply this total times 0.30 (30%) to get the total number of daily calories from fat. Divide this number by 9 to see how many *total grams of fat* you may eat. (Since these are maximums, if you eat fewer fat calories than these, that's great!)

For example, if you eat 2000 calories a day:  $2,000 \times .30 = 600$  total fat calories

$$600 \div 9 = 67 \text{ total grams of fat}$$

How many saturated fat calories can you safely eat daily? Multiply your total calories times 0.10 (10%) to get total saturated fat calories, then divide this number by 9 to see how many grams of saturated fat you can eat. Here is an example:

$$2,000 \text{ calories} \times .10 = 200 \text{ saturated fat calories}$$

$$200 \div 9 = 22 \text{ grams of saturated fat}$$

## The 30% And Under Approach

Another way to cut your fat intake is to eat only foods that get 30% or less of their calories from fat. Prepared foods usually have nutrition information printed on the package, but often fat is listed in grams per serving.

To see if the food meets the 30% or less criteria: multiply the grams of fat by 9; this equals the fat calories in one serving. To get the percentage of fat per serving, divide by the number of calories per serving. For example, suppose the nutritional label of crackers listed 200 calories and 6 g (grams) of fat per serving.

$$6 \text{ g fat per serving} \times 9 = 54 \text{ fat calories}$$

$$54 \div 200 = 27\% \text{ of calories from fat}$$

## Where Do You Get Cholesterol?

*Cholesterol is found only in animal products:* eggs, milk products, pork, beef, veal, lamb, poultry and some fish.

Egg yolks are a concentrated source of cholesterol. Substitute 3 egg whites and 1 yolk for 2 whole eggs, or use egg substitutes. Limit egg yolks to 3 per week for a low-cholesterol diet.

## Hidden Fat

Prepared foods, especially snacks, are often high in fat. Hydrogenated vegetable fats are no healthier than saturated fats, so look for total fat content. Read ingredient lists carefully, even if the label claims the product is "lite" or "100% cholesterol free" or "fat free." Much labeling can be misleading.

## Other Help

Several good books can help you determine the amount of fat and cholesterol in foods. Densie Webb's *The Complete "Lite" Foods Calorie, Fat, Cholesterol, And Sodium Counter* (Bantam Books, ©1990) lists 1000 brand-name products. Unfortunately, the book does not include information about saturated fats.

*All American Low-Fat Meals In Minutes* by M. J. Smith, M.A., R.D., L.D. (©1990 DCI Publishing, Inc.) offers excellent low-fat recipes, menu suggestions and even weight-loss information. ■

*Susan M. Kleiner, Ph.D., R.D., is Adjunct Assistant Professor of Nutrition at Case Western Reserve University and is a corporate nutrition consultant in Cleveland, Ohio.*

*As a service to our readers, we offer copies of the 315-page softcover book, **All-American Low Fat Meals In Minutes**, which features quick-to-prepare dishes that use readily available ingredients from your local supermarket. Send \$12.95 plus \$3 shipping and handling, to Good Health Report, P.O. Box 8880, Chapel Hill, NC 27515.*



## God, Prayer and Health

Studies have shown that older adults, as a group, are highly religious. Between 63 and 95 percent pray daily. But does this affect their beliefs and behavior related to health and illness?

Taking an exploratory step to study this question, researchers from Duke University talked with 20 men and 20 women, ages 65 to 74. Nineteen were white, 21 were black; all were Protestant.

The results? These older adults clearly had the image of a benevolent God. Most did not think there was a clear association between moral living and health or illness. They all prayed: people with less education were more likely to pray than the more educated, but race made no difference.

Three symptoms were universally prayed over: heart palpitations, shortness of breath and forgetfulness. Researchers theorized that people saw these serious symptoms as a threat to future health and independent functioning. In fact, several people prioritized symptoms and did not want to "waste" prayer on inconsequential symptoms. A woman who prayed about her joint pain and fatigue but not about bunions said, "I don't think God wants to hear about my bunions. I think he's got

more important things to think about like AIDs and the Persian Gulf."

Overall, the Duke University researchers concluded that older adults' religious beliefs do intertwine with their beliefs about health and physical symptoms. Many see their health and illness as being at least partly attributable to God and open to God's intervention. Thus, researchers noted, a person would find strength and motivation to follow prescribed treatment when it is reinforced by the sense that God is helping in the healing process. —*The Gerontologist*, V. 30, N. 2

## Keeping Pace

Unlike pacemakers of the past, today's models can overcome electromagnetic interference from many home appliances. However, if you have a pacemaker or know someone who does, use these safety tips from the American Journal of Nursing.

- With a recent model pacemaker, you can drive, turn on light switches, televisions, radios, sleep under an electric blanket or use a burglar alarm system.
- Metal detectors at airports present no hazard, although you may set off an alarm. Be sure to carry a pacemaker identification card when you travel.
- You can use hand drills, battery-driven

toothbrushes and blow dryers so long as you hold them well away from the pacemaker site. Otherwise, they can interfere with the pacemaker's operation. Be sure all such appliances are properly grounded

- Microwave ovens older than ten years can leak current and interfere with a pacemaker. If you don't know an oven's age, stay six feet away while it is in use.
- Work near electric welders, electric steel furnaces, or radio or television transmitters may be hazardous to pacemaker wearers. Discuss this with a cardiologist.

## Male Pain Without Physical Cause

Often when a man complains of genital pain, his doctor can find no physical cause, yet may prescribe antibiotics.

In a psychological study at the Cleveland Clinic, researchers found that men who reported genital pain but had no physical cause experienced an unusually high number of psychological problems and had poor social support. These factors, researchers suggested, may help bring on the pain.

Genital pain seemed directly related to the men's psychological distress about sexual inadequacy, loneliness and fear of being hurt in a relationship. The pain interfered with sexual functioning and provided an excuse to avoid intimacy, yet also promoted attention and concern from friends and medical professionals.

Cleveland Clinic physicians now prescribe short-term behavioral treatment instead of antibiotics in these cases.

—*Cleveland Clinic Journal of Medicine*, Vol. 57, No. 8

## FROM ABROAD

### Australian Tobacco Institute Found Guilty of Deception

It began with an advertisement claiming that "There is little evidence and nothing which proves scientifically that cigarette smoke causes diseases in non-smokers."

It ended in Australian Federal Court with a verdict of guilty against the Tobacco Institute of Australia for its misleading and deceptive advertising.

In the bitterly contested and expensive public interest case, the judge reviewed scientific evidence from the United States, Europe and Australia. After a 90 day hearing, he concluded that passive smoke caused asthma, lung cancer and respiratory diseases in young children.

In his ruling, the judge said, "Active smokers are likely to be misled or deceived by the statement into believing their smoking does not prejudice the health of non-smokers, particularly small children. Non-smokers are likely to be deceived or misled into believing cigarette smoke does not affect their own health or the health of their children. These are serious matters."

The Australian Federation of Consumer Organizations, which brought the case, against the country's tobacco industry, hailed it as an historic victory that would lead to more public health measures to prevent passive smoking.

—*British Medical Journal*, Vol. 302, No. 6773

## Upcoming

- *Sick Building Syndrome and Your Health*
- *How To Add Variety To Walks*
- *Lyme's Disease: An Update*
- *What Your Dentist Is Learning About Nutrition*

*Executive Health Report* and *Good Health Report* are indexed in *Health Index* and in *Consumer Health & Nutrition Index*. Microform, article, and issue copies are available from University Microfilms, Ann Arbor, MI 48106. The goal of *Executive Health's Good Health Report* is to provide timely health information which may enhance the well-being of its readers. Advice for individual medical needs should come from your personal physician.