

This Month's Success Story—Mandy

By Florence Nash



Mandy is a pretty blonde with ruddy cheeks and a confident blue-eyed gaze. She looks as if she might have been a popular athlete or cheerleader at her small-town New Hampshire high school a few years ago—the picture of health, you'd say. You'd be so wrong.

When she was seven years old, Mandy was diagnosed with Type 1 diabetes a chronic disease that can lead to a spectrum of life-threatening complications: kidney failure, blindness, nerve damage, premature heart attack, stroke. Control of the disease is a constant vigil—monitoring blood sugar levels up to 12 times daily, strict dietary restrictions, daily injections of insulin—which takes a huge toll on both patient and family. After the initial shock of her life-altering diagnosis, however, Mandy and her family adapted amazingly well. Learning to inject herself with insulin and check her own blood sugar levels, she was able to maintain most normal school activities. Despite the burden of her disease, Mandy got straight A's in high school, was a class officer, was inducted into the National Honor Society, and received several college scholarship offers.

At age 18, she headed off for the University of New Hampshire, aiming for a career in diabetes-related research. There, however, away from family support and struggling with the pressures and distractions of college life, Mandy found her self-discipline slipping. By her senior year at UNH, Mandy's health was declining and she was gaining weight. Then, when she was home on winter break, first her feet began to ache and then acute nerve pain "traveled through my whole body, even my scalp." She couldn't shower, couldn't ride in a car because of the pressure of the seat belt. Unable to lie down, she slept only in quick catnaps leaning against the wall. Painkillers didn't work; even intravenously administered anesthetics didn't help. She left school and became more or less bed-ridden at home, except for endless rounds of appointments—rheumatologists, neurologists, pain clinics, even acupuncturists—and occasional hospitalization for observation as doctors tried narcotic after narcotic.

Confined to home, unable to work or to complete college, sleep-deprived and in constant pain, Mandy was at her lowest ebb. Asked if she had ever thought of suicide, however, Mandy shoots back, "No. Never! Never once! Ever!"

Slowly, as months passed, things began to improve. Mandy began to think about returning to college. At the DMV to renew her expired license, she was shocked to failed the eye exam. When a follow-up eye exam found hemorrhaging in both eyes, she was rushed back to the hospital for surgery, followed by a week of laser treatments. When the treatments didn't work she received an emergency vitrectomy, "the most bizarre thing that's ever happened to me," she exclaims. "You have to be wide awake the whole time, and you know that if you move, or if they make a slip, you go blind." After ten such surgeries, "It worked, and I see. I have glaucoma in both eyes as a side effect of the surgeries. I can't drive, and I have a really, really hard time reading."

But plucky Mandy still determined to resume her studies.

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Comments or questions about the Rice Paper can be directed to (919) 383-7276 ext. 226 or write to us at ricepaper@ricediet.com. If you would like to receive this newsletter electronically please tell us your email address. We look forward to hearing from you.



Alumni Reunion Scheduled



WATCH THIS SPOT FOR REUNION NEWS!!! During the first two weeks of October (actual dates to be announced) the Rice Diet Program will hold its first official Alumni Reunion. We believe that support from members of the Rice Diet community, both patients and staff alike, is important to long-term success. We invite all former patients to join us

in celebration, to renew friendships, mingle with staff, and learn new information about health and wellness. If you have questions about the reunion contact Jayne Charles at 919.383.7276 ext. 237. The July issue of the Rice Paper will include details about the alumni program package, including:

- Lodging
- Health status review
- Meals
- Special programs for alumni
- Group sessions
- Social activities

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"I don't see that well, but they have things that they can do for people. Blind people go to school, and I'm not blind. It takes me a long time, but I can read."

Meanwhile, after reading about the Rice House in *Prevention Magazine*, Mandy's parents gave her a month on the Rice Diet Program as a Christmas gift. Overjoyed, Mandy called the clinic to make arrangements, and on February 1 she flew to Durham. After her orientation, she talked with Dr. Rosati. "The first thing he asked me was, 'Why did you come here?' I said, 'Well, I'm diabetic and I know I'm overweight, and I've had this, that, and the other, and I'm on these medications.' And he said, 'But do you know why you're *really* here?'" Here Mandy points at her heart and smiles. "He said, 'You need to heal what's in here.' And I thought, 'This place is for me!' I'd never sat down with a medical doctor and talked about family, and trust. And from the get-go, that's how it was with him. I knew something was different from that very first day."

On the Rice Diet program, Mandy began to see changes in less than a week. On the first day, she was taken off one of her blood pressure medications. By the end of the second week, she was off the second one. The doctors reduced her insulin dose in the first two days. Moreover, they predicted that the diet might reduce the pressure in her eyes enough so that in time she could discontinue her glaucoma medication. Mandy was thrilled by what was happening to her, and her determined pursuit of good health—a goal that had sometimes seemed hopelessly elusive—was strengthening daily. With the help of Dr.

Rosati and Dr. Neelon, she was able to extend her one-month visit to four months.

"I never thought I could do so much by just sticking to this very simple diet. When I came here I thought, 'How am I going to eat this and not want to eat everything in sight when I go home?' But I've never been hungry on it. It's been the easiest thing. It's filling and boring."

In April, Mandy went home for a few days to attend her sister's wedding shower. "The first thing every single person said was, 'You look really good. You're a different human from when you left.' Even people I just talked to on the phone said, 'Mandy, you sound happier.'"

"Up until now, I've felt like I've never had closure on anything, on any part of my life. You know what I mean? I never finished school, I never finished taking care of my diabetes, I never finished losing weight. Now things are kind of coming full circle. It feels awesome."

And her success was awesome. Mandy's blood sugar on the Rice Diet fell rapidly from 180 at entry to 106 by her departure, its lowest level since her diagnosis 20 years before. Her BMI fell to 29.1 (and continued to drop after she returned home). Her blood pressure, 109/67 at entry, fell to a weekly average of 90/57. Mandy returned to her college studies in September, majoring in health education with a goal of becoming a certified diabetes educator. To the surprise of no one who knows her, she made the Dean's List.

"I know I'll keep to this program. This is my life now. If I ever need their help I know I can call the Rice doctors. It's been a long road, but I think it all happened for a reason."

Tax Savings

A 2002 IRS ruling (IR2002-19) recognizes obesity as a medical condition for tax purposes and qualifies the costs of weight-loss programs as medical deductions. Check with your financial advisor.

What The High Fat/ Protein and Low Carbohydrate Advocates Forgot to Mention

by Kitty Rosati

It's confusing to read that trendy high-fat/protein, low-carbohydrate Atkins-type diets have actually improved certain heart disease risk factors in research subjects. Of course weight loss, however achieved, is good for every modifiable risk factor of heart disease: cholesterol, LDL, blood pressure, triglycerides, and blood sugar. These risk factors don't care how you lost the weight; they are simply thrilled that you did. *But for your overall, long-term health, it matters very much what you have eaten.*

A diet high in complex carbohydrates provides not just weight loss but a range of health-promoting substances. Whole foods (especially fresh fruits and vegetables) offer high amounts of vitamins A and C, which boost the immune system and keep LDL from oxidizing (the underlying cause of most heart disease). Whole grains, beans, fruits and vegetables provide rich amounts of fiber, phytochemicals, bioflavonoids, carotenoids, retinols, sulforaphanes, isoflavones, polyphenols, and other beneficial elements that may reduce the risk of many chronic diseases. They are also low in cholesterol, saturated fat, oxidants, and other disease-promoting substances. The Atkins diet, by contrast, is very high in disease-promoting substances and very low in protective ones—double jeopardy.

Reports of studies on the Atkins diet omit much of the relevant data. It is important to examine the research: Who funded the study? Do you really believe that the work of researchers accepting thousands of dollars from the Atkins Foundation is not influenced? Did they tell you that some sub-

jects dropped out because their LDLs were rising—and their results were dropped from the data, reducing the number of "failures" reported? *Thirty percent of those in the high-fat/protein, low-carbohydrate diets had 10% or higher increases in LDL, compared with only 16% on the "low fat" diet.* Most studies compare Atkins results with a not-so-low-fat diet, such as the American Heart Association/National Cholesterol Education Program (AHA/NCEP) diet, which has repeatedly been shown to promote rather than reverse atherosclerosis. I've never heard the press mention that the high-fat group reported more adverse effects (e.g., constipation, headache, muscle cramps, diarrhea). I never heard mention that *only* the Atkins subjects were given nutritional supplements, such as fish oil, which improves your fat profile and other potential risks of a low carbohydrate diet.

There is abundant evidence linking animal protein, saturated fat, and cholesterol with heart disease, cancer, and other chronic illnesses. High-protein diets can also cause calcium loss, which can lead to osteoporosis and kidney stones. And the higher your protein and lower your carbohydrate intake, the higher your sodium intake, increasing risk of hypertension, congestive heart failure, kidney disease, osteoporosis, stomach cancer, obesity (thus diabetes), etc.

Let's just say it would be safe to assume that improved heart disease risk factors seen on the Atkins diet are primarily due to the weight loss. The idea

that saturated fats and animal protein have somehow suddenly become health promoting is a far-fetched improbability, to say the least. In fact, recent research has shown that when children maintain their weights on a high-fat diet their lipids (fats in our blood) worsen radically.

The highly respected Seven Countries Study showed Asian and Mediterranean diets to be the healthiest in the world; varying dramatically, most Asian diets contain only about 10% fat while the typical Mediterranean diet contains nearly 50% fat. The common factor is that both diets are very low in saturated fats. (Mediterranean fat intake is primarily from olive oil and omega-3-fatty acid-rich seafood, which lower cholesterol and LDL and raise the "good" HDL.) The findings of these studies is what has supported our "going-home guidelines" for a diet of 10-20% fat—or more, if the additional fat is from olive oil, walnuts, and omega-3 fatty acid rich seafood.

The bottom line, folks, is this: According to a host of well-respected studies, *the lower your saturated fat intake the lower your risk of heart disease.* Don't forget the truth you have always known: keep your saturated fat and sodium intake as low as is necessary to achieve or maintain optimal heart disease risk factors. Sometimes fad-happy stories and studies undermine our ability (and responsibility) to make healthy, conscious choices. Here at the Rice Diet Program we will continue to help you translate the barrage of misinformation you may be trying to survive.

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Keep in Touch

Ready to return to the Rice House? We'd love to see you. For an appointment call Judy Rivers at 919.383.7276 ext 1. Think about making this commitment to yourself today.

FUN FACT

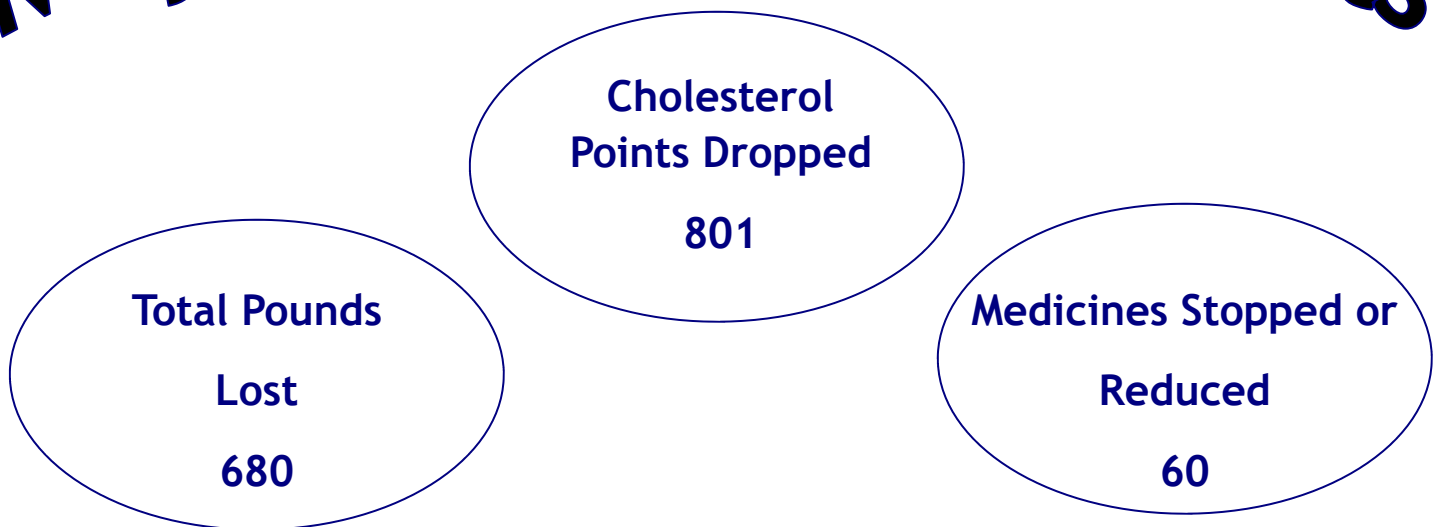
On June 15, Judy Rivers, Rice Diet Staff Assistant, will celebrate her 40th anniversary at the Rice Diet Program.



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May Rice House Results



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