"There are only a few stupid reasons people die—
they just happen to kill a whole lot of people."

Chapter 1

Rumors, Tumors and Baby Boomers

Ed was having a *very* good night. It may have been a freezing Michigan evening in the dead of winter, but Ed was glowing. He had just bowled a perfect 300 for the benefit of his team, the third perfect game of his life.

He had been bowling for decades, but *these* three scores were all hallmarks of the past two years, as was his induction into the Kalamazoo Bowling Hall of Fame. Life was great. Ed was at his peak.

Ten more pins went their separate ways as he nailed another strike on the fourth frame of the next game. Returning to his chair, he suddenly knew something was terribly wrong. Then, nothing.

Friends and family watched their Kalamazoo hero clutch his chest and collapse. A tiny blood clot had suddenly formed in Ed's heart. His life simply stopped.

John Ritter's darling daughter was celebrating her 5th birthday, just a few days prior to her dad's 55th. Her famous father was busy, preparing to tape the latest episode of his hit television series, *8 Simple Rules for Dating My Teenage Daughter*.

While working on the set, he began to feel ill. Things quickly went from bad to worse and Mr. Ritter was rushed to St. Joseph's, the same Burbank hospital where he was born. Several hours later, as a team of surgeons struggled to repair his torn aorta, he died on the operating table.

The sudden tear that ended John Ritter's life was reportedly due to a heart defect, an undetected problem Mr. Ritter may have had since birth.

Ed's story made the national news because in the midst of personal glory he dropped dead. John received even greater coverage because he was well known to most Americans.

Every day, the lives of average, healthy-looking folks come to an abrupt end, sending shock waves of misery through the lives of their loved ones. Their stories may lack the tragic irony or celebrity status to make them newsworthy, but for every John Ritter, there are a thousand John Does.

As I write this, the first baby boomers are just hitting 60, and the average life span in America is up to 78 years. And that's great, since life expectancy was only 40 years just a century ago.

Yet it's a harsh statistical fact that in every group, *somebody* has to fall below the average. This means that for all the spry characters who make it to their 80s and 90s, an equivalent number of unlucky souls die long before Medicare ever kicks in.

We've all seen it. A father dies suddenly of a massive heart attack. A mother wastes away from cancer. End of story. No more holidays, soccer games, or school plays to share with the family. Someone else must walk their daughters down the aisle. Show up to your next high school reunion, and you're sure to hear about a few more.

Here's the tragedy: Many of these people die in the prime of life from common medical conditions *we already know* how to find and fix.

How could this happen? In most cases, it happens because no one looked for or treated the problem the right way, in the right place, at the right time.

Devastated friends and relatives, watching a loved one die, can't help asking if something could have prevented this life from ending so soon. Whether the patient is suffocating from congestive heart failure or battling a cancer consuming their body, the answer is often a heartbreaking "yes." It's terrible to realize that someone you loved might still have been with you.

Every year, tens of thousands of people "slip through the cracks" and pay the ultimate price. And it's not that we don't care! Both the health-conscious and the "worried well" in America spend billions of dollars on products that promise to keep them healthy or ensure a long life.

No-Fat! • All-Natural! • Lite-Lite-Lite!

If a fraction of this energy and money was applied to truly effective screening, prevention, and treatment, death could be postponed for tens of thousands of men and women.

There are countless "stay healthy" books to guide you through myriad dietary and lifestyle changes, herbal and vitamin cures, and other instant miracles to ensure your health and longevity. This is not one of them.

Even the books with good advice on healthy living don't seem to inspire and sustain meaningful changes. They just leave most readers feeling guilty. Often, it seems impossible for busy people with too many demands and not enough time to redesign their lifestyle.

Not that cutting back on junk food or taking time to exercise are bad ideas; they're not. But here's the irony. Even if you pull it off—exercise every day, eat only salad, fish and tofu, take vitamins, meditate, and grow your own organic vegetables, you will only increase your chances of avoiding a preventable early death by a tiny percentage.

In fact, if every citizen in this country ran five miles a day and never again ate cholesterol-laden food, there would still be millions of people like Ed, dying for stupid reasons, dying because of heart attacks, strokes, cancers, and other diseases that could have been detected and stopped.

This book is about *real* results. And real results for living longer don't come from good intentions and superhuman discipline. They come from being smart about identifying and treating the things most likely to kill *you.*

It's not difficult to avoid the most common killers if you accept that reducing your chances of dying young is worth a little effort and money. That is what this book will help you do. Minimal scare tactics, no false promises, and no reasons to feel guilty.

When people die prematurely, it's rarely because they're lazy, simple-minded, or have a death wish. It's because they're misled. But while it may not be their fault, they *are* part of the problem. If you are an average, forty-plus American, you're most likely focusing your efforts to be healthy on the wrong things. Most of us plow headlong into harm's way because of some basic things we fail to do and because of one thing we should never have allowed in the first place. I will bet that:

- **You are not getting all the right tests to see if you have a life-threatening medical time bomb waiting to go off.**
- **You are not taking the medicine, supplements, or other treatments that can defuse that bomb.**
- **You are not separating useful health information from the hype, partial facts, and plain nonsense you get from the news media.**
- **But you *are* allowing accountants, bureaucrats, policy makers, and politicians to make major healthcare decisions for you, perhaps unknowingly.**

Medical issues fascinate many of us and affect the health of all of us. They also make juicy headlines, whether it's Mad Cow prime rib, the dangers of Phen-Fen, or the latest Avian Flu scare. Yet *this* simple fact never makes the daily news:

Your number one, greatest risk of dying is from a disease that can be prevented or successfully treated.

Apparently, this crucial message isn't considered newsworthy. Of course, there are a million ways to die. A meteorite could fall from the sky and end my life in an instant. An inoperable brain tumor could kill me in a few months, or I might just get onto the wrong plane at the wrong time. I hope to avoid all three, but I don't worry about them. These possibilities and thousands like them are unavoidable, incurable, or random tragedies.

Most of the time, however, death is a dreary, predictable intruder. It comes in the guise of some health condition that can be detected and arrested before it claims its victim. Yet, it slips in easily and frequently, picking off friends and family *because we aren't paying attention!*

If there were hundreds of complicated things we need to do to avoid such disaster, there might be an excuse for not taking action. But, here's the frustration: There are only a few stupid reasons people die; they just happen to kill a whole lot of people....

(Chapter One is continued in the book ***Stupid Reasons People Die*** - *An Ingenious Plot For Defusing Deadly Diseases.*)

"Does this mean we are drugging our kids with a cupcake? You bet."

Chapter 4

Everyone's Addicted – Everything's a Drug

How can *everyone* be drug dependent? First, consider the word, "drug." In our national consciousness, it is associated with evil, poverty, despair, and death. Overdose. Addict. Domestic abuse. Whacked. Wasted.

What makes something a drug? Most people, for example, would say penicillin fits the description. It's a substance, totally foreign to the body, with potentially dangerous side-effects, deliberately taken for a medical purpose to fight dangerous infections. Heroin is a drug, again, foreign to the body and taken to feel un-naturally euphoric. So is cocaine. Marijuana. Prozac. Alcohol. Nicotine. Aspirin. Coffee—my personal drug of choice.

But do all drugs have to be *foreign* substances? Sometimes the line blurs between what is foreign and what is familiar to the chemistry of our bodies.

Narcotic pain killers, like codeine and morphine, are well known as addictive drugs. Both are foreign substances, and yet they copy the effects of the natural narcotics our bodies produce, endorphins. Your brain releases endorphins during times of injury or athletic stress. They cause a "runner's high," that great feeling you experience after a vigorous workout. They suppress excruciating pain if you are seriously injured, allowing you to deal with the situation.

Endorphins are the result of one of Mother's experiments on how man might, or might not, survive. It has been suggested that a major release of endorphins causes the elated feelings reported by those who had near-death experiences.

Physicians can't use endorphins as a pain medication because they can't get to the brain from the bloodstream or stomach. They would need to be administered directly into the brain via needle or catheter in order to be effective. Man-made narcotics, the medicinal counterparts of endorphins, can be given orally or injected and will then cross the "blood-brain barrier" to act at the same sites as natural endorphins, sometimes much more effectively.

Okay, now what if real human endorphins *could* be administered into the body, cross the blood-brain barrier and provide sustained relief? It wouldn't be a "foreign" substance. It's a natural substance produced by the body. Would it be considered a drug?

Yes. It would be the *deliberate* use of the substance, *above and beyond natural levels produced by the body*, in order to have a deliberate effect. We'd feel less pain and have a narcotic "high."

Many of the drugs on the market actually *are* the same molecules the body manufactures: estrogen, insulin, human growth hormone, and tissue-plasminogen-activator used to save lives on the heels of a heart attack. Some are synthetic or animal-extracted mixtures, but many are 100 percent identical to the human form. One of the most abundant estrogens in the normal female body, 17-beta estradiol, is used as a treatment for menopause. Is it a drug?

Consider this situation: A 20-year-old woman must have her uterus and ovaries removed because of life-threatening hemorrhaging after a car accident. As a result her body is deprived of estrogen, which increases her risk for osteoporosis. She also develops insomnia, emotional instability, and a range of physical problems resulting from the hormone loss. These short-term problems are resolved with a prescription for estrogen, and her long-term risk for osteoporosis is reduced.

She is replacing a natural hormone produced by the body with a natural hormone produced by the body. Does it matter if she thinks she's on a drug rather than viewing the medication as the hormone transplant it actually is? Absolutely.

After all, she can never have her own children, she has an ugly scar on her tummy at the age of 20, and she struggles with nightmares about the accident. If she believes she's being further penalized with a drug that may be risky, toxic, or unnatural, she is more likely to flatly refuse the treatment.

On the other hand, if she thinks of it as the natural replacement of estrogen, she is more likely to want to actively participate in the decision- making process, to learn about and weigh all the risks and benefits. Then, her decision will be based on a real, informed understanding instead of an emotional misperception.

From one point of view, estrogen pills are seen as a medicinal punishment for losing her reproductive organs. In another context, they represent the action of a powerful person "taking back" what was stolen prematurely from her life. When she uses the medication, she feels more like her old self; the integrity of her bones and her mood is maintained, as is her normal, youthful appearance. She also has a more natural, comfortable sexual response. But, she is still using a substance to deliberately alter the way she feels or how her body functions. She's on a drug.

What other deliberate actions do we undertake to alter our own chemistry and create a desired physiologic effect? Almost everything.

Thanks to modern laboratory tests and imaging technologies such as Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI), we now know that hundreds of *normal* activities have the same effects on our bodies and brains as medications or recreational drugs.

We know alcohol, coffee, and tobacco alter our physiology. That first cup of coffee is the high point of my day, and I wouldn't give it up willingly without a very good reason.

Modern scanners can now show the effect of caffeine from our coffee, soda, or no-doze pills; we actually "see" the effect of this drug on our brains and bodies as noradrenaline and dopamine levels rise. They can show the drug effect when a hungry person eats bread as the neurons that release serotonin become more active. Serotonin is a neurotransmitter that affects our moods. When released by specific brain cells, the subjective feeling of the person scanned is one of contentment, a direct response to eating carbohydrates. Bread, cake, and cookies *really are* comfort foods, things we turn to for a reward or to help us cope during a stressful time.

Does this mean we are drugging our kids with a cupcake? You bet. But not in any criminal way. *Any* food can be considered a drug, because when we eat, our body's chemistry is altered. When we are hungry, we have higher levels of circulating adrenaline, making us energetic and more than a little fierce. Low blood sugar releases hormones to mobilize stored energy and prompt us to eat; the hunter is uncaged. As soon as we get some food in us, the signals are reversed, calming the "warrior status" of our bodies and minds.

Have you ever noticed irritable customers waiting for a table at a restaurant and how they quickly begin to love life after the food and drink are served? So in a broad sense, it could be argued that everything we ingest is a drug. But it doesn't stop there.

Some chemicals we inhale have profound drug effects. Not just negative things like pollens and gas fumes, but pleasant things as well. Stopping to smell roses stimulates the sensation of pleasure and causes us to come back for more the next time we encounter the flower. Is this drug-seeking behavior? Sure, a harmless one.

Some of the most powerful inhaled drugs aren't even noticed with our conscious minds. Pheromones, for instance, are naturally-occurring molecules secreted by humans that have a drug-like effect on other humans. Many of the details of pheromones and their effects are still a mystery; however, we know they play a role in the physical attraction between men and women.

A newborn baby, cuddled close to your neck and face, provides a powerful, indefinable scent that can give you a giddy high. Our bodies produce inhalant drugs that bond us to each other.

A faint aroma once caught my attention when I was walking in the small resort town of Sedona, Arizona. I couldn't identify it, but I was compelled to follow it. Down the block, I recognized some elements of the smell and thought it might be the enticing scent of fresh-brewed coffee. Then I was at the door of the source—a chocolate shop. A vat of hot, dark fudge was being poured into a mold. The windows were wide open, a fan blowing the shop's air out into the streets. No accident, I'm sure.

I lost my intense interest in the scent once I found its source, but I had been drawn to it involuntarily. Part of the craving for chocolate may very well be that it mimics nearly irresistible human sexual pheromones.

It goes further. Our brains react to many non-chemical signals in the same way we respond to pills, foods, drinks, smokes, and smells. Sunlight is a powerful drug. First, it's an essential source for vitamin D production. It's also among the better antidepressants in the world. Who hasn't felt that sudden sense of well-being when the clouds lift to reveal brilliant blue skies? Who hasn't experienced a slump in mood on cloudy days? George Harrison's, "Here comes the Sun," is a song most of us "get."

While we're on the subject of songs, what about music itself? When I don't get my daily "fix" of music, I get grumpy. My spirits lift immediately when I hear a song I like and drop if the next song is one I don't.

We've talked about the drug effects of smell, taste, sight, and sound. What other senses affect our brain-chemistry? Certainly touch counts. At our house, back scratches and head massages are highly valued currencies of exchange.

Psychiatrists know sex is a powerful drug, normally a healthy one, but for some people, addictive. A combination of senses as well as social feedback can also act like a drug. Consider the "thrill seeker." People labeled as "attention deficit disordered" often seek high-speed racing or other extreme sensations as a form of self-medication. There are stage performers who can't get enough applause. What about the gambler, whose occasional big wins are addictive enough to lead him back to the gaming tables again and again until he's lost everything? Fishing remains an enigma to many hard-working wives, but can be a reward unrivaled for many hard-working husbands. And we guys don't all "get" shopping, but we can sense its power.

Some of these hidden drugs don't produce pleasure but are just as strong. The sound of one's baby crying can produce a surge of feelings: fear, concern, doubt, and yes, frustration. It can also start the flow of a mother's breast milk.

The sight of a creepy insect or slithering snake can cause instant, involuntary fear and revulsion. Too many males or females together in competing circumstances can exaggerate grievances, fire up tempers, or just synchronize menstrual cycles.

My list of "hidden drugs" is always growing. Here are a few:

Sunshine • Music • Coffee • The scent of a baby • Chocolate • Ocean Waves • Petting a Puppy • Sex • Ice Cream • Shopping • Television • Landing a Fish • Skydiving • Applause • "Miller Time" • Runner's "High" • Dancing • Sculpting, and, as you've probably guessed, Writing.

More destructive hidden drugs might include:

Tobacco use • Feeling Power or Dominance through Rape or Beating • Gambling • Thrilling to the Danger of Burglary, Robbery or even Murder • Heroin • Child Molestation • Compulsive Plastic Surgery.

What would you put on your list?

From one point of view, it is reasonable to consider most things we choose to do as having some drug-like effect. We act, deliberately or unconsciously, to create brain responses such as pleasure or to achieve a goal. We also act, deliberately or subconsciously, to avoid pain, sadness, anxiety, and other unpleasant feelings. To say "I don't

ever use drugs," from my point of view, would be like saying "I'm dead."

Why is chocolate cake more acceptable than Prozac? Why is an addiction to coffee okay, but an addiction to heroin criminal? What makes a drug healthy or dangerous? If your answers are based on half-truths, myths, or a broad, biased definition, you're effectively uninformed. And that means unnecessary risk to your health and well-being.

(Chapter Four is continued in the book ***Stupid Reasons People Die*** - *An Ingenious Plot For Defusing Deadly Diseases*)