

Health Concerns About Dairy

PhysiciansCommittee
for Responsible Medicine

Many Americans, including some vegetarians, still consume substantial amounts of dairy products. And government policies still promote these products, despite scientific evidence that questions their health benefits and indicates their potential health risks. Though dairy is marketed as an essential food for strong bones, there is more to the story. Some important things to consider include potential health problems like heart disease, certain cancers, digestive problems, and type 1 diabetes.

Bone Health

Calcium is an important mineral that helps to keep bones strong. Our bones are constantly remodeling, meaning the body takes small amounts of calcium from the bones and replaces it with new calcium. Therefore, it is essential to have enough of this mineral so the body doesn't decrease bone density in this remodeling process. Though calcium is necessary for ensuring bone health, the actual benefits of consuming calcium diminish after a certain point. Research suggests that getting more than about 700 milligrams per day—easily achieved without dairy products or calcium supplements—does not make bones stronger.¹

In fact, research is mixed on the benefits of dairy products for bone health. While some studies show a benefit, others show that high milk intake can increase hip fracture risk. The overall balance of research suggests that there is no benefit to drinking milk for strong bones.^{2,3} When researchers tracked the diets, exercise, and stress fracture rates of girls for seven years, they concluded that dairy products and calcium do not prevent stress fractures in adolescent girls.⁴

How can this be? First, healthy bones need more than just calcium. For example, vitamin K is important for bone health, but most dairy products contain very little. Luckily, certain green vegetables such as kale and broccoli are especially beneficial for bones because they contain both calcium and vitamin K.

Vitamin D is also necessary for bone health. Without enough vitamin D, only 10-15% of the calcium you consume is absorbed.⁵ Milk does not naturally contain vitamin D. Rather, it's added to milk in a process called fortification. The natural source of vitamin D is sunlight: Our skin makes vitamin D when exposed to sun. Few foods naturally contain vitamin D—and no dairy products naturally contain this vitamin. Therefore, fortified

cereals, bread, orange juice, and soy or other plant-based milks exist as options for providing vitamin D through the diet.⁶ Supplements are also available.

Five to 15 minutes of midday sun exposure to the arms and legs, or the hands, face, and arms, can be enough to meet many people's vitamin D needs.⁷ However, having darker skin, being older, living in the north, living in an urban area, and even going through a dark winter season can all make it hard to get enough vitamin D from the sun alone. Luckily, supplements are an easy way to get vitamin D. The U.S. government recommends that adults 19-50 years old get 600 international units (IU) per day and that adults 51 years and older get 800 IU per day.

Other ways to protect bones include eating less salt, eating more fruits and vegetables, and ensuring adequate calcium intake from plant foods such as kale, broccoli, other leafy green vegetables, and beans.⁸⁻¹¹ You can also use calcium-fortified products such as breakfast cereals and juices. Soy milk and fortified orange juice provide about the same amount of calcium per serving as milk or other dairy products.¹¹

Lastly, exercise is one of the most effective ways to increase bone density and decrease the risk of osteoporosis.^{12,13} Its benefits have been observed in studies of both children and adults.^{12,14,15}

Fat Content and Heart Disease

Dairy products—including cheese, ice cream, milk, butter, and yogurt—contribute significant amounts of cholesterol and saturated fat to the diet. The saturated fat from dairy can increase the risk of heart disease and stroke and even increase risk of death from cardiovascular disease.^{16,17}

On the other hand, a low-fat, plant-based diet (which eliminates dairy products), in combination with exercise, smoking cessation, and stress management, can not only prevent heart disease, but may even reverse it.^{19,20}

Cancer

Consumption of dairy products has also been linked to higher risk for various cancers, especially to cancers of the reproductive system. Most significantly, consuming dairy has been linked to increased risk for prostate cancer.²⁰⁻²³

The danger of dairy product consumption as it relates to prostate



cancer is most likely linked to increases in insulin-like growth factor (IGF-1).²⁴ Consuming milk and dairy products on a regular basis has been shown to increase blood levels of IGF-1 in humans.²⁵ Studies in diverse populations have shown a strong and consistent link between IGF-1 in the blood and prostate cancer risk.^{26,27} One study showed that men with the highest levels of IGF-1 had more than four times the risk of prostate cancer, compared with those who had the lowest levels.²⁸ In the Physicians Health Study, which tracked 21,660 participants for 28 years, researchers found an increased risk of prostate cancer

Certain **green vegetables** such as kale and broccoli are especially beneficial for bones because they **contain both calcium and vitamin K**.

for those who consumed more than 2.5 servings of dairy products per day as compared with those who had fewer than 0.5 serving a day.²¹ This study, which is supported by other findings, also shows that prostate cancer risk is higher with increased consumption of low-fat milk.^{22,30,31} That means that too much dairy calcium, and not just the fat in dairy products, could harm prostate health. Further research continues to support the link between dairy and prostate cancer.^{23,29}

A study of 1,893 women diagnosed with early-stage invasive breast cancer revealed that eating more high-fat dairy products was linked to higher mortality (death) rates. As little as half a serving per day increased risk significantly. Since hormones are stored in fat, consuming high-fat, rather than low-fat, dairy products likely means women are consuming more estrogen.³² In a study published in *BMC Medicine*, researchers compared dairy consumption and cancer risk for more than half a million

participants in China over 11 years. For every 50 grams (less than 1/4 cup) of milk and other dairy products consumed per day, overall, liver, and female breast cancer risk increased by 7%, 12%, and 17%, respectively.³³

The consumption of dairy products may also contribute to development of ovarian cancer. The relationship between dairy products and ovarian cancer may be due to the breakdown of the milk sugar (lactose) into galactose, a sugar that may be toxic to ovarian cells.³⁴ Two studies, one conducted in Sweden and one conducted among African American women, showed that consuming lactose and dairy products was positively linked to ovarian cancer.^{35,36} The Iowa Women's Health Study found that women who consumed more than one glass of milk per day had a 73% greater chance of developing ovarian cancer than women who drank less than one glass per day.³⁷

Lastly, a large study published in the *British Journal of Cancer* identified 22,788 people who were lactose intolerant and found that those who avoided dairy (due to lactose intolerance) had a lower incidence of lung, breast, and ovarian cancers than their family members who did not avoid dairy. The researchers suggest that avoiding the saturated fat and extra hormones found in dairy products is protective against certain types of cancer.³⁸

Lactose Intolerance

The National Institutes of Health estimates that 30 million to 50 million American adults are lactose intolerant, including 95% of Asians, 60-80% of African Americans and Ashkenazi Jews, 80-100% of American Indians, and 50-80% of Hispanics.³⁹ Symptoms, which include upset stomach, diarrhea, and gas, occur because these individuals lack the enzyme lactase, which is needed to digest the milk sugar, lactose. Nursing children make enzymes that break down lactose, but as we grow up, many of us lose this capacity.⁴⁰ As a result, lactose is not absorbed, but remains in the intestine where it causes symptoms.

Contaminants

Dairy contains contaminants that range from hormones to pesticides. Milk naturally contains hormones and growth factors produced within a cow's body, too. In addition, artificial hormones such as recombinant bovine growth hormone (rBGH) are commonly given to cows to increase their milk production.⁴¹

Antibiotics are used to treat udder infections (mastitis) in cows. Traces of these antibiotics have been found in some samples of milk and dairy products.⁴² Unfortunately, antibiotics are used frequently, because mastitis is very common in cows due to farming practices that cause cows to produce more milk than nature intended.

Pesticides, polychlorinated biphenyls (PCBs), and dioxins are other examples of contaminants found in milk. Dairy products contribute to one-fourth to one-half of the dietary intake of total dioxins.⁴³ All these toxins tend to build up in the body over time. Eventually, this can harm the immune, reproductive, and nervous systems. Moreover, PCBs and dioxins have been linked to cancer.⁴⁴



Milk Proteins and Diabetes

Some evidence shows that insulin-dependent (type 1) diabetes is linked to consumption of dairy products in infancy.⁴⁵ A 2021 meta-analysis found that higher intake of cow's milk in childhood was associated with an 81% increased risk of type 1 diabetes.⁴⁶ In addition, the American Academy of Pediatrics observed up to a 30% reduction in the incidence of type 1 diabetes in infants who avoid exposure to cow's milk protein for at least the first three months of their lives.⁴⁷

Health Concerns for Children and Infants

Milk proteins, milk sugar, fat, and saturated fat in dairy products pose health risks for children and can lead to obesity, diabetes, and heart disease. While low-fat milk is often recommended for decreasing obesity risk, a study published in the *Archives of Disease in Childhood* showed that children who drank 1% or skim milk, compared with those who drank full-fat milk, were not any less likely to be obese.⁴⁸ Moreover, a meta-analysis found no support for the argument that increasing dairy product intake decreases body fat and weight over the long term (>1 year).⁴⁹

The consumption of cow's milk is not recommended for infants. The American Academy of Pediatrics recommends that infants below one year of age not be given cow's milk.⁵⁰ Not only is the iron in cow's milk hard for babies to absorb, but whole cow's milk can cause microscopic bleeding in infants' intestines.⁵¹

Colic is an additional concern with milk consumption. Up to 28% of infants suffer from colic during the first month of life.⁵² Pediatricians learned long ago that cow's milk was often the reason. We now know that breastfeeding mothers can have colicky babies if the *mothers* consume cow's milk. Cow's milk proteins can pass through the mother's bloodstream, into her breast milk, and to the baby, causing symptoms in some infants.^{53,54}

Additionally, children who consume cow's milk are more likely to develop food allergies and are more likely to suffer from chronic constipation.⁵⁵⁻⁵⁸

Skin Health

Lastly, dairy is associated with an increased risk of acne.⁵⁹ Dairy has also been identified as a common trigger for chronic, inflammatory skin conditions like eczema and psoriasis.^{60,61} Drinking milk is associated with shortened telomeres (the caps on your genes), which are associated with premature aging and wrinkles.⁶²

Conclusions

Milk and dairy products are not necessary in the diet and can even be harmful to health. It's best to consume a healthful diet of whole grains, fruits, vegetables, beans, peas, and lentils and replace cow's milk with nondairy milks like almond, soy, or cashew milk. These nutrient-dense foods can help you meet your nutrient requirements with ease—and without the health risks associated with dairy products. ◀

References

1. Fang A, Li K, Guo M, et al. Long-term low intake of dietary calcium and fracture risk in older adults with plant-based diet: a longitudinal study from the China Health and Nutrition Survey. *J Bone Miner Res*. 2016;31(11):2016-2023. doi:10.1002/jbmr.2874
2. Lanou AJ, Berkow SE, Barnard ND. Calcium, dairy products, and bone health in children and young adults: a reevaluation of the evidence. *Pediatrics*. 2005;115:736-743. doi:10.1542/peds.2004-0548
3. Fardellone P. The effect of milk consumption on bone and fracture incidence, an update. *Aging Clin Exp Res*. 2019;31(6):759-764. doi:10.1007/s40520-019-01192-9
4. Sonnevile KR, Gordon CM, Kocher MS, Pierce LM, Ramappa A, Field AE. Vitamin D, calcium, and dairy intakes and stress fractures among female adolescents. *Arch Pediatr Adolesc Med*. 2012;166:595-600. doi:10.1001/archpediatrics.2012.5
5. Holick MF, Garabedian M. Vitamin D: photobiology, metabolism, mechanism of action, and clinical applications. In: Favus MJ, ed. *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*. 6th ed. American Society for Bone and Mineral Research; 2006:129-137.
6. Zhang R, Naughton D. Vitamin D in health and disease: current perspectives. *Nutr J*. 2010;9:65-78. doi:10.1186/1475-2891-9-65
7. Holick M. The vitamin D epidemic and its health consequences. *J Nutr*. 2005;135:2739S-2748S. doi:10.1093/jn/135.11.2739S
8. Reid DM, New SA. Nutritional influences on bone mass. *Proceed Nutr Soc*. 1997;56:977-987. doi:10.1079/pns19970103
9. Lin P, Ginty F, Appel L, et al. The DASH diet and sodium reduction improve markers of bone turnover and calcium metabolism in adults. *J Nutr*. 2001;133:3130-3136. doi:10.1093/jn/133.10.3130
10. Qiu R, Cao W, Tian H, He J, Chen G, Chen Y. Greater intake of fruit and vegetables is associated with greater bone mineral density and lower osteoporosis risk in middle-aged and elderly adults. *PLoS ONE*. 2017;12:e0168906-e0168919. doi:10.1371/journal.pone.0168906
11. National Institutes of Health. NIH Osteoporosis and Related Bone Diseases National Resources Center. Calcium and Vitamin D: Important at Every Age. Accessed May 20, 2018. <https://www.bones.nih.gov/health-info/bone/bone-health/nutrition/calcium-and-vitamin-d-important-every-age>
12. Marques EA, Mota J, Carvalho J. Exercise effects on bone mineral density in older adults: a meta-analysis of randomized controlled trials. *Age*. 2012;34:1493-1515. doi:10.1007/s11357-011-9311-8
13. Going S, Lohman T, Houtkooper L, et al. Effects of exercise on bone mineral density in calcium-replete postmenopausal women with and without hormone replacement therapy. *Osteoporos Int*. 2003;14:637-643. doi:10.1007/s00198-003-1436-x
14. Lunt M, Masaryk P, Scheidt-Nave C, et al. The effects of lifestyle, dietary dairy intake and diabetes on bone density and vertebral deformity prevalence: the EVOS study. *Osteoporos Int*. 2001;12:688-698. doi:10.1007/s001980170069
15. Lloyd T, Beck TJ, Lin HM, et al. Modifiable determinants of bone status in young women. *Bone*. 2002;30:416-421. doi:10.1016/s8756-3282(01)00675-5
16. Mazidi M, Mikhailidis DP, Sattar N, Howard G, Graham I, Banach M. Consumption of dairy product and its association with total and cause specific mortality—A population-based cohort study and meta-analysis. *Clin Nutr*. 2019;38(6):2833-2845. doi:10.1016/j.clnu.2018.12.015

17. Chen M, Li Y, Sun Q, et al. Dairy fat and risk of cardiovascular disease in 3 cohorts of US adults. *Am J Clin Nutr.* 2016;104:1209-1217. doi:10.3945/ajcn.116.134460
18. Szeto YT, Kwok TC, Benzie IF. Effects of a long-term vegetarian diet on biomarkers of antioxidants status and cardiovascular disease risk. *Nutrition.* 2004;20:863-866. doi:10.1016/j.nut.2004.06.006
19. Ornish D, Brown SE, Scherwitz LW, et al. Can lifestyle changes reverse coronary heart disease? *Lancet.* 1990;336:129-133. doi:10.1016/0140-6736(90)91656-U
20. Qin L, Xu J, Wang P, Tong J, Hoshi K. Milk consumption is a risk factor for prostate cancer in Western countries: evidence from cohort studies. *Asia Pac J Clin Nutr.* 2007;16:467-476.
21. Song Y, Chavarro JE, Cao Y, et al. Whole milk intake is associated with prostate cancer-specific mortality among U.S. male physicians. *J Nutr.* 2013;143:189-196. doi:10.3945/jn.112.168484
22. Chan JM, Stampfer MJ, Ma J, Gann PH, Gaziano JM, Giovannucci E. Dairy products, calcium, and prostate cancer risk in the Physicians' Health Study. *Am J Clin Nutr.* 2001;74:549-554. doi:10.1093/ajcn/74.4.549
23. Orlich MJ, Mashchak AD, Jaceldo-Siegl K, et al. Dairy foods, calcium intakes, and risk of incident prostate cancer in Adventist Health Study-2. *Am J Clin Nutr.* Published online June 8, 2022. doi:10.1093/ajcn/nqac093
24. Voskuil DW, Vrieling A, van't Veer LJ, Kampman E, Rookus MA. The insulin-like growth factor system in cancer prevention: potential of dietary intervention strategies. *Cancer Epidemiol Biomarkers Prev.* 2005;14:195-203.
25. Qin LQ, He K, Xu JY. Milk consumption and circulating insulin-like growth factor-I level: a systematic literature review. *Int J Food Sci Nutr.* 2009;60(Suppl 7):330-340. doi:10.1080/09637480903150114
26. Cohen P. Serum insulin-like growth factor-I levels and prostate cancer risk—interpreting the evidence. *J Natl Cancer Inst.* 1998;90:876-879.
27. Shi R, Berkel HJ, Yu H. Insulin-like growth factor-I and prostate cancer: a meta-analysis. *Br J Cancer.* 1998;90:876-879. doi:10.1093/jnci/90.12.876
28. Chan JM, Stampfer MJ, Giovannucci E, et al. Plasma insulin-like growth factor-1 and prostate cancer risk: a prospective study. *Science.* 1998;279:563-565. doi:10.1126/science.279.5350.563
29. Lu W, Chen H, Niu Y, Wu H, Xia D, Wu Y. Dairy products intake and cancer mortality risk: a meta-analysis of 11 population-based cohort studies. *Nutr J.* 2016;15(1):91. doi:10.1186/s12937-016-0210-9
30. Tseng M, Breslow RA, Graubard BI, Ziegler RG. Dairy, calcium and vitamin D intakes and prostate cancer risk in the National Health and Nutrition Examination Epidemiologic Follow-up Study cohort. *Am J Clin Nutr.* 2005;81:1147-1154. doi:10.1093/ajcn/81.5.1147
31. Yang M, Kenfield SA, Van Blarigan EL, et al. Dairy intake after prostate cancer diagnosis in relation to disease-specific and total mortality. *Int J Cancer.* 2015;137:2462-2469. doi:10.1002/ijc.29608
32. Kroenke CH, Kwan ML, Sweeney C, Castillo A, Caan BJ. High- and low-fat dairy intake, recurrence, and mortality after breast cancer diagnosis. *J Natl Cancer Inst.* 2013;105:616-623. doi:10.1093/jnci/djt027
33. Kakkoura MG, Du H, Guo Y, et al. Dairy consumption and risks of total and site specific cancers in Chinese adults: an 11 year prospective study of 0.5 million people. *BMC Med.* 2022;20(1):134-147. doi:10.1186/s12916-022-02330-3
34. Cramer DW, Greenberg ER, Titus-Ernstoff L, et al. A case-control study of galactose consumption and metabolism in relation to ovarian cancer. *Cancer Epidemiol Biomarkers Prev.* 2000;9:95-101.
35. Larsson SC, Bergkvist L, Wolk A. Milk and lactose intakes and ovarian cancer risk in the Swedish Mammography Cohort. *Am J Clin Nutr.* 2004;80:1353-1357. doi:10.1093/ajcn/80.5.1353
36. Qin B, Moorman PG, Alberg AJ, et al. Dairy, calcium, vitamin D and ovarian cancer risk in African American Women. *Br J Cancer.* 2016;115:1122-1130. doi:10.1038/bjc.2016.289
37. Kushi LH, Mink PJ, Folsom AR, et al. Prospective study of diet and ovarian cancer. *Am J Epidemiol.* 1999;149:21-31. doi:10.1093/oxfordjournals.aje.a009723
38. Ji J, Sundquist J, Sundquist K. Lactose intolerance and risk of lung, breast and ovarian cancers: aetiological clues from a population-based study in Sweden. *Br J Cancer.* 2015;112:149-152. doi:10.1038/bjc.2014.544
39. US Department of Health and Human Services. Lactose Intolerance: Information for Health Care Providers. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Accessed September 17, 2021. https://www.nichd.nih.gov/sites/default/files/publications/pubs/documents/NICHD_MM_Lactose_FS_rev.pdf
40. Swallow DM. Genetics of lactase persistence and lactose intolerance. *Annu Rev Genet.* 2003;37:197-219. doi:10.1146/annurev.genet.37.110801.143820
41. Outwater JL, Nicholson A, Barnard N. Dairy products and breast cancer: the IGF-1, estrogen, and bGH hypothesis. *Med Hypothesis.* 1997;48:453-461.
42. Azzouz A, Jurado-Sánchez B, Souhail B, Ballesteros E. Simultaneous determination of 20 pharmacologically active substances in cow's milk, goat's milk, and human breast milk by gas chromatography-mass spectrometry. *J Agric Food Chem.* 2011;59:5125-5132.
43. Bhandari SD, Schmidt RH, Rodrick GE. Hazards resulting from environmental, industrial, and agricultural contaminants. In: Schmidt RH, Rodrick GE, eds. *Food Safety Handbook*. John Wiley & Sons, Inc.; 2005:291-321.
44. National Institutes of Environmental Health Sciences. Health and Education: Dioxins. Reviewed August 28, 2017. Accessed May 21, 2018. <https://www.niehs.nih.gov/health/topics/agents/dioxins/index.cfm>
45. Chia JSJ, McRae JL, Kukuljan S, et al. A1 beta-casein milk protein and other environmental pre-disposing factors for type 1 diabetes. *Nutr Diabetes.* 2017;7:e274-e281. doi:10.1038/nutd.2017.16
46. Lampousi AM, Carlsson S, Lofvenborg JE. Dietary factors and risk of islet autoimmunity and type 1 diabetes: a systematic review and meta-analysis. *EBioMedicine.* 2021;72:1-9. doi:10.1016/j.ebiom.2021.103633
47. Eidelman AI, Schanler RJ. Policy statement: breastfeeding and the use of human milk. From the American Academy of Pediatrics. *Pediatrics.* 2012;129:827-841. doi:10.1542/peds.2011-3552
48. Scharf RJ, Demmer RT, DeBoer MD. Longitudinal evaluation of milk type consumed and weight status in preschoolers. *Arch Dis Child.* 2013;98:335-340. doi:10.1136/archdischild-2012-302941
49. Chen M, Pan A, Malik VS, Hu FB. Effects of dairy intake on body weight and fat: a meta-analysis of randomized controlled trials. *Am J Clin Nutr.* 2012;96:735-747. doi:10.3945/ajcn.112.037119
50. Gartner LM, Morton J, Lawrence RA, et al. Breastfeeding and the use of human milk. *Pediatrics.* 2005;115:496-506. doi:10.1542/peds.2004-2491
51. Leung AK, Sauve RS. Whole cow's milk in infancy. *Paediatr Child Health.* 2003;8:419-421. doi:10.1093/pch/8.7.419
52. Lucassen PL, Assendelft WJ, van Eijk JT, Gubbels JW, Douwes AC, van Geldrop WJ. Systematic review of the occurrence of infantile colic in the community. *Arch Dis Child.* 2001;84:398-403. doi:10.1136/adc.84.5.398
53. Jarvinen KM, Makinen-Kiljunen S, Suomalainen H. Cow's milk challenge through human milk evoked immune responses in infants with cow's milk allergy. *J Pediatr.* 1999;135:506-512. doi:10.1016/s0022-3476(99)70175-7
54. Leung AKC. Dietary manipulations for infantile colic. *Paediatr Child Health.* 2003;8:449-452. doi:10.1093/pch/8.7.449
55. Sampson HA. Update on food allergy. *J Allergy Clin Immunol.* 2004;113:805-819. doi:10.1016/j.jaci.2004.03.014
56. Host A. Frequency of cow's milk allergy in childhood. *Ann Allergy Asthma Immunol.* 2002;89(6 Suppl 1):33-37. doi:10.1016/s1081-1206(10)62120-5
57. Iacono G, Cavataio F, Montalto G, et al. Intolerance of cow's milk and chronic constipation in children. *N Engl J Med.* 1998;339:1100-1104. doi:10.1056/NEJM199810153391602
58. Dehghani SM, Ahmadvour B, Haghighat M, Kashef S, Imanieh MH, Soleimani M. The role of cow's milk allergy in pediatric chronic constipation: a randomized clinical trial. *Iran J Pediatr.* 2012;22:468-474.

59. Podgórska A, Puscion-Jakubik A, Markiewicz-Zukowska R, Gromkowska-Kepka KJ, Socha K. Acne vulgaris and intake of selected dietary nutrients-a summary of information. *Healthcare (Basel)*. 2021;9(6):668. doi:10.3390/healthcare9060668
60. Nosrati A, Afifi L, Danesh MJ, et al. Dietary modifications in atopic dermatitis: patient-reported outcomes. *J Dermatolog Treat*. 2017;28(6):523-538. doi:10.1080/09546634.2016.1278071
61. Afifi L, Danesh MJ, Lee KM, et al. Dietary behaviors in psoriasis: patient-reported outcomes from a U.S. national survey. *Dermatol Ther (Heidelb)*. 2017;7(2):227-242. doi:10.1007/s13555-017-0183-4
62. Tucker LA. Milk fat intake and telomere length in U.S. women and men: the role of the milk fat fraction. *Oxid Med Cell Longev*. 2019;2019:1574021. doi:10.1155/2019/1574021