

Volume 2 Issue 7

#### In This Issue

- Plants, not Pills, for Vitamins and Minerals (page 1)
- Life with the McDougalls in Costa Rica is a Daring Adventure (page 1)
- Lower Cholesterol for Improved Cancer Survival (page 9)
- Suck Carrots, High Protein Diet Advocates
   (page 20 )
- Featured Recipes (page 22 )

# Plants, not Pills, for Vitamins and Minerals

People are looking for a magic bullet to offset all their destructive habits and fix the resulting bad health. One superficial solution for 70% of people in the USA is to take supplements of vitamins and mineral blends. These concentrated mixtures enter our bodies by way of pills, nutrition bars, "health" drinks, and cereals. "Vitamania" intoxicates the modern world. Vitamin users are more likely to be female, older, bettereducated, affluent, non-smokers, light-drinkers, frequent-exercisers, and to consume diets lower in fat and higher in fruits and vegetables. Sounds like a nice group of people. Unfortunately, some of these same people don't like me much because of my stand on this matter.

Nearly a decade ago, my syndicated radio show was threatened by people offended by my stand on supplements. During my 2-hour broadcast all over the entire West Coast (USA) each Sunday evening, I tried to balance "negative" articles, like vitamin A causing a 1 in 57 chance of birth defects when taken by a pregnant woman, with "positive" ones, like folic acid supplementation taken before pregnancy reduces risk of serious birth defects. However, this wasn't enough for a group of "vitamin activists" from Los Angeles who worked to cause me to lose my sponsors. They recorded my show and edited into one tape everything that could possibly be detrimental to supplement sales. By the very next morning, the activists had called and left this antisupplement message on the answering machines of health food see page 2

# Life with the McDougalls in Costa Rica is a Daring Adventure

Raft with 12-foot crocodiles, swim with man-eating bull sharks, ride quarter-mile-long steel cables through the tree canopy, horseback ride in the rain forest, surf at a world class surfing beach, snorkel with octopus and white tip sharks, wagon ride in the rain forest, boat ride on the ocean, bird watch and hike – This is what 92 people (ranging from 7 to 87 years old) did with us in Costa Rica the week of August 3 to 10, 2003. Helen Keller described our time well when she said, "Life is a daring adventure, or nothing at all."

stores up and down the West coast. Unfortunately, many of these same businesses were my radio show sponsors, and a good percentage of their livelihood came from sales of vitamins and minerals. Fortunately, I survived that battle.

The McDougall Newsletter

#### The Best Vitamin and Mineral Sources

Vitamins are organic compounds that cannot be synthesized by the human body and therefore must be consumed to prevent serious illnesses. Fruits and vegetables are the main sources and primary manufacturers of most vitamins (11 of 13 known vitamins are synthesized by plants – D comes from the sun's actions on our skin and  $B_{12}$  from bacteria). Plants are also the most direct source for minerals – all of which originate in the ground and enter into living systems through the roots of plants – and then into animals. Unfortunately, only 20% to 30% of the people living in Western populations consume the 5 or more servings recommended daily of fruits and vegetables. The elderly, alcoholics, and those with chronic illnesses are also at higher risk of suffering real deficiencies. But the solution is more plants, not pills.

Even your local supplement salesperson readily admits fruits and vegetables are the ideal sources of these essential nutrients...BUT, they add, "because of our depleted soils these sources are now inadequate and therefore supplements are necessary." I will address this argument later.

#### Three Reasons I Do Not Recommend Supplements:

# 1) They Provide No Bang for the Buck

When I lecture I am always asked, "Dr. McDougall, what do you think about taking supplements of vitamins and minerals?" My response is, "How many of you know people who have lost 100 pounds taking supplements? How about people who were able to stop blood pressure pills, diabetic, or pain medications? Do you know anybody who has found complete relief of their inflammatory arthritis (rheumatoid arthritis), chest pains (angina), or headaches by investing in these potions?"

I never see a hand rise.

Compare this dismal response to the fact that I meet people every day, either in person or by e-mail, who have these very results and more by following a healthy low-fat, plant-based diet, and exercise - approaches that are cost-free. Until I see the same with supplements I will not waste my time and effort. Nor should you.

# 2) Your Friends Don't Have Deficiency Diseases

How many friends and relatives do you have with deficiency diseases? Pellagra (niacin), Beriberi (vitamin B1), or Scurvy (vitamin C)? Protein deficiency? Essential fat deficiency?

The answer is, "none." Nearly a century ago vitamin supplements would have been heralded as

see page 3

miracles for curing these deficiency diseases. Today in modern Western societies these diseases are essentially unknown, because of better nutrition for most people (more fruits and vegetables) and correction of deficiencies which had been created by manufacturing processes (such as the refining of rice).

The McDougall Newsletter

Now, turn your vision 180 degrees. I'll ask you the opposite question. How many of your friends and relatives have diseases of "excess"? Like excess cholesterol, fat, sodium, and protein? The answer is clearly, "most of them." The paradox of today's living is that with all of our modern developments and technical advances we have developed another form of deadly malnutrition – properly labeled "overnutrition."

An additional problem for those people caught up in vitamania is that the over-enthusiastic use of supplements can result in diseases of excess of these very vitamins and minerals. For example, Vitamin A supplements increase the risk of hip fractures (osteoporosis) and birth defects.<sup>2-4</sup> Iron supplementation can cause a fatal liver disease called hemochromatosis. Magnesium supplementation has been found to increase the risk of heart attacks and sudden death especially among people with heart disease, and those who have recently undergone coronary artery bypass surgery.<sup>6</sup> Zinc and iron supplements may also increase the risk of death from heart disease.<sup>5,7</sup>

#### 3) Nature (God) is Smarter than the Lab Technician

Vitamin manufactures do not improve upon nature's design. Vitamins and minerals are found in natural packages called fruits and vegetables. These nutrient-rich foods have been under development for hundreds of millions of years. Their interactions with living animals have been tested and proven correct over eons of successful living. Possibly thinking they are smarter than Nature (God), lab technicians now take selected nutrients from their original environments, isolate and concentrate them, package them in capsules, and then sell them to us with claims that these "new and improved" potions are necessary for good health. At best the results are medications, and at worst, they are poisons.

Manufacturing creates serious problems because nutrients do not work in isolation, but rather function properly, along with thousands of other substances that are found within the food, all in correct amounts and proportions.

#### **Harmful Imbalances Cause Diseases**

More Cancer with Beta-carotene Supplements

In concentrated, isolated, forms these vitamins and mineral supplements cause nutritional imbalances that can have serious consequences. The classic example of this imbalance problem was seen with beta-carotene supplementation for cancer. Two recent well-designed studies found an increase in lung cancer when smokers were given supplements of beta-carotene (a precursor of vitamin A).<sup>8,9</sup> These studies were performed because a reduced risk of several forms of cancer has been found in people with high intakes of beta-carotene - however, these findings simply reflected a diet high in plant foods. Beta-carotene is a vitamin precursor (pro-vitamin) found only in plants.

see page 4

Beta-carotene is one of over 600 substances classified as *carotinoids* found in yellow and orange fruits and vegetables. Inside our cells are receptors for carotinoids – these are the sites where carotinoids attach and function. When the cell is flooded with beta-carotene by vitamin supplementation (pills), then there is overwhelming competition for these receptor sites that excludes their use by the other 599-plus carotinoids – creating a serious nutritional imbalance.

The McDougall Newsletter

# Supplements Cause More Heart Disease

Taking antioxidant vitamins which are supposed to help the heart seems to do the opposite because of imbalances created. In the Heart Protection Study multiple vitamins (600 mg synthetic vitamin E, 250 mg vitamin C, and 20 mg betacarotene daily) increased risk factors for heart disease (triglycerides, LDL-cholesterol, and total cholesterol. <sup>10</sup> This same combination of antioxidant vitamins was found to interfere with the effectiveness of commonly prescribed cholesterollowering medications (statins like Mevacor, Lipitor, Zocor, etc.) by blunting the rise in HDL "good" cholesterol. 11 The bottom line may be reflected in one study of 1,862 male smokers with a history of heart attack. Taking either vitamin E or beta-carotene, together or singly, resulted in a significantly increased risk of fatal coronary heart disease. 12

Folic acid supplementation is supposed to be the newest answer for heart disease prevention. However, after six months of supplementation in 636 heart patients with stents (stents are supports placed in the coronary arteries during angioplasty), the Folate After Coronary Intervention Trial found those taking folic acid had significantly more narrowing of the arteries compared to those taking placebo – the exact opposite of what investigators had expected to find. 13 The experimental group received folic acid (1 mg), vitamin B6 (5 mg) and vitamin B12 (1 mg) IV immediately after angioplasty with a stent inserted, followed by daily oral doses of folate (1.2 mg), vitamin B6 (48 mg) and vitamin B12 (0.06 mg). To summarize the research on vitamins and heart disease prevention, the U.S Preventive Services Task Force (USPSTF) published a report July 1, 2003 concluding, "...that the evidence is insufficient for or against supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease." 14

# Elderly Harmed by Vitamin E

A study of elderly persons found vitamin E supplementation (200 mg) resulted in more severe and frequent upper respiratory infections.<sup>15</sup> Those taking the vitamins had longer total illness duration, more symptoms, and a higher frequency of fever and restrictive activity. Investigators suspected an imbalance created by long-term supplementation was the root cause. This finding becomes even more relevant when you realize 50% of the elderly take vitamin and mineral supplements that usually include vitamin E. Also important to the elderly and others is the observation that in high doses vitamin E antagonizes the functions of other fat-soluble vitamins resulting in bone loss, reduced liver storage of vitamin A, and blood clotting problems. 16

## Mineral Imbalances Cause Problems too

Imbalance problems are also created with mineral supplementation. <sup>17</sup> For example, intestinal absorption of copper is inhibited by zinc. 18 The intestinal competition of zinc with copper, iron, lead, calcium and cadmium see page 5

may accentuate nutritional deficiencies or toxicities from these environmental metals.<sup>19</sup> Vitamins also influence mineral activity; for example, ascorbic acid (vitamin C) strongly promotes iron absorption.<sup>20</sup>

Considering the complexity of interactions of the body with our nutrients, unless you believe some man or woman sitting in a laboratory is smarter than Nature (God), then you would be prudent to take your vitamins and minerals only in their natural packages – whole grains, vegetables, and fruits.

#### When Supplements Benefit

Vitamins and minerals can be used as medications to cause effects – this is different than supplementation to promote natural health. Realize that all medications have adverse effects accompanying their intended, positive effects.

Vitamin C will not prevent common colds but may provide a modest benefit in reducing the duration of symptoms of colds.21

Vitamin D may delay loss of bone in elderly, but sunlight is the right source of this vitamin.<sup>22</sup>

The McDougall Newsletter

Folic acid lowers homocysteine, but there is no evidence yet from controlled studies that this translates into reduced cardiovascular disease or cancer.<sup>23</sup>

Folic acid will prevent birth (neural tube) defects.<sup>23</sup>

Vitamin B12 should be taken when following a strict vegan diet – like the McDougall diet – if followed for more than three years or if pregnant or nursing.

lodine supplementation prevents thyroid disease in areas of the world where iodine deficiency is endemic.<sup>24</sup> Iron supplementation is used for treating iron deficiency diseases, like anemia (most of the time iron deficiency is due to other correctable causes, like bleeding, dairy products, etc.)

Sometimes I Use Supplements as Medicines

I have used vitamins as medicines – hoping to cause more good than harm in my patients. For example, I have taught for years that high cholesterol levels can be lowered with 2 grams of Vitamin C, 400 mg of Vitamin E, and/or 500 to 3000 mg of Niacin daily. The literature supports this reduction in risk factors for heart disease by using these supplements. (See my September 2002 and February 2003 Newsletters.)

## The "Depleted Soils" Sales Pitch

The sales pitch is: "You must take supplements because of the poor condition of the soils –

see page 6

depleted soils – our plants are now grown in." First understand that minerals are from soils and vitamins are synthesized by plants. If a plant is going to bear roots, seeds, flowers, and/or fruits fit for sale in your market, then it is going to have to produce all the necessary "vitamins" for its own survival.

Mineral deficiency is theoretically possible – but highly unlikely to affect anyone living in a modern society. The classic example of a mineral deficiency is iodine deficiency, which has caused goiters in underdeveloped parts of the world today, such as in Africa prior to the recent introduction of iodized salt.<sup>22</sup> (There are also some rare cases of selenium deficiency and possibly zinc deficiency in underdeveloped countries.) These deficiencies occur because of the limited supply of foods for these people. They eat only foods grown in their local region, and the soil in their neighborhood may well be deficient in one of these minerals.

However, the risk of you suffering from vitamin or mineral deficiency caused by depleted soils is so incredibly small that a single case would make national headlines. This is simply because you eat foods grown from a wide variety of soils: corn grown in Nebraska soils, grapes from Chili, bananas from Panama, etc. In the unlikely chance that one food was low in a mineral, your next bite would likely contain an abundant supply.

#### Still Perplexed? What to Do?

For anyone not willing to buy fully into my arguments – that is someone with an incurable case of vitamania – an appropriate response for his unsupported fears would be to take an inexpensive one-a-day, vitamin-mineral capsule – costing less than \$20 a year. Spend the money saved by not buying that shelf full of supplements on a better pair of walking shoes, a shopping trip to the farmers' market, or a healthy vacation.

# References:

- 1) Patterson RE. Cancer-related behavior of vitamin supplement users. *Cancer Epidemiol Biomarkers Prev.* 1998 Jan;7(1):79-81.
- 2) Michaelsson K. Serum retinol levels and the risk of fracture. N Engl J Med. 2003 Jan 23;348(4):287-94.
- 3) Dolk HM. Dietary vitamin A and teratogenic risk: European Teratology Society discussion paper. *Eur J Obstet Gynecol Reprod Biol.* 1999 Mar;83(1):31-6.
- 4) Rothman KJ. Teratogenicity of high vitamin A intake. N Engl J Med. 1995 Nov 23;333(21):1369-73.
- 5) Schumann K. Safety aspects of iron in food. Ann Nutr Metab. 2001;45(3):91-101.
- 6) Galloe AM. Influence of oral magnesium supplementation on cardiac events among survivors of an acute myocardial infarction. *BMJ.* 1993 Sep 4;307(6904):585-7. see page 7

- 7) Black MR. Zinc supplements and serum lipids in young adult white males. Am J Clin Nutr. 1988 Jun;47(6):970-5.
- 8) The effect of vitamin E and beta carotene on the incidence of lung cancer and other cancers in male smokers. The Alpha-Tocopherol, Beta Carotene Cancer Prevention Study Group. *N Engl J Med.* 1994 Apr 14;330(15):1029-35.
- 9) Omenn GS. Effects of a combination of beta carotene and vitamin A on lung cancer and cardiovascular disease. *N Engl J Med.* 1996 May 2;334(18):1150-5.
- 10) MRC/BHF Heart Protection Study of antioxidant vitamin supplementation in 20,536 high-risk individuals: a randomised placebo-controlled trial. *Lancet*. 2002 Jul 6;360(9326):23-33.
- 11) Brown BG. Simvastatin and niacin, antioxidant vitamins, or the combination for the prevention of coronary disease. *N Engl J Med.* 2001 Nov 29;345(22):1583-92.
- 12) Rapola JM . Randomised trial of alpha-tocopherol and beta-carotene supplements on incidence of major coronary events in men with previous myocardial infarction. *Lancet*. 1997 Jun 14;349(9067):1715-20.
- 13) Lange H. Folate After Coronary Intervention Trial" (FACIT). <a href="http://www.accitalia.it/congress">http://www.accitalia.it/congress</a> centre/meeting int/detail.asp?acr trial=FACIT
- 14) U.S. Preventive Services Task Force. Routine vitamin supplementation to prevent cancer and cardiovascular disease: recommendations and rationale. *Ann Intern Med.* 2003 Jul 1;139(1):51-5.
- 15) Graat JM. Effect of daily vitamin E and multivitamin-mineral supplementation on acute respiratory tract infections in elderly persons: a randomized controlled trial.

  JAMA. 2002 Aug 14;288(6):715-21.
- 16) Chandra RK. Graying of the immune system. Can nutrient supplements improve immunity in the elderly? *JAMA*. 1997 May 7;277(17):1398-9.
- 17) Roughead ZK. Dietary copper primarily affects antioxidant capacity and dietary iron mainly affects iron status in a surface response study of female rats fed varying concentrations of iron, zinc and copper. *J Nutr.* 1999 Jul;129(7):1368-76.
- 18) Sandstead HH. Requirements and toxicity of essential trace elements, illustrated by zinc and copper. *Am J Clin Nutr.* 1995 Mar;61(3 Suppl):621S-624S.
- 19) Abdel-Mageed AB. A review of the biochemical roles, toxicity and interactions of zinc, copper and iron: I. Zinc.Vet Hum Toxicol. 1990 Feb;32(1):34-9.

August 2003	The McDougall Newsletter	www.drmcdougall.com	Page 8
continued from page 7 20) Sandstrom B. Mic 2:S181-5.	cronutrient interactions: effects on absorptio	n and bioavailability. <i>Br J Nutr</i> . 2001	May;85 Suppl
	min C for preventing and treating the comm	on cold. <i>Cochrane Database Syst Re</i> v	<i>i</i> .
22) Gennari C. Calciui Apr;4(2B):547-59.	m and vitamin D nutrition and bone disease	of the elderly. <i>Public Health Nutr.</i> 20	01
23) Bender DA. Daily	doses of multivitamin tablets. BMJ. 2002 Ju	ul 27;325(7357):173-4.	
	iodine deficiency in South Africa. Surveys b 8(3 Endocrinology):357-8.	efore the introduction of universal sal	t iodisation. S

# **Lower Cholesterol for Improved Cancer Survival**

More than 30 years of medical practice have left me with many impressions concerning the treatment of diseases. I have hesitated to share some of these views because they have yet to be fully established as beneficial by proper scientific research. Even so, I feel the time has now come to discuss the topic of cholesterol for cancer patients. Fully realizing there is still much research to be done; I leave open the option for me to modify my opinion on this subject in the future.

Cholesterol in the diet and the cholesterol in the body (as reflected by the blood cholesterol) seem to be tied to the development and progression of cancer. 1-5 Some research suggests high blood cholesterol levels may also be tied to a poor prognosis. 2,4,5 Over the years, I have noticed that too many of my cancer patients have had high cholesterol levels. More concerning, too many times I have also observed these elevated levels are resistant to the cholesterol-lowering benefits of a low-fat, no-cholesterol diet. These observations and evolving scientific research has caused me to become more aggressive when treating my cancer patients – similar to the way I treat my heart patients. (See my September 2002 Newsletter).

# **Early Research Shows Diet-Cancer Connection**

The first published connection between a high-fat diet and cancer was made in 1930 by Watson and Mellanby in their paper which appeared in the British Journal of Experimental Pathology.<sup>6</sup> A diet high in butter fed was found to accelerate the growth of skin cancer in mice treated with cancer-causing tar. Subsequently, many scientific studies have shown the cancer-promoting effects of excess calories, fat, and cholesterol – hallmarks of the American diet.7

One of the first studies to show the benefits of lowering cholesterol for cancer was also performed on mice. In 1966 Littman published his work in the journal *Cancer Chemotherapy Reports*.<sup>8</sup> A cholesterol-free, fat-free diet retarded the growth of cancers (sarcomas and carcinomas) and prolonged the survival of these mice with cancer. The diet cut the tumor growth rate in half (compared to controls) and survival time was often doubled. The benefits from the diet were attributed to the cholesterol-lowering effects of the cholesterol-free, fat-free diet (rather than the accompanying weight loss). Also, the absence of cholesterol in the diet appeared to be more important than the absence of fat, because adding cholesterol back to the diet completely reversed the growth inhibition of this approach. The use of cholesterol lowering agents along with a cholesterol-free diet caused even further tumor inhibition.

#### **How Does Lower Cholesterol Benefit Cancer Patients?**

Cholesterol is required for the growth and survival of cells.<sup>9</sup> There is evidence that cancer cells have even higher demands for cholesterol than normal cells. Furthermore, growing cancer cells lose their capacity to synthesize cholesterol, and therefore become dependent upon outside sources of cholesterol – sources such as the diet. Deprivation of abundant sources of cholesterol slows growth of the tumor, reduces the spread of cancer (metastasis), and prolongs survival of the animal. 10

In practical terms, the overall nutritional qualities of a no-cholesterol diet have a major impact on health. Plant foods have no cholesterol – so by definition in the real world this means a diet that looks a lot like the McDougall diet.

#### **Practical Experience of Cancer Diet Therapy**

Worldwide, the intake of cholesterol in the diet correlates directly with the population risks of developing common cancers – like breast, colon and prostate cancer. Furthermore, worldwide, people with cancer who follow diets lower in fat and cholesterol and higher in plant foods have a better survival than those on richer diets, loaded with these harmful ingredients. Multiple studies have been published on the benefits of low-fat, low-cholesterol, high-plant food diets on various kinds of cancers. Many so called "alternative therapies" for cancer have as their basic treatment a low-fat, low-cholesterol diet. These include the Macrobiotic diet, the Gerson see page 10

Therapy, the Livingston-Wheeler treatment and the Ornish Diet for prostate cancer. 18-20 In most cases when cancer is in an advanced stage it is fatal; however, a patient should never give up hope. There have been cases where otherwise terminal patients have had a miraculous recovery – described in the

medical business as a "spontaneous remission." Logically, a patient's chance of such a miracle happening would be more likely to occur if he or she were in good health and well nourished, than not.

The McDougall Newsletter

## **Cholesterol Intervention with Medications**

Recommending a healthy low-fat, low-cholesterol diet to patients, even those with serious diseases, like cancer, should be done routinely by doctors. After all, if you believe diet causes, or at least contributes to the cause of, common cancers, then it makes no sense to "throw gasoline on a fire." At the very least the patient with cancer will be healthier – and no harm is done.

However, when it comes to medications then there are always side (undesirable) effects and costs; hopefully, along with real benefits. Therefore, I have hesitated until now to make recommendations about cholesterollowering medications to my patients with cancer. Let me explain some of the evidence causing me to now act otherwise.

#### Cholesterol binding resins:

One class of cholesterol-lowering medications works by binding cholesterol and cholesterol precursors (bile acids) in the intestine, preventing their absorption into the body and causing their elimination with the stool. One of these medications, called cholestyramine (Questran), has been reported to cause regression of prostate cancer in 3 men.<sup>25</sup>

During a large study of patients for heart disease treatment, the cholestyramine and placebo groups had similar 13.4-year mortality rates from cancer, other medical causes, and trauma and similar cancer incidence rates. 26 However, the incidences of benign colorectal tumors (50 vs 34), cancer of the buccal cavity and pharynx (eight vs. two), gallbladder disease (68 vs. 53), and gallbladder surgery (58 vs. 40) were non- significantly increased in the cholestyramine group. Therefore, this agent is not without risks and would be best used by patients with cancers not related to the gastrointestinal tract.

#### Statins:

Statins (Mevacor, Lipitor, Pravachol, Zocor, and Lescol for example) lower cholesterol by inhibiting production in the liver. These medications have been shown to lower cholesterol by 20 to 60% and also reduce the risk of death from heart disease and stroke. <sup>27,28</sup> I prescribe these kinds of medications often for my patients at high risk of heart disease (see my September 2002 Newsletter). They have a record of being guite safe with few side effects. Pravachol is currently my favorite statin because – even though all statins lower cholesterol -- this kind of medication appears to be most effective at lowering the risk of heart disease.<sup>29</sup> It also poses less risk of serious complications such as muscle damage. There is good evidence that people on these kinds of medications should also be taking a dietary supplement called Co-enzyme Q 10 (ubiquinone 60 mg qid) to help prevent muscle damage.30

In animal studies, Mevacor (lovastatin) has been found to inhibit tumor growth and spread (metastasis) in mice with breast, lung, and melanoma cancers. Cancer growth inhibition has also been seen with human cancer cells studied in a laboratory.<sup>33</sup> Although large studies on heart disease patients have failed to show a reduction in risk of cancer, there is one very encouraging study of patients with liver cancer treated with Pravachol 40 mg/day.<sup>34</sup> Survival was doubled.

# My Recommendations

The decision to treat is based on a risk versus benefit calculation. All cancer patients should be on a low-fat, nocholesterol, plant-based diet.\* There are numerous qualities of this kind of diet that prevent and slow the growth of cancer (See the McDougall Program for Women book). They should also exercise and give up bad habits like smoking. A healthy diet and lifestyle provide all benefit at no risk. All other treatments, such see page 11

as surgery, radiation, and chemotherapy, must be decided upon based on their own merits. I strongly encourage you to do research at the National Library of Medicine at www.nlm.nih.gov (free). I have also discussed many of these treatment issues in my books and newsletter articles – especially the McDougall Program for Women.

I believe people with cancer should make all reasonable and necessary steps to lower their cholesterol levels to 150 mg/dl or lower - the same ideal value I have encouraged for people in general, and especially those interested in heart disease, prevention and treatment. If with diet alone a cancer patient fails to reach this goal, then cholesterol-lowering medications – like statins and/or cholestyramine – should be the next step. I believe the benefits outweigh the risks for most patients.

Someone diagnosed with cancer has every reason to be as healthy as possible and this means taking the best care of himself – and never giving up. I believe, based on my experience and what the scientific literature tells, that most cancer patients can prolong their lives dramatically by making the right decisions. By slowing tumor growth my hope is that recurrences for all my patients can be staved off until their 90<sup>th</sup> birthdays.

\* One word of caution if you change to a healthy diet. Weight loss often becomes an issue for cancer patients. Doctors caution against cancer patients losing weight, because in the doctor's mind weight loss means the terminal days have arrived. However, this is not the case when weight loss is due to becoming healthier with a plant-based diet and exercise. Be prepared and guard against this confusion.

#### References:

- 1) Sidney S. Cholesterol, cancer, and public health policy. Am J Med. 1983 Sep;75(3):494-508.
- 2) Abu-Bedair FA. Serum lipids and tissue DNA content in Egyptian female breast cancer patients. Jpn J Clin Oncol. 2003 Jun;33(6):278-82.
- 3) Mady EA. Association between estradiol, estrogen receptors, total lipids, triglycerides, and cholesterol in patients with benign and malignant breast tumors. J Steroid Biochem Mol Biol. 2000 Dec 31;75(4-5):323-8.
- 4) Tartter PI. Cholesterol and obesity as prognostic factors in breast cancer. Cancer. 1981 May 1;47(9):2222-7.
- 5) Cruse P. Dietary cholesterol is co-carcinogenic for human colon cancer. Lancet. 1979 Apr 7;1(8119):752-5.
- 6) Watson AF. Tar cancer in mice. II. The condition of the skin when modified by external treatment or diet, as a factor in influencing the cancerous reaction. Br J Exp Pathol. 1930; 11:311-328.
- 7) Ip C. Review of the effects of trans fatty acids, oleic acid, n-3 polyunsaturated fatty acids, and conjugated linoleic acid on mammary carcinogenesis in animals. Am J Clin Nutr. 1997 Dec;66(6 Suppl):1523S-1529S.
- 8) Littman ML. Effect of cholesterol-free, fat-free diet and hypocholesteremic agents on growth of transplantable animal tumors. Cancer Chemother Rep. 1966 Jan-Feb;50(1):25-45.
- 9) Chen HW. The role of cholesterol in malignancy. Prog Exp Tumor Res. 1978;22:275-316.
- 10) Cruse JP. Dietary cholesterol deprivation improves survival and reduces incidence of metastatic colon cancer in dimethylhydrazine-pretreated rats. Gut. 1982 Jul;23(7):594-9.
- 11) Morrison AS. Some international differences in treatment and survival in breast cancer. Int J Cancer. 1976 Sep 15;18(3):269-73.
- 12) Chlebowski RT. Adjuvant dietary fat intake reduction in postmenopausal breast cancer patient management. The Women's Intervention Nutrition Study (WINS). Breast Cancer Res Treat. 1992 Jan;20(2):73-84.
- 13) Rock CL. Responsiveness of carotenoids to a high vegetable diet intervention designed to prevent breast see page 12 cancer recurrence. Cancer Epidemiol Biomarkers Prev. 1997 Aug;6(8):617-23.

- 14) Zhang S. Better breast cancer survival for postmenopausal women who are less overweight and eat less fat. The Iowa Women's Health Study. Cancer. 1995 Jul 15;76(2):275-83.
- Saxe GA. Diet and risk for breast cancer recurrence and survival. Breast Cancer Res Treat. 1999 Feb;53(3):241-53.
- 16) McDougall JA. The McDougall Program for Women. Plume 2000.
- 17) Cohen LA. A rationale for dietary intervention in postmenopausal breast cancer patients: an update. Nutr Cancer. 1993;19(1):1-10.
- 18) Kushi LH. The macrobiotic diet in cancer. J Nutr. 2001 Nov;131(11 Suppl):3056S-64S.

The McDougall Newsletter

- 19) Weitzman S. Alternative nutritional cancer therapies. *Int J Cancer* Suppl. 1998;11:69-72.
- 20) Ornish D. Dietary trial in prostate cancer: Early experience and implications for clinical trial design. Urology. 2001 Apr;57(4 Suppl 1):200-1.
- 21) Cole WH. Spontaneous regression of cancer: the metabolic triumph of the host? Ann N Y Acad Sci. 1974;230:111-41.
- 22) Glasser M. Widespread adenocarcinoma of the colon with survival of 28 years. JAMA. 1979 Jun 8;241(23):2542-3.
- 23) Sperduto P. Spontaneous regression of squamous cell lung carcinoma with adrenal metastasis. Chest. 1988 Oct;94(4):887-9.
- 24) McDermott WV. Clear cell carcinoma of the liver with spontaneous regression of metastases. J Surg Oncol. 1994 Nov;57(3):206-9.
- 25) Addleman W. Cancer, cholesterol and cholestyramine. N Engl J Med. 1972 Nov 16;287(20):1047.
- 26) The Lipid Research Clinics Coronary Primary Prevention Trial. Results of 6 years of post-trial follow-up. The Lipid Research Clinics Investigators. Arch Intern Med. 1992 Jul;152(7):1399-410.
- 27) Hunt D. Benefits of pravastatin on cardiovascular events and mortality in older patients with coronary heart disease are equal to or exceed those seen in younger patients: Results from the LIPID trial. Ann Intern Med. 2001 May 15;134(10):931-40.
- 28) Sandercock P. Statins for stroke prevention? Lancet. 2001 May 19;357(9268):1548-9.
- 29) Ichihara K. Disparity between angiographic regression and clinical event rates with hydrophobic statins. Lancet. 2002 Jun 22;359(9324):2195-8.
- 30) Chan KK. The statins as anticancer agents. Clin Cancer Res. 2003 Jan;9(1):10-9.
- 31) Brower V. Of cancer and cholesterol: studies elucidate anticancer mechanisms of statins. J Natl Cancer Inst. 2003 Jun 18;95(12):844-6.
- 32) Shibata MA. Comparative effects of lovastatin on mammary and prostate oncogenesis in transgenic mouse models. Carcinogenesis. 2003 Mar;24(3):453-9.
- 33) Holstein SA. Synergistic interaction of lovastatin and paclitaxel in human cancer cells. Mol Cancer Ther. 2001 Dec;1(2):141-9.
- 34) Kawata S. Effect of pravastatin on survival in patients with advanced hepatocellular carcinoma. A randomized controlled trial. Br J Cancer. 2001 Apr 6;84(7):886-91.

Being adventuresome was not a requirement for taking this trip. Some people spent a very relaxing vacation on the tropical hotel grounds, and surely had as great a time as all the others. Everyone, regardless of how they spent their day, appreciated the great food served in a dining area looking over the warm Pacific Ocean and companionship of like-minded people – all enjoying a better life. Each evening Dr. McDougall lectured to an enthusiastic audience. Do you want to learn more? Many people share their experiences in photos on our web site at <a href="https://www.drmcdougall.com">www.drmcdougall.com</a>. and descriptions of the trip below. You will also find a song and a poem about our trip at the end.

For our 2004 Costa Rica Adventure Trip August 1 through 8, it is not too early to sign up by calling (800) 941-7111 or (707) 538-8609 or writing: <a href="mailto:office@drmcdougall.com">office@drmcdougall.com</a>

Over half the people on the 2003 trip told us they were coming back next year.



# The Following are Edited Comments from Our 2003 Costa Rica Trip:

The McDougall adventure in Costa Rica was the "best bang for your buck" vacation we have ever taken. The five daily adventures were spectacular, the food was awesome and to have an opportunity to hear Dr McDougall speak every evening helped my husband, son & I realize that you can HAVE IT ALL. You can have great tasting food AND good health. I am so thankful to Dr.& Mary McDougall for their efforts not only to educate us with the facts but to put together vacations where you can come home thinner and healthier! Thank you, we will be back next year! Not only would we be interested in coming to Costa Rica again but I know at least 10 more people from Miami who would! Maybe 20.

Laurie, Hans & Kristoffer Huseby Miami, Florida

My comments on the trip are that it was probably the most exciting and fun trip Robby and I have ever been on. We were doing something new and challenging everyday, from riding a horse in the rain forest to zip-lining through the tops of trees and kayaking on the ocean, it was a blast! The food was great and we loved meeting wonderful people from all over the US. The view from our room of the Pacific Ocean was absolutely breathtaking. Plus, we got to hear the number one doctor in the country tell us how to get healthy and stay healthy. What more could we ask! Thanks again for a super trip.

Leila Anne Rowan Huntsville, Alabama

see page 14

My daughter, Mary Anne, and I had a wonderful time on our Costa Rica Adventure vacation. We have been on "adventure" type vacations before - to Glacier National Park, rafting between Taos and Santa Fe, climbing Guadeloupe Peak in Texas, camping at 12,000 feet in Colorado. This vacation ranks up there with the best! There was even time to take it easy and hang out in a hammock or stroll on the beach, after swinging through the treetops! The nature guides that accompanied each group were the icing on the cake (made without eggs, of course). As Texas Master Naturalists, we appreciated their knowledge of the flora and fauna and their giving us insights into the way the 'Ticos' live. Your lectures were fascinating enough to draw a crowd and my 17-year-old daughter, even though you had to compete with the beautiful sunsets over the Pacific. You, Mary, and Heather (behind the scenes) are always so approachable and gracious. Thank you for another unforgettable trip. This was our third time traveling on a McDougall Adventure and we already look forward to joining you again next summer.

The McDougall Newsletter

Nancy Woolley Austin, Texas

Another great McDougall trip! Costa Rica was the third one that Marcia and I have taken with John and Mary, and they get better each time. There is no doubt that detailed planning and experience has gone into each phase of every trip. The food, friends, fun and facts provide multiple thrills each day.

Marcia and Bob Bailey
Austin, Texas

We were invited by my father- and mother-in-law and we committed to attending the trip just 6 weeks prior to departure. The last thing on my mind during a vacation was listening to talks about health, however I found myself at the talks every evening and even looking forward to the next topic. I am a life long meat and pizza eater living on the fast track American diet. I told my wife before I left that I was going for fun but did not want any part of eating any vegan diet. My plans were to go to town eat fish and have adventurous fun. But instead my eyes have been opened to a new way that the evidence shows is beneficial to our health and well-being. So far I'm two weeks into my normal living and still no milk, or red meat. With my wife's help we are eating a low fat diet, and I feel great! Thanks for the trip, but more importantly thanks for the education.

Mark Copelin
Manitou Springs, Colorado

Although my typical vacations usually involve a golf course, it was a fabulous first time experience on this trip to substitute golf clubs for surfboards. The beach was user friendly for surfing rookies and the town of Tamarindo was made to order as the backdrop. For my daughter Kristy and I to actually get up on our boards a few times and be able to enjoy the feeling of riding a wave was an *unexpected* joy we were able to share. Not bad for a couple of tourists from Minnesota. Between our common interest in the McDougall Program and the shared activities, everyone, regardless of age, seemed to have an easy time getting to know each other. Thanks for a wonderful vacation see page 15

experience...now if we could only get you interested in golf, all would be well in paradise.

The McDougall Newsletter

Paul & Kristy Carter

Edina, Minnesota

Thank you for our recent McDougall Adventure to Costa Rica - it was excellent! After three remarkable trips with McDougall Adventures, it is obvious to me that you know how to put together worthwhile activities and take care of your travelers. I look forward to the next adventure with you. Once again, you created the opportunity for a valuable experience and treasured memories.

Marsha Lang

Sacramento, California

First of all I want to express my appreciation for all the effort you, Mary and Heather expended in order for the trip to be the success it was. What a team!! An adventure it was from sailing from tree to tree in the forest canopy to staring into the face of a crocodile from a river raft. The food was delicious, the lodging comfortable, I learned much from both yours and the guides presentations and met some very congenial people. This timely trip to rural Costa Rica was a welcome respite from the bedlam which best describes life in California today.

**Bev Davis** 

Carmichael, California

We had been there about six years ago, but this trip was much better. The scenery was beautiful. Activities were fun. Dr. McDougall's eight hours of lectures were inspiring. Food was plentiful and delicious. It reminded me of a cruise ship but, even though we ate everything in sight, I lost two pounds.

Gene Sullivan

Niles, Illinois

Ann and I have been on all the McDougall trips and have especially enjoyed the Costa Rica trips. They seem to just get better and better. The highlight of the trip this year was a scuba diving trip to Bat Islands to see the giant bull sharks. We were reacquainted with old friends that had been on previous trips, made new friends, and your lectures were great as usual. It was another outstanding adventure--sign us up for next year!

Larry Wheat

Belvedere, California see page 16

WOW......what a trip! I had a blast. I am already planning next year's trip.

The McDougall Newsletter

Ellen Matics

Dover, Ohio

It was more than I ever could have imagined. On our own we'd never have been able to put together such fun activities, never would have met so many wonderful people, and would probably never have learned so much about the health-promoting McDougall diet. One of the real "plus's" for both of us was the wonderful naturalists that accompanied us everywhere.

Liz Fowler and Jerome Smith

Richmond, California

PS. the hotel and staff were also wonderful. An outstanding package...

The food and companionship were great - and Roberta even lost 2 pounds! What a relief not to have to worry about what we were eating. We can't wait to go back and try some of the things that we didn't have a chance to do, like horse-back riding and kayaking. And it will be such fun to meet up with the folks we met on this trip - lots of new friends!

Mark and Roberta Joiner

Santa Cruz, California

Everything was perfectly organized, thought-out, and arranged for us so we didn't even have to think. All we had to do was "go-along for the ride" and enjoy the

magnificent trips with super guides, the beautiful hotel and views and of course the delicious meals.

Allan & Pat Bonilla

Miami, Florida

This year's trip to Costa Rica - my 2nd McDougall adventure was a week well spent. Apart from the excellent food, which I have now come to expect, I was pleased with the wide range of activities and the way they were organized to cover more than 90 participants, not an easy task. For guys like myself who like to break away from the crowd there were 2 full days of kayaking on the Pacific, exploring the offshore islands and the northern coastline.

The evening talks were most informative in rounding out the basic principles of the McDougall program. It's hard to come back from a trip like this without a better idea of how the program works and how it can improve the quality of life at any age for all who participate.

Best regards,

**Bob Harris** 

Chicago, Illinois see page 17

Most trips are for fun, but the drawback is that you gain weight by the time you return home, and you feel lousy, too. What I enjoyed most about this trip was going back for seconds, as well as dessert. (I was definitely one of the "little piggies"!) But I only gained a pound, and I feel terrific. This was my granddaughter's favorite trip, even though she usually doesn't follow a vegetarian diet. A bonus was that my granddaughter and my wife felt so good from the diet during their week in Costa Rica that they both are sticking with it, even though they never had any such intentions before they went. Maybe now I won't be the only vegetarian in the family.

The McDougall Newsletter

**Dick Stratton** San Diego, CA

# The Song

by Roberta Joiner

To the tune of "Take Me Out to the Ball Game"

Take us to Costa Rica

Take us there with a crowd

We'll eat tortillas and brown rice there

Cholesterol lowering is our only care, so it's

Toot toot toot from the Black Beans

Meat, milk & fat out the door

Thanks to John, Mary & all of the crew

We'll be sick no more!

#### The Poem

By Dottie Bray

Saturday so soon – Time to Depart Seems like I'm leaving part of my heart

Arriving at El Ocotal filled with familiar faces And lots of new people from various places

So many choices of things to do Good Job the schedule says, "This is for you."

Don't be startled if I point you out.

This trip is so perfect, I just want to shout.

Costa Rica – what a caring, loving nation,

Page 18

continued from page 17

The guides overwhelmed us with great information.

On the bus from San Jose we first met Rafael With love for birds and mammals and a belief in the Diet as well.

The McDougall Newsletter

Thank you Dennis for presenting the fascinating birds, And showing us Tamarindo, too quaint for words.

Conrad – So informative, jovial and cheery, Produces a nature chart at the slightest query.

Marcel, such fervor, what can we say, On plants and fruits, you showed us the way.

Each day on the bus great knots you tied. Now bracelets and anklets we wear with great pride.

Contributions from each of you are so unique On fish, birds and woods, from balsa to teak

Now to our leader, the reason we're here. His message needs broadcasting far and near.

He promised adventure and, boy, he came through Along with some info that we never knew.

Snorkeling and surfing, rafting and riding, Coaxing the wildlife to come out of hiding.

For those who dared, the Tree Tops beckoned, Flying like Superman, a feat to be reckoned.

The Lectures were stirring and straight to the point, Guaranteed to put lots of noses out of joint.

Even though family and friends say "I don't want to hear it." With so much valid info, why not spread it with spirit.

Keep working to show that without Meds you're well. Your shining good health is sure to sell.

Thanks to the Doctor with his courage to fight.

We know time will prove that he's certainly right.

This was a vacation with well-planned timing.

I hope I'm doing justice with my simple rhyming.

Thanks to Mary and the rest of the crew.

We know none of this could happen without you.

Thanks to the staff for the wonderful food.

We all ate too much – To not would be rude.

Lastly I'll say this is not just a doctor, he's an institution.

I suggest we all seriously join his revolution.

# **Suck Carrots, High Protein Diet Advocates**

Promoters of high protein diets discount the importance of traditional risk factors, such as elevated blood cholesterol, because they do not fit well into their backwards theories on diet, health, and weight loss. Support for their diatribe is also provided by papers written in scientific journals suggesting that half of the people suffering from coronary heart disease do not have the conventional risk factors. Instead they propose risk factors that fit better with the teachings found in their diet books, such as elevated insulin levels, to be the most relevant predictor of heart disease. The Zone diet is a good example of this kind of diversion.

This week's issue of the *Journal of the American Medical Association*, with three lead articles and an accompanying editorial, clearly shows that consumption of the standard American diet, and the resulting elevation of traditional risk factors, accounts for the vast majority of heart disease.<sup>1-4</sup> Two separate articles examined data from 122,458 people in 14 randomized clinical trials and 386,915 people in 3 observational studies to challenge the claims that 50% of heart patients lack the conventional risk factors.<sup>1,2</sup>

#### Six Conventional Risk Factors

- 1) Elevated Blood Cholesterol (> 200 mg/dl)
- 2) Elevated Blood Pressure (> 140/90 mm/Hg)
- 3) Diabetes
- 4) Obesity
- 5) Adverse Dietary Habits
- 6) Cigarette Smoking

The solution is much less confusing than having to worry about 6 separate problems (risk factors). The first four risk factors are a direct consequence of the fifth (adverse dietary habits). The risk factor of cigarette smoking also reflects an unhealthy diet. Smokers have a higher intake of total fat, saturated fat, and cholesterol, and a lower intake of folate, vitamin C, beta-carotene, and fiber than nonsmokers. In other words, smokers consume significantly more meat, dairy products, and processed foods; and fewer fruits and vegetables, than nonsmokers. As a result, smokers have a much less healthy diet than nonsmokers and this may be the most important reason why they have more heart disease, rather than the direct toxic effects from cigarette smoke. (Of course, smoking is bad for you too.)

Between 89% and 100% of the time, fatal heart disease was found to be associated with at least one of the above risk factors. In 75% of cases of non-fatal heart disease, total cholesterol was equal to or greater than 200 mg/dl. Other risk factors – like C-reactive protein (CRP), homocysteine, Lp(a) and fibrinogen – have caused people to be distracted from the real issue of diet, and cannot be recommended over traditional risk factors for use in predicting risk of heart disease. Unfortunately, most patients and doctors will take from this journal a message to redouble their efforts to stamp down (out) risk factors by prescribing even more medications for blood pressure, cholesterol, diabetes and obesity. Real benefits from this drug approach are limited and/or of questionable value. The simple reason for this is because people do not die from risk factors – I have never seen a patient die of high blood pressure, high blood sugar, high cholesterol or obesity. People with these signs of disease die of rotten arteries in their heads and hearts. – strokes and heart attacks. So why not go to the source of the trouble? The real solution to these problems is to correct the

underlying causes – the adverse diet primarily, and secondarily the lifestyle issues (exercise, smoking, coffee, etc.) Unfortunately, there is little profit in this approach. Besides, too many people see taking a pill to be much easier than giving up beefsteaks and ice cream sundaes. But they are dead wrong.

#### References:

- 1) Khot UN. Prevalence of conventional risk factors in patients with coronary heart disease. JAMA 2003; 290:898-904.
- 2) Greenland P. Major risk factors as antecedents of fatal and nonfatal coronary heart disease events. *JAMA* 2003; 290:891-897.
- 3) Kackam D. Emerging risk factors for atherosclerotic vascular disease. A critical review of the evidence. *JAMA* 2003; 290: 932-940.
- 4) Canto CG. Major risk factors for cardiovascular disease. Debunking the "only 50%" myth. JAMA 2003; 290:947949.
- 5) Palaniappan U. Fruit and vegetable consumption is lower and saturated fat intake is higher among Canadians reporting smoking. *J Nutr.* 2001 Jul;131(7):1952-8.
- 6) Dallongeville J. Cigarette smoking is associated with unhealthy patterns of nutrient intake: a meta-analysis. *J Nutr.* 1998 Sep;128(9):1450-7.

Page 22

# Recipes

In the summer we like to serve quick and easy meals, simple to make and also delicious when reheated. That way you can make the food ahead of time and simply heat on the stovetop or in the microwave for a fast supper. One of my favorite easy meals is "sloppy joes". We really enjoy several of the bean varieties that are found in the Quick & Easy Cookbook; for example, the Black Bean Sloppy Joes on page 134 and the Disorderly Lentils on page 116. The following recipe is delicious on whole wheat buns, with your favorite condiments, or serve it as a main dish over brown rice or other whole grains.

The McDougall Newsletter

#### **BARBEQUED BEANS**

Preparation Time: 15 minutes Cooking Time: 20 minutes

Servings: 6-8

½ cup water or vegetable broth

1 onion, chopped

1 bell pepper, chopped

1 teaspoon minced fresh garlic

1 ½ teaspoons dry mustard

1 ½ teaspoons chili powder

½ teaspoon ground cumin

3 15 ounce cans pinto, pink or red beans, drained and rinsed

1 8 ounce can tomato sauce

1 ½ tablespoons molasses

½ tablespoon cider vinegar

Dash or two Tabasco sauce

Place the water or broth in a large pot with the onion, bell pepper and garlic. Cook over medium heat, stirring frequently, until vegetable are soft and liquid is almost gone. Stir in the mustard, chili powder and cumin. Mix well. Add remaining ingredients, stir well to mix, and cook over low heat about 15 minutes.

Hint: Use all one kind of bean, or try it with one can of each.

For those of you that aren't quite ready for a bean "sloppy joe" or would like a bit more variety, try this recipe for Soy Sloppy Joes. This is also usually a favorite with those folks you'd like to convert to healthier eating. These freeze and reheat very well.

#### **SOY SLOPPY JOES**

Preparation Time: 15 minutes Cooking Time: 15 minutes

Servings: 8

1 cup vegetable broth

1 onion, chopped

1 bell pepper, chopped

1 teaspoon minced fresh garlic

1 12 ounce package soy "ground round"

1 15 ounce can tomato sauce

1 6 ounce can tomato paste

1 tablespoon brown sugar

½ tablespoon prepared mustard

½ tablespoon Worcestershire sauce

½ tablespoon cider vinegar

½ teaspoon chili powder

Place ½ cup of the vegetable broth in a large non-stick frying pan. Add the onions, bell pepper and garlic. Cook over medium heat, stirring frequently, until vegetables soften and start to stick to the bottom of the pan. Add the remaining vegetable broth and repeat the process until the vegetables are very soft. Then add the remaining ingredients and mix well. Cook, stirring frequently for about 5 minutes until well heated.

Serve on buns with your favorite condiments.

Hints: There are many varieties of soy burger crumbles on the market. Look for ones with no animal products or added fat. The product that I use is made by Yves Veggie Cuisine. It is called Ground Round, Veggie Original. You may use bottled "fresh" minced garlic in this recipe to save time. Look for vegetarian Worcestershire sauce in your natural food store.

My apple tree has an abundance of fruit this time of the year, so I always look for ways to use more apples. I make a lot of baked apples, in the microwave or in the oven. There is an easy recipe for Microwaved Baked Apples in the Quick & Easy Cookbook on page 271. Another favorite is Apple Crisp. This recipe is delicious with any kind of apples, although I prefer the tart green ones myself.

#### **APPLE CRISP**

Preparation Time: 20 minutes Cooking Time: 40-50 minutes

Servings: 9

4 large firm apples, peeled and sliced

1 tablespoon lemon juice

½ teaspoon cinnamon

½ cup raisins or currents

3/4 cup Grape Nuts cereal

3/4 cup rolled oats

½ teaspoon cinnamon

½ cup maple syrup

2/3 cup apple juice

1 teaspoon cornstarch

Preheat oven to 350 degrees.

Place the apple slices in a bowl and toss with the lemon juice and cinnamon. Place in a non-stick square baking dish and sprinkle with the raisins or currents.

Mix the Grape nuts, rolled oats and cinnamon in a separate bowl. Stir in the maple syrup. Spread evenly over the apples. Whisk the apple juice with the cornstarch until well mixed, then pour over the apples and topping. Bake for 40 to 50 minutes until apples are tender.

Serve warm or cold.

We just returned from a fantastic McDougall Adventure trip to Costa Rica. We traveled with 90 other people, some of them were avid McDougallers and some of them weren't quite sure they wanted to eat vegan food. Everyone ate the food and loved it. We've even had people write and tell us they've stuck with the diet since returning home and are feeling great. (See Costa Rica article.) The native dish in Costa Rica is Gallo Pinto, a combination of black beans, rice and seasonings. We enjoyed this for breakfast daily, along with many other delicious creations from the chef in our hotel. Serve this topped with salsa and rolled up in a corn tortilla. This keeps well in the refrigerator and also reheats well.

#### **GALLO PINTO**

Preparation Time: 15 minutes (need cooked rice)

Cooking Time: 30 minutes

Servings: 8-10

# Beans:

½ cup vegetable broth

1 onion, chopped

2 stalks celery, chopped

1 teaspoon minced fresh garlic

3 15 ounce cans black beans, drained and rinsed

1 bay leaf

1 teaspoon dried oregano

Vegetables:

½ cup vegetable broth

1 onion, chopped

1 stalk celery, chopped

www.drmcdougall.com

continued from page 23
1 tomato, chopped
1/4 cup chopped fresh cilantro
4 cups cooked long grain brown rice
hot sauce

#### Beans:

Place the vegetable broth in a medium-large saucepan. Add the onion, celery and garlic. Cook over medium heat, stirring frequently until vegetables are softened. Add remaining ingredients, mix well and cook over low heat for 20 minutes, stirring occasionally. Set aside. Vegetables:

Place the vegetable broth in a large non-stick frying pan. Add onion and celery and cook over medium heat for 5 minutes, stirring frequently. Add tomato and cilantro and cook for another 5 minutes. Add the bean mixture and the rice. Mix well. Heat through and season to taste with the hot sauce. Remove bay leaf before serving. This is another delicious Costa Rican bean and vegetable dish. Black beans are available almost everywhere is this country, either served plain with tortillas or combined with rice and/or vegetables.

## **COSTA RICAN POTATOES AND BEANS**

Preparation Time: 30 minutes (need cooked potatoes)

Cooking Time: 30 minutes

Servings: 4

½ to 1 cup vegetable broth

1 onion, chopped

½ teaspoon minced fresh garlic

- 1 jalapeno pepper, seeded and minced
- 2 ½ cups chopped fresh tomatoes
- 1/4 cup chopped fresh cilantro

several twists freshly ground black pepper

- 4 cups packed chopped spinach
- 3 cups chunked cooked potatoes
- 1 15 ounce can black beans, drained and rinsed

hot sauce

Place ½ cup of the vegetable broth in a large non-stick frying pan. Add the onion, garlic and jalapeno. Cook over medium heat, stirring frequently, until vegetables are very soft, adding the rest of the vegetable broth if necessary. Add tomatoes, cilantro and black pepper. Cook, uncovered over low heat, stirring occasionally, for 15 minutes. Meanwhile, drop the spinach into boiling water for 1 minute. Drain and set aside.

Add potatoes and beans to tomato mixture. Mix well and cook for 3 minutes. Add spinach and cook for another minute. Season to taste with hot sauce.

Serve hot or cold.

Hint: Use a variety of tomatoes for an attractive, colorful dish. Use small, new potatoes cooked with the skins on for best flavor. Cool slightly, then cut into chunks.