



# McDougall Newsletter

Volume 6 Issue 7

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Details and  
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### Rich Diet Is Child Neglect and Responsible People Need to Act

In England, obesity has been a factor in at least 20 child protection cases in the last year.<sup>1</sup> The British Medical Association (BMA) just rejected a call for the parents of young obese children, under 12, to be charged with neglect.<sup>2</sup> At this meeting held in Torquay, England on June 25 to 29, 2007, a representative said, "If parents will not or cannot take responsibility to provide the right diet and encourage exercise for their children after engaging with doctors and dietitians, we believe that this is a form of child neglect. If the child's health is at risk they should be removed from their parents for their own protection." **PAGE 2**

### Save Your Kidneys—Part 2 Diet and Kidney Health

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### Study Fails to Show Benefits of Fruits and Veggies for Breast Cancer Patients - Women are Blamed, but the Investigators Were at Fault

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### FEATURED RECIPES

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VEGETABLE TABOULI

TAMALE BURGERS

GARBANZO SPINACH SALAD

TACO SAUCE

RED BEAN GUMBO

MISO SOUP

MEXICAN VEGETABLE SOUP WITH CILANTRO PESTO

FETTUCCINE IN CREAM SAUCE WITH SUMMER VEGETABLES

CILANTRO PESTO

VEGAN DONE LIGHT - MINI MEXI-



## Rich Diet Is Child Neglect and Responsible People Need to Act

In England, obesity has been a factor in at least 20 child protection cases in the last year.<sup>1</sup> The British Medical Association (BMA) just rejected a call for the parents of young obese children, under 12, to be charged with neglect.<sup>2</sup> At this meeting held in Torquay, England on June 25 to 29, 2007, a representative said, "If parents will not or cannot take responsibility to provide the right diet and encourage exercise for their children after engaging with doctors and dietitians, we believe that this is a form of child neglect. If the child's health is at risk they should be removed from their parents for their own protection." In the end, representatives of the British Medical Association came to the conclusion that referring parents to child protection agencies would "do more harm than good."

In ways much more progressive than seen in the US and most other sophisticated countries, representatives at this meeting voted by a large majority to re-inforce the BMA's policy calling for a ban on the advertising of unhealthy food to children and for less salt, sugar, and hydrogenated fats to be added to prepared foods.

### How Much Does Obesity Hurt?

Diet and child neglect have been topical news. In May of 2007, vegan parents in Georgia, USA were given a mandatory life prison sentence after their 6-week-old son, Crown Shakur, died of malnutrition from a diet of apple juice and soy milk. Considering the worldwide suffering of children from starvation, the severity of this verdict seems somewhat disingenuous. Daily images of Africa's starving children evoke sympathy and we want to and should take action. Ironically, we fail to see equal pain and suffering of the children living right under our own roofs.



Many of you do not have to imagine the pain of obesity—you have lived the experience. The humiliation and discrimination of buying from the plus size racks and the remarks from high school classmates are still seered into your memories. Even though obesity is the most commonly discussed harm caused by unhealthy eating, it is not the only one, and not necessarily the most painful one. The noticeable facial sores from acne and the hidden worry when bowel movements come as infrequently as once a week cause intense hurting—and they are due to diet too.

### Does Intention Matter?

I believe few parents would intentionally cause their children harm. Many do not even recognize there is a problem within their families. Consider the findings of this *Consumers Reports* survey, "Only 4 percent of survey respondents described their children as being 20 percent or more above their ideal weight or obese. But *Consumer Reports* found that 19 percent of those children fell in that category."<sup>3</sup> Epidemic obesity and sickness are unseen because they are so common and so close to us that they are considered "normal" conditions.

Right now the perpetrators are frequently the "nicest parents." Teachers, bankers, ministers, doctors, and police feed the Western diet to their children—and most think that the meat and cheese are good for their children's muscles and bones, and the junk is inconsequential. Genetics, emotional stress, viruses and/or unknown causes are blamed for their children's health problems. Ignorance of the real consequences of the meals children consume is the primary reason that this widespread problem continues. Educated people with some financial means would be expected to take remedial actions after learning the truth about how the Western diet hurts their children. On the other hand, many families are trapped in poverty, preventing them from making the right choices even after they know the truth and want to do otherwise. (They receive free dairy and meat products from government subsidy programs. But the McDougall diet is very inexpensive, but they do not know this fact.)

**Scale of Suffering and Pain**

(100 points being the most painful. Feel welcome to change the numbered scores—these values come from my experiences and imagination)

Starving to near death	100
Dying of leukemia	100
Sexual abuse by an adult	90
Physical abuse from a parent	88
Verbal abuse from a parent	81
Testicular cancer with chemotherapy	78
Obesity during high school	74
Inflamed cystic acne	68
Insulin shots for type-2 diabetes	66
Constipation with BM every 10 to 15 days	65
Anal fissures and/or bleeding hemorrhoids	59
Precocious puberty (age 8)	56
Recurrent abdominal pains	53
4 days of painful menses each month	52
Recurrent sore throats and tonsillitis	51
Daily headaches	48
Moderately overweight	46
Offensive body odor	44
Very oily skin	41
Being hungry every day	40
Typical teenage pimples	37
Chronic fatigue	28
Reduced athletic performance	21
Mild irritable bowels (IBS)	15

\*These conditions that involve diet—except for starvation—are all known to be caused or suspected of being caused by the Western diet. (Sexual, physical and verbal abuse are, of course, not from diet.)

Should unintentional harm be excused? Consider the parents of Crown Shakur. They did not intend for their baby to die, but they are still going to prison. The pain and suffering for the children is real, regardless of whether or not the cause is deliberate.

**Change Must Begin Somewhere**

Until the true nature of this beast is uncovered nothing will change. Responsible people must lead and medical doctors are the logical first step. These trained professionals witness the direct effects of the Western diet all day long in their offices and have opportunities to counsel parents and children. Innovative medical education for doctors is a prerequisite for change, since most doctors are shamefully unaware. State licensing boards could mandate classes for re-licensing, just like they now have classes in pain management, HIV and elderly care. Like the laws that now require a medical doctor to report physical abuse of a child to the proper authorities, laws may be required in order to fix dietary abuses.

Involvement of the community with their schools can result in immediate improvements in health education and the lunch programs. Big food businesses must be banned from advertising unhealthy foods to our children—no honest person

could rationalize that the pain and suffering of even one child from any one of the conditions in the above box are worth "free enterprise." Damaging messages can soon be replaced by public service announcements, documentaries and traveling speakers, spreading the truth about the causes, consequences, and cures of the diseases of over-nutrition that plagues our children.

This ubiquitous source of pain and suffering, even though out of sight or mind, can no longer be tolerated, because child neglect and child abuse produce effects that last a lifetime for that person and spreads a cancer in any society that turns its back on its children.

**References:**

- 1) Consumers Report: [http://www.consumerreports.org/cro/babies-kids/parents-cant-always-tell-if-their-kids-are-overweight-survey-finds-7-07/overview/0707\\_parents-cant-always-tell-if-their-kids-are-overweight\\_ov.htm?resultPageIndex=1&resultIndex=2&searchTerm=obesity](http://www.consumerreports.org/cro/babies-kids/parents-cant-always-tell-if-their-kids-are-overweight-survey-finds-7-07/overview/0707_parents-cant-always-tell-if-their-kids-are-overweight_ov.htm?resultPageIndex=1&resultIndex=2&searchTerm=obesity)
  - 2) Kmietowicz AC. BMA rejects call for parents of obese children to be charged with neglect. *BMJ*. 2007 Jun 30;334(7608):1343.
  - 3) [http://www.consumerreports.org/cro/babies-kids/parents-cant-always-tell-if-their-kids-are-overweight-survey-finds-7-07/overview/0707\\_parents-cant-always-tell-if-their-kids-are-overweight\\_ov.htm?resultPageIndex=1&resultIndex=3&searchTerm=childhood%20obesity](http://www.consumerreports.org/cro/babies-kids/parents-cant-always-tell-if-their-kids-are-overweight-survey-finds-7-07/overview/0707_parents-cant-always-tell-if-their-kids-are-overweight_ov.htm?resultPageIndex=1&resultIndex=3&searchTerm=childhood%20obesity)
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**Diet and Kidney Health**

Typically a patient discovers his or her kidneys are failing by a routine laboratory blood test called a serum creatinine, which indirectly measures kidney function. (Normal creatinine depends on a person's age and in older adults is 1.2 mg/dL or less.) Once a problem is discovered, the doctor will try to slow the progression of this disease with medications intended to treat high blood pressure, diabetes, high cholesterol, and/or the use of anti-angiotensin medications (as discussed in my June 2007 newsletter). Little or no attention is given to what the patient eats, because primary and ongoing medical training never covers profit-free diet therapy.

Diet becomes a topic for discussion only after the kidneys have been almost completely lost, a condition called end-stage kidney disease—a stage of pre-dialysis. Now the powerful kidney-saving benefits from a healthy diet are of very limited value. At this time a referral is made to a kidney specialist, a nephrologist, and a renal dietitian. They will mention a low protein diet. But, because most of these professionals do not believe patients will follow such a diet, and because they themselves do not have real training and experience with this simple approach, no meaningful change is accomplished. After this cursory discussion of diet, the very sick patient is shuffled off on a tour of the dialysis ward—where he will soon be attached to machines for several hours a day, three or more days a week (at an annual cost of \$50,000 to \$75,000 per patient; most paid by taxpayers in the USA).

**The Kidneys**

Your two kidneys are located in both sides of your posterior abdomen below the rib cage. These sophisticated processing machines filter 200 quarts of your blood daily and remove on average 2 quarts of waste products and extra water. The rate of filtration is reported as a *glomerular filtration rate* (GFR), which is calculated from the blood (serum) creatinine level using the patient's age, weight, gender, and body size. The actual filtering occurs within millions of tiny units inside the kidneys called nephrons. The waste from the breakdown of body tissues and from food, and extra water, becomes urine. Dietary protein is the most common waste (other than water) removed by the kidneys. The kidneys have many other functions including acid-base and fluid balancing, hormone production, and regulation of blood pressure.

Lack of financial incentives is the reason for no meaningful diet therapy training for your doctors. However, patients with failing kidneys would be very interested in a low-protein diet that would reduce the progression of their kidney disease and death on average by 33% to 50%.<sup>1</sup> In many cases this is a diet that will keep them from ever having to be on dialysis.<sup>1</sup> Moreover, this same diet will improve their overall health and feelings of well-being, eliminating uremic symptoms\*. The multiple medications that are being used by patients with kidney disease for high blood pressure, diabetes and kidney disease can also be reduced and eliminated by adopting this sensible diet.<sup>1</sup>

\*Uremia is a condition resulting from advanced stages of kidney failure in which urea and other wastes build up in the body. Early signs of uremia are lethargy, mental depression, loss of appetite, and edema; later, diarrhea, anemia, convulsions, and coma.

## Diet Therapy

In his milestone treatise in 1946, Thomas Addis argued from personal clinical experience that reduction in renal "work" by judicious dietary protein restriction was effective in minimizing further loss of kidney function in patients with chronic kidney insufficiency from a variety of causes.<sup>2,3</sup> Thus, for the past sixty years doctors and patients should have known that the primary focus of attention for the preservation of the kidneys should be diet.

The kidneys filter and eliminate most of the nutrients that we do not use, as well as many non-nutrients. (The liver, skin and lungs are also organs that eliminate waste.) Dietary excesses, protein being the primary one, can easily become a burden. (You can actually observe the effects of eating excess protein with the formation of frothy bubbles in the toilet bowl after urinating following a single high protein meal. You (or at least some people) can also smell asparagine, an amino acid, found in high concentration in the protein of the vegetable asparagus when you urinate.)

The human body needs no more than 5% of the calories consumed to be from protein in order to build all cell structures, enzymes and hormones; once these needs are met then the excess must be excreted from the body. The typical Western diet, focused as it is on meat, poultry, eggs, and dairy products, is loaded with protein; as a result, many people consume a diet with 30% or more of the calories from protein.

In the process of eliminating the protein excesses, the blood flow and filtration rates of the kidney tissues (nephrons) increase, which in turn, causes a condition known as "intra-glomerular hypertension."<sup>4</sup> Sustained hypertension in the glomeruli leads to progressive damage. This damage is most important and apparent when people have pre-existing kidney loss from conditions such as donation of a kidney, physical injury, diabetes, atherosclerosis, hypertension, and polycystic kidneys. The excess protein accelerates the loss of kidney tissue to the point of end stage kidney disease all too soon in these people.

Even under "normal" conditions, the burden of excess protein from the typical Western diet "overworks" the kidneys, causing the loss of kidney tissue.<sup>4</sup> In an otherwise healthy person, 25-50% of his functional kidney capacity will be destroyed after seven to eight decades of eating typical foods.<sup>4-6</sup> Even so, we have so much reserve tissue that with only 30% of kidney function remaining all of the wastes are still removed; and the damaged and failing kidneys go unnoticed.

## The Scientific Research Says Diet Therapy Is Fundamental

Treatment of chronic kidney failure with a low-protein diet is effective in reducing uremic intoxication, slowing the progression of the disease, and preventing secondary hyperparathyroidism. An analysis of multiple studies using a low-protein diet for people with kidney disease has found the measurement of glomerular filtration rate (GFR) decreases by 0.53 mL/min/year less for those on a low protein diet compared with those who follow a usual diet.<sup>7</sup> Furthermore, this analysis found people with diabetic kidney disease received more benefit from diet than those who had kidney disease of other origins. However, people with other forms of kidney disease, including those with polycystic kidney disease have shown remarkable benefits.<sup>8</sup> The amount of protein in the urine (proteinuria), which is considered an important sign of kidney health, is also greatly reduced by this therapy.<sup>7</sup>

## Animal vs. Vegetable Protein

The kinds of diets fed to patients vary from those with an emphasis on animal proteins to those of all vegetable proteins (with and without supplementation of essential amino acids and other nutrients). There is substantial evidence that proteins from plants are much healthier for the kidneys and slow the progression of kidney disease more effectively than animal proteins.<sup>11-13</sup>

For the past twenty years many investigations have focused on the benefits of a vegan diet (no animal foods) for failing kidneys.<sup>13-19</sup> After studying people on diets of various amounts of vegetable protein one group of researchers concluded, "The vegan diet is associated with glomerular and systemic haemodynamic changes which may be beneficial in the prevention of glomerular sclerotic changes in health and disease."<sup>19</sup>

In one research project the investigators pointed out that traditional low protein diets were of poor palatability, costly for protein-free substitutes, and hard to follow away from home, resulting in poor compliance. To overcome these drawbacks they used a diet of natural foods of plant origin. Results of the vegan diet were similar to those obtained with the conventional, unpalatable, low-protein diet.<sup>15</sup>

In addition, kidney patients have a very high incidence of developing atherosclerosis, heart disease, and

strokes<sup>20</sup>—conditions all accelerated by eating high-fat, high-cholesterol animal foods. Substituting vegetable for animal protein decreases cholesterol which can be expected to translate into better heart health.<sup>12</sup>

### **Too Much Vegetable Protein Is Harmful Too**

A 2007 review published in the *Journal of the American Dietetic Association* concluded: “long-term consumption of high protein diets composed of either predominately animal or vegetable protein, by persons with normal kidney function may cause kidney injury and both animal and vegetable protein accelerates the progression of chronic kidney disease.”<sup>13</sup>

This advice to limit vegetable protein, too, was once a matter of avoiding beans, peas and lentils, including soy beans. However, today’s markets are filled with “kidney toxic protein” made of predominately isolated soy proteins. “Vegetarian” burgers, hot dogs, luncheon meats, sausages, candy bars, shakes, and cheeses are foods gravitated to by people looking into a healthier diet. But, these “fake” foods are in fact unhealthy; made of an unbalanced hodge-podge of ingredients. They are usually deficient in natural dietary fibers, carbohydrates, vitamins, minerals and other phytochemicals. The isolated soy protein causes large quantities of calcium to be lost from the body; resulting in bone loss and kidney stones.<sup>21,22</sup> These proteins also dramatically increase the production of growth hormone (IGF-1), which is known to promote cancer growth.<sup>23</sup>

Even though soy proteins have shown some positive effects on kidney function,<sup>24</sup> they will also provide a huge excess of protein that contributes to uremia and must be eliminated by the kidneys. In conclusion, these “soy-vegetarian-foods” should be strictly avoided by anyone with failing kidneys.<sup>13</sup>

### **Diabetic Kidney Disease and Glomerulonephritis**

Two common forms of kidney disease deserve a little more attention. Approximately 40% of people with diabetes severe enough to require insulin will eventually develop kidney damage.<sup>25</sup> In patients with diabetic kidney disease there is a 40-fold difference in the rate of progression of disease.<sup>1</sup> The important and controllable difference is due to the patient’s diet. Once kidney disease begins there is a relentless decline in kidney function and a decline in overall health. The median survival time once kidney disease is established (as seen by the presence of persistent proteinuria) is only 5 to 10 years.<sup>25</sup> These grim statistics can all be changed with a healthy diet and lifestyle.<sup>1,25-28</sup>

Chronic glomerulonephritis, also called nephritis, is a disease of the kidneys in which the glomeruli, the tiny filters in the kidneys, become inflamed or damaged. This chronic inflammation will slowly destroy the kidneys unless the cause is removed. An allergic-type of reaction to animal proteins is the most common correctable cause of nephritis. Many children and adults with glomerulonephritis have been cured by changing to a diet of low-allergy vegetable foods.<sup>29-34</sup>

### **How to Save the Kidneys**

Life without your kidneys, which means you are tied to a dialysis machine, is “hell on earth.” I have found over the years that a tour through the dialysis ward is one good way to motivate people to learn to enjoy a low-protein, starch-based diet, such as the McDougall Diet. That same diet should be vigorously followed to reverse conditions of hypertension, type-2 diabetes, and atherosclerosis, all of which, in their own right, lead to kidney damage. Even people who believe they are in good health need to heed this advice.

Evidence of failing kidneys should cause further dietary restrictions; such as the avoidance of high protein vegetable foods, especially the legumes (beans, peas, and lentils). Green and yellow vegetables and mushrooms are also high in protein, but the absolute amount consumed is usually small, so their consequences are few. Fruits and fruit juices are low in protein and can be used more liberally, as plentiful sources of calories. Specially processed low-protein flour products (flours, breads, pastas) can be purchased. (Search the Internet for sources.) The dietary protein intake can be further reduced by adding simple sugars like table sugars, honey and molasses—which are essentially protein-free.

Towards the end of kidney disease caution must be taken to avoid the buildup of potassium in the body, which can be fatal. Fruits and vegetables are high in potassium and contribute to this problem, especially when less than 10% of the kidney function remains. Careful monitoring and changes in diet to include lower potassium fruits and grain products (avoiding green and yellow vegetables and potatoes, for example) will be necessary. Effective dialysis also corrects potassium build-up.

When indicated, medications, such as chlorthalidone, a diuretic, should be used to reduce blood pressure. Most doctors will more aggressively treat high blood pressure than I do when there is evidence of kidney disease (indicated by more than 1 gram of protein in the urine daily). However, reduction of blood pressure below 140/90 mmHg carries risk of an increase of stroke and heart attacks. Anti-angiotensin medications in the form of ACE inhibitors should be used when significant proteinuria is present (See the June 2007 McDougall Newsletter). Diabetics, when necessary, should use insulin, rather than pills, to control blood sugars.

At all stages of kidney health, from perfectly normal to end stage, diet should be a fundamental part of the program. In reality, you are going to have to take the lead in order to incorporate this lifesaving therapy.

#### References:

- 1) Maroni BJ, Mitch WE. Role of nutrition in prevention of the progression of renal disease. *Annu Rev Nutr.* 1997;17:435-55.
- 2) Remuzzi G, Benigni A, Remuzzi A. Mechanisms of progression and regression of renal lesions of chronic nephropathies and diabetes. *J Clin Invest.* 2006 Feb;116(2):288-96.
- 3) Addis T. Glomerular nephritis: diagnosis and treatment. New York: Macmillan, 1948.
- 4) Brenner B. Dietary protein intake and the progressive nature of kidney disease: The role of hemodynamically mediated glomerular injury in the pathogenesis of progressive glomerular sclerosis in aging, renal ablation and intrinsic renal disease. *N Engl J Med* 307:652, 1982.
- 5) Kennedy G. Effects of old age and over-nutrition on the kidney. *Br Med Bull* 13:67, 1957.
- 6) Baldwin D. Chronic glomerulonephritis: nonimmunologic mechanisms of progressive glomerular damage. *Kidney Int* 21:109, 1982.
- 7) Kasiske BL, Lakatua JD, Ma JZ, Louis TA. A meta-analysis of the effects of dietary protein restriction on the rate of decline in renal function. *Am J Kidney Dis.* 1998 Jun;31(6):954-61.
- 8) Gretz N, Meisinger E, Strauch M. Does a low protein diet really slow down the rate of progression of chronic renal failure? *Blood Purif.* 1989;7(1):33-8
- 9) Piccoli GB, Motta D, Martina G, Consiglio V, Gai M, Mezza E, Maddalena E, Burdese M, Colla L, Tattoli F, Anania P, Rossetti. Low-Protein Vegetarian Diet with Alpha-Chetoanalogues Prior to Pre-emptive Pancreas-Kidney Transplantation. *Rev Diabet Stud.* 2004 Summer;1(2):95-102.
- 10) Gentile MG, Fellin G, Cofano F, Delle Fave A, Manna G, Ciceri R, Petrini C, Lavarda F, Pozzi F, D'Amico G. Treatment of proteinuric patients with a vegetarian soy diet and fish oil. *Clin Nephrol.* 1993 Dec;40(6):315-20.
- 11) Schiffrin EL, Lipman ML, Mann JF. Chronic kidney disease: effects on the cardiovascular system. *Circulation.* 2007 Jul 3;116(1):85-97.
- 12) D'Amico G, Gentile MG. Influence of diet on lipid abnormalities in human renal disease. *Am J Kidney Dis.* 1993 Jul;22(1):151-7.
- 13) Bernstein AM, Treyzon L, Li Z. Are high-protein, vegetable-based diets safe for kidney function? A review of the literature. *J Am Diet Assoc.* 2007 Apr;107(4):644-50.
- 14) Jibani MM, Bloodworth LL, Foden E, Griffiths KD, Galpin OP. Predominantly vegetarian diet in patients with incipient and early clinical diabetic nephropathy: effects on albumin excretion rate and nutritional status. *Diabet Med.* 1991 Dec;8(10):949-53.
- 15) Barsotti G, Morelli E, Cupisti A, Meola M, Dani L, Giovannetti S. A low-nitrogen low-phosphorus Vegan diet for patients with chronic renal failure. *Nephron.* 1996;74(2):390-4.
- 16) D'Amico G, Gentile MG, Manna G, Fellin G, Ciceri R, Cofano F, Petrini C, Lavarda F, Perolini S, Porrini M. Effect of vegetarian soy diet on hyperlipidaemia in nephrotic syndrome. *Lancet.* 1992 May 9;339(8802):1131-4.
- 17) Barsotti G, Morelli E, Cupisti A, Bertoncini P, Giovannetti S. A special, supplemented 'vegan' diet for nephrotic patients. *Am J Nephrol.* 1991;11(5):380-5.
- 18) Cupisti A, Morelli E, Meola M, Barsotti M, Barsotti G. Vegetarian diet alternated with conventional low-protein diet for patients with chronic renal failure. *J Ren Nutr.* 2002 Jan;12(1):32-7.

- 19) Wiseman MJ, Hunt R, Goodwin A, Gross JL, Keen H, Viberti GC. Dietary composition and renal function in healthy subjects. *Nephron*. 1987;46(1):37-42.
- 20) Schiffrin EL, Lipman ML, Mann JF. Chronic kidney disease: effects on the cardiovascular system. *Circulation*. 2007 Jul 3;116(1):85-97.
- 21) Spence LA, Lipscomb ER, Cadogan J, Martin B, Wastney ME, Peacock M, Weaver CM. The effect of soy protein and soy isoflavones on calcium metabolism in postmenopausal women: a randomized crossover study. *Am J Clin Nutr*. 2005 Apr;81(4):916-22.
- 22) Roughead ZK, Hunt JR, Johnson LK, Badger TM, Lykken GI. Controlled substitution of soy protein for meat protein: effects on calcium retention, bone, and cardiovascular health indices in postmenopausal women. *J Clin Endocrinol Metab*. 2005 Jan;90(1):181-9.
- 23) Arjmandi BH, Khalil DA, Smith BJ, Lucas EA, Juma S, Payton ME, Wild RA. Soy protein has a greater effect on bone in postmenopausal women not on hormone replacement therapy, as evidenced by reducing bone resorption and urinary calcium excretion. *J Clin Endocrinol Metab*. 2003 Mar;88(3):1048-54.
- 24) Martinez RM, Gimenez I, Lou JM, Mayoral JA, Alda JO. Soy isoflavonoids exhibit in vitro biological activities of loop diuretics. *Am J Clin Nutr*. 1998 Dec;68(6 Suppl):1354S-1357S.
- 25) Hansen HP, Christensen PK, Tauber-Lassen E, Klausen A, Jensen BR, Parving HH. Low-protein diet and kidney function in insulin-dependent diabetic patients with diabetic nephropathy. *Kidney Int*. 1999 Feb;55(2):621-8.
- 26) Dullaart RP, Beusekamp BJ, Meijer S, van Doormaal JJ, Sluiter WJ. Long-term effects of protein-restricted diet on albuminuria and renal function in IDDM patients without clinical nephropathy and hypertension. *Diabetes Care*. 1993 Feb;16(2):483-92.
- 27) Evanoff G, Thompson C, Brown J, Weinman E. Prolonged dietary protein restriction in diabetic nephropathy. *Arch Intern Med*. 1989 May;149(5):1129-33.
- 28) Zeller K, Whittaker E, Sullivan L, Raskin P, Jacobson HR. Effect of restricting dietary protein on the progression of renal failure in patients with insulin-dependent diabetes mellitus. *N Engl J Med*. 1991 Jan 10;324(2):78-84.
- 29) Genova R, Sanfilippo M, Rossi ME, Vierucci A. Food allergy in steroid-resistant nephrotic syndrome. *Lancet*. 1987 Jun 6;1(8545):1315-6.
- 30) Lagrue G, Laurent J, Belghiti D, Sainte-Laudy J. Food sensitivity and idiopathic nephrotic syndrome. *Lancet*. 1985 Oct 5;2(8458):777.
- 31) Laurent J, Rostoker G, Robeva R, Bruneau C, Lagrue G. Is adult idiopathic nephrotic syndrome food allergy? Value of oligoantigenic diets. *Nephron*. 1987;47(1):7-11.
- 32) Howanietz H, Lubec G. Idiopathic nephrotic syndrome, treated with steroids for five years, found to be allergic reaction to pork. *Lancet*. 1985 Aug 24;2(8452):450.
- 33) Sato M, Takayama K, Wakasa M, Koshikawa S. Estimation of circulating immune complexes following oral challenge with cow's milk in patients with IgA nephropathy. *Nephron*. 1987;47(1):43-8.
- 34) Russell MW, Mestecky J, Julian BA, Galla JH. IgA-associated renal diseases: antibodies to environmental antigens in sera and deposition of immunoglobulins and antigens in glomeruli. *J Clin Immunol*. 1986 Jan;6(1):74-86.

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## Study Fails to Show Benefits of Fruits and Veggies for Breast Cancer Patients - Women are Blamed, but the Investigators Were at Fault

The meat and dairy industry must have been laughing all the way to the bank on Tuesday July 17, 2007 when headlines worldwide announced the results of a seven-year diet experiment, known as The Women's Healthy Eating and Living (WHEL) Randomized Trial, of more than 3,000 women with breast cancer. This government

funded study (kicked off by a \$5 million grant from the late Wal-Mart heir John Walton with an additional \$30 million in support from the National Cancer Institute) found no benefit from recommending that women with breast cancer eat more fruits and vegetables, and less fat. The chances of fewer recurrences and better survival were not seen in women previously treated for breast cancer after changes in diet achieved during this study. As a result of this paper, originally published in the *Journal of the American Medical Association*, more people now believe healthier eating will not help women prevent or treat breast cancer.

### **Incontrovertible Facts Show Women Made Few Changes**

Data collected by asking the study participants about what they ate suggested they were eating more fruits and vegetables and less fat after being given instructions dictated by the study guidelines. But people don't always tell the truth—they often want to please the investigators, so they tell them what they think they want to hear, which in this case was clearly inaccurate.

The women described as eating "a dietary pattern very high in vegetables, fruit, and fiber and low in fat" did not lose any body weight at any time during the study—in fact, they gained a small amount. They were, on average, obese at 161.7 pounds (73.5 Kg) when they began the study and 6 years later they were still obese, weighing 163 pounds (74.1 Kg). (See below, table 2: Dietary Pattern and Body Weight by Group.) Nor did their average weights differ from the women who were not advised to change their diet (the control group).

Proof that the data collected from asking the women what they ate was inaccurate is shown in table 2. The women eating "a dietary pattern very high in vegetables, fruit, and fiber and low in fat" were reported to have decreased their daily calorie intake by an average of 181 calories (1719 initially, and 1538 six years later), yet they gained weight. At every sixth month data collection they reported consuming at least 100 fewer calories daily than before the experiment began. A 100-calorie-plus daily deficit over a month would cause a one pound weight loss, over a year that would be 12 pounds, and over the entire 6 years of study the women should have achieved trim body weight. They gained weight!

Looking over table 2 you will also see the differences in foods consumed between the two groups were caused by the control group reporting that they ate less fruit and more fat over the study period—not by any improvement in the intervention group's diet, other than 2 more vegetable servings a day. Yet, rather than writing about the minor *absolute* changes in the diet made by the intervention group, they boasted of the *relative* differences between the intervention and control groups—reporting impressive figures like: "At 4 years, relative differences in mean intake between study groups were +65% for vegetable servings, +25% for fruit servings, +30% for fiber, and -13% for energy intake from fat.

### **The Authors Deceived the Public**

Fraud is intentional deception resulting in injury to another person. They deceived the public by claiming they were able to cause the "adoption of a dietary pattern very high in vegetables, fruit, and fiber and low in fat."

Their concluding statement was, "... during a mean 7.3-year follow-up, we found no evidence that adoption of a dietary pattern very high in vegetables, fruit, and fiber and low in fat vs a 5-a-day fruit and vegetable diet prevents breast cancer recurrence or death among women with previously treated early stage breast cancer." These words reflect the tone of the entire article—one of a successful experiment, not a failure—and led the public and press to believe that women in the intervention group made substantial changes in their diet. The result was headlines like: "No Cancer Benefit Found In Mega-Veggie-Diet Study," "Dietary Hopes Dashed for Breast Cancer Patients," "Intensive Diet Doesn't Prevent Breast Cancer: Study," "Healthiest Diet Made Little Difference to Breast Cancer Survivors," and "Fruits, Veggies Don't Stop Cancer Return." But the conscientious reader studies table 2 and correctly concludes: Even if the data reported were an accurate reflection of what these women did, two more vegetables servings a day is not a diet "very high in vegetables, fruit, and fiber and low in fat."

Neither lack of intelligence nor carelessness caused the report to be written in a manner that led the public and press to incorrect conclusions; I believe the authors intentionally deceived the public. One possible motivation for distorting the truth was to save face. They wasted \$35 million dollars by feeding women with breast cancer an ineffective diet. Rather than admit their mistakes, they chose to distort the real meaning of the findings of their study, and effectually, deprive women of an opportunity to become healthier by eating more fruits and vegetables.

Sixty years of scientific research, involving tens of thousands of published articles, has identified the rich Western diet as the cause of breast cancer and many scientific studies have shown that a meaningful change in diet will allow women with breast cancer to live longer and healthier. Yet, one poorly executed, well-publicized,

**Table 2.** Dietary Pattern and Body Weight by Group <sup>a</sup>

	Baseline	6 mo	12 mo	24 mo	36 mo	48 mo	72 mo
Intervention group							
Eligible sample, No.	1537	738	1463	715	676	1355	1308
Response rate, %	99.9	91.3	88.3	85.5	84.8	83.0	77.9
Comparison group							
Eligible sample, No.	1551	765	1484	699	713	1363	1313
Response rate, %	99.8	96.9	93.0	90.6	89.5	88.6	86.2
Total vegetable servings/d							
Intervention	3.9 (0.05)	8.4 (0.13)	7.8 (0.09)	7.1 (0.13)	6.6 (0.13)	6.4 (0.09)	5.8 (0.09)
Comparison	3.8 (0.05)	3.9 (0.07)	3.9 (0.05)	3.7 (0.07)	3.7 (0.07)	3.7 (0.05)	3.6 (0.05)
Total fruit servings/d							
Intervention	3.5 (0.05)	4.4 (0.08)	4.2 (0.06)	3.9 (0.08)	3.8 (0.09)	3.6 (0.06)	3.4 (0.07)
Comparison	3.4 (0.05)	3.6 (0.08)	3.4 (0.05)	3.3 (0.08)	2.9 (0.07)	2.8 (0.05)	2.6 (0.05)
Fiber, g/d							
Intervention	21.1 (0.21)	30.9 (0.40)	29.0 (0.28)	27.6 (0.41)	26.1 (0.42)	25.2 (0.29)	24.2 (0.30)
Comparison	21.2 (0.20)	21.4 (0.30)	21.0 (0.22)	20.5 (0.30)	20.0 (0.30)	19.3 (0.21)	18.9 (0.24)
Energy from fat, %							
Intervention	28.5 (0.18)	21.2 (0.26)	22.7 (0.20)	24.5 (0.29)	25.4 (0.32)	27.1 (0.24)	28.9 (0.25)
Comparison	28.7 (0.18)	27.8 (0.27)	28.4 (0.19)	29.2 (0.30)	30.6 (0.30)	31.4 (0.22)	32.4 (0.22)
Adherence score <sup>b</sup>							
Intervention	286 (3)	574 (7)	533 (6)	485 (8)	461 (8)	435 (6)	396 (6)
Comparison	283 (3)	301 (5)	292 (4)	282 (5)	268 (5)	262 (3)	246 (3)
Energy intake, kcal/d							
Intervention	1719 (10)	1619 (14)	1603 (10)	1592 (15)	1523 (15)	1552 (11)	1538 (11)
Comparison	1717 (11)	1615 (15)	1605 (11)	1606 (15)	1601 (16)	1574 (11)	1559 (12)
Body weight, kg							
Intervention	73.5 (0.42)	NA <sup>c</sup>	73.0 (0.45)	74.2 (0.71)	73.9 (0.73)	74.2 (0.51)	74.1 (0.54)
Comparison	73.3 (0.43)	NA <sup>c</sup>	73.8 (0.47)	74.0 (0.68)	74.9 (0.74)	74.1 (0.50)	73.7 (0.53)

<sup>a</sup>Data are expressed as mean (SE) unless otherwise indicated.

<sup>b</sup>Adherence score was calculated as 30 points for each vegetable or fruit serving (excluding white potatoes, juice, and iceberg lettuce); 10 points for each ounce of vegetable juice; 5 points for each percentage point of energy from fat below 40% to a maximum of 100 points for 20% energy from fat; and 7.7 points for each gram of fiber per 1000 kcal above 5 g/1000 kcal. Perfect adherence was 600 points.

<sup>c</sup>Data for body weight are not applicable (NA) because it was not measured at 6 months.

Pierce, J. P. et al. *JAMA* 2007;298:289-298. Copyright restrictions may apply. *JAMA*

study may turn the tide for better health for women.

### When Asked, Women Will Change

Breast cancer is a fatal disease and women will do almost anything to live. They will endure poisoning by toxic chemotherapy, burning with radiation, and mutilation from breast-amputating mastectomy; in the hopes of living a few more days. Obviously, if asked to do so, and given proper support from their doctors and dietitians, they would do something as simple, safe, cost-effective, and enjoyable as eating oatmeal and bean burritos while avoiding beefsteaks and cheese omelets. In The Women's Healthy Eating and Living (WHEL) Randomized Trial they continued the same meat-, dairy-, oil-, and environmental chemical-laden diet that got them in trouble in the first place, with minor modifications. The investigators, not the women, should be held responsible for the fact that even the instructions to eat, "5 vegetable servings plus 16 oz of vegetable juice; 3 fruit servings; 30 g of fiber; and 15% to 20% of energy intake from fat," were followed poorly. The full cancer-inhibiting benefits of low-fat, plant-foods were never offered to these women.

A true test of diet for the prevention and treatment of breast cancer would follow the model of the diet of women worldwide who have the least chance of contracting breast cancer and the best chance of surviving it. These are women who follow a diet based on starches, like from rural Asia (rice), Africa (millet), Mexico (corn), New Guinea (sweet potatoes) and Peru (potatoes). The few women, who do get breast cancer in these societies, also live longer than their Western counterparts.

Unfortunately, a serious diet study on breast cancer is no more likely to occur than would a study on heart disease, obesity, or type-2 diabetes—diseases well accepted to be due to the Western diet. Current financial in-

centives are focused on maintaining the status quo. So, until the revolution against the controlling interests of big business occurs you will be left to your own means to protect yourself and your family.

Additional Note: Information The Women's Health Initiative Randomized Controlled Dietary Modification Trial, a study also failing to show important benefits of diet for breast cancer for similar reasons, is found in my February 2006 newsletter.

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## Featured Recipes

### VEGETABLE TABOULI

Preparation Time: 15 minutes

Resting Time: 30 minutes

Chilling Time: 2-3 hours

Servings: 8

1 cup uncooked bulgur  
2 cups boiling water  
3 tomatoes, chopped

1 cucumber, chopped  
1 green bell pepper, chopped  
6 green onions, chopped  
1 cup chopped fresh parsley  
½ cup chopped fresh mint  
½ cup lemon juice  
fresh ground pepper to taste

Place bulgur in a bowl and pour the boiling water over it. Cover and let rest for 30 minutes. Transfer to a colander to cool and drain.

Meanwhile, prepare the vegetables and place them in a separate large bowl.

Combine the drained bulgur and vegetables. Add the lemon juice and pepper to taste. Mix well and chill before serving.

Hint: A 15 ounce can of any kind of cooked beans, drained and rinsed, makes a nice addition to this salad. Try garbanzo, kidney, black or white beans.

### GARBANZO SPINACH SALAD

Preparation Time: 15 minutes

Chilling Time: 1-2 hours

Servings: 4-6

3 15 ounce cans garbanzo beans, drained and rinsed  
2 cups loosely packed chopped fresh spinach  
½ cup chopped red bell pepper  
½ cup chopped yellow bell pepper  
3 green onions, finely chopped  
½ cup oil-free Italian dressing  
several twists fresh ground pepper

Combine beans and vegetables in a bowl. Pour dressing over and toss to mix. Season with fresh ground pepper. Refrigerate for 1-2 hours for best flavor.

Hint: This is one of my favorite salads and very often I eat this right after putting it together. It keeps well in the refrigerator for several days.

### RED BEAN GUMBO

Preparation Time: 20 minutes, cooked rice needed

Cooking Time: 30 minutes

Servings: 6-8

1/2 cup water  
1 onion, chopped  
1 green bell pepper, chopped  
1 stalk celery, chopped  
1 teaspoon minced fresh garlic  
6 cups vegetable broth  
1 14.5 ounce can Cajun-style stewed tomatoes  
1 8 ounce can tomato sauce  
1 1/2 teaspoons ground oregano  
1 bay leaf  
1/4 teaspoon crushed red pepper  
several twists of fresh ground pepper  
1 15 ounce can kidney beans, drained and rinsed  
1 15 ounce can red beans, drained and rinsed  
4 cups chopped greens (kale, chard, spinach, etc.)  
1/4 cup chopped parsley  
2-4 cups hot brown basmati or jasmine rice

Place the water, onion, bell pepper, celery and garlic in a large pot. Cook, stirring occasionally, for 5 minutes. Add vegetable broth, tomatoes, tomato sauce and seasonings. Bring to a boil, cover and cook over low heat for 15 minutes. Add beans and greens (not parsley) and cook an additional 10 minutes. Stir in parsley.

To serve, place 1/2 cup of the rice in the bottom of a soup bowl. Ladle gumbo over the rice and mix well before eating.

### **MEXICAN VEGETABLE SOUP WITH CILANTRO PESTO**

Preparation Time: 30 minutes

Cooking Time: 40 minutes

Servings: 8

1/2 cup water  
1 onion, chopped  
1 red bell pepper, chopped  
2 leeks, white part only, thinly sliced  
1 teaspoon minced fresh garlic  
8 cups vegetable broth  
1 14.5 ounce can Mexican style stewed tomatoes  
1 4 ounce can chopped green chilies  
1 8 ounce can tomato sauce  
1 whole dried chipotle chile  
1 teaspoon chili powder  
1 teaspoon ground oregano  
1/2 teaspoon Tabasco sauce, or to taste  
1 zucchini, chopped  
1 15 ounce cans pinto beans, drained and rinsed  
1 cup Savoy cabbage, chopped  
1 1/2 cups chopped kale  
1 1/2 cups frozen corn kernels  
1 cup small uncooked pasta, such as orzo

Place the water in a large pot with the onion, bell pepper, leeks and garlic. Cook, stirring frequently, for 7 minutes. Add broth, tomatoes, green chilies, tomato sauce, chipotle chile, chili powder, oregano and Tabasco sauce. Bring to a boil, cover, reduce heat and cook over low heat for 10 minutes. Add vegetables and beans. Cook for 10 minutes. Add pasta and cook for an additional 4-8 minutes, until pasta is

tender. Remove whole chipotle before serving. Stir 1-2 teaspoons of cilantro pesto (recipe follows) into each bowl before eating, if desired.

### **CILANTRO PESTO**

Preparation Time: 10 minutes

Yield: 1 cup

1 cup packed cilantro leaves  
1 tablespoon raw cashews  
½ teaspoon minced fresh garlic  
1 teaspoon lime juice  
2 teaspoons water

Place cilantro in blender or food processor and process until chopped. Add remaining ingredients and process until well mixed.

Use to add more flavor to soups and stews. Also delicious spread on bread.

### **TAMALE BURGERS**

I found this recipe for burgers in Vegetarian Times last month. The original recipe came from Frank Melodia, and I thought the burgers looked so interesting that I just had to try them. I have modified the recipe slightly, leaving out the oil, of course, and simplifying some of the steps. We like to serve these in a corn tortilla, with lettuce, tomatoes, and the Taco Sauce recipe from this newsletter. Some sliced avocado could also be added, if desired.

Preparation Time: 30 minutes (need cooked rice)

Cooking Time: 45 minutes

Cooling Time: 50 minutes

Servings: 8-10

2 tablespoons vegetable broth  
1 onion, finely chopped  
1 small red bell pepper, finely chopped  
¾ cup frozen corn kernels, thawed  
1 chipotle chile in adobo sauce, minced  
2 teaspoons adobo sauce  
2 cloves garlic, minced  
1 teaspoon ground cumin  
dash salt (optional)  
1/3 cup masa harina (for tortillas)  
½ cup water  
3 cups cooked brown rice  
½ cup chopped fresh cilantro  
1 ½ tablespoons fresh lime juice  
¾ teaspoon lime zest  
8-10 corn tortillas

Place the vegetable broth in a large non-stick frying pan with the onion, bell pepper, corn, chipotle chile, adobo sauce, garlic, and cumin. Cook, stirring occasionally, for about 10 minutes, until vegetables are softened.

Mix the masa harina with the water in a small bowl. Add to the vegetable mixture and mix well. (Mixture will be very thick.) Cover and cook over low heat, stirring once or twice, for about 5 minutes.

Heat the cooked rice until hot. Place in a large bowl and add the vegetable mixture to the rice along with the remaining ingredients, except the tortillas. Mix well and set aside for 20 minutes.

Place several sheets of parchment paper over large baking trays. Fill a medium bowl of water and place it next to your work surface. Wet hands and shape mixture one at a time into flattened oblong burgers (just the right size for fitting into the tortillas). Place each shaped burger onto the parchment paper.

Repeat until all mixture is used. Refrigerate burgers for 30 minutes.

Grill burgers over medium heat for about 7 minutes on each side, until crusty on the outside. This may be done on a charcoal or gas grill, or on a griddle on the stovetop.

Place each burger in a corn tortilla, add lettuce, tomatoes, avocado, if desired, and spoon some Taco Sauce over the top. Fold up and enjoy.

Hints: Masa harina can usually be found in Latin American markets, or in the ethnic section of some supermarkets. It is a fine corn flour that is used to make tortillas and tamales. I usually make a double batch of these burgers because they freeze well and then I have an easy meal for sometime later. These may also be shaped into the traditional burger shape and eaten on whole wheat buns. They have a decidedly Mexican flavor to them, so they are best topped with Mexican-style seasonings.

### **TACO SAUCE**

This is a creamy, slightly spicy sauce that is wonderful with raw veggies, or drizzled over tacos.

Preparation Time: 5 minutes

Servings: makes 3 cups

1 package soft silken tofu

1 ½ cups tofu sour cream

1 package Bearitos Taco Seasoning mix

Place the tofu in a food processor and process until fairly smooth. Add the tofu sour cream and process until very creamy. Add the package of seasoning mix and process until blended. Pour into a covered container and refrigerate for an hour or two to allow flavors to blend.

Hint: Recipe for tofu sour cream can be found in the June 2002 newsletter.

### **MISO SOUP**

This is a simple, yet delicious, miso soup that is light enough to enjoy on a hot summer night.

Preparation Time: 10 minutes

Cooking Time: 5 minutes

Resting Time: 2 minutes

Servings: 4

1 ounce wakame seaweed

4 cups water

¼ cup mellow white miso

1 package silken tofu, cubed

⅛ cup soy sauce

4 green onions, chopped

Soak the seaweed in water to cover, drain, squeeze and cut into bite-sized pieces. Set aside

Place the 4 cups water in water in a saucepan and bring to a boil. Remove ½ cup of the boiling water and mix into the miso until it is very smooth. Return to pan, mix well and cook for another minute or so. Add the seaweed, tofu and soy sauce. Mix gently, turn off heat and add the green onions. Let rest 2 minutes before serving.

Hints: The seaweed is entirely optional. If you don't care for the flavor, try some fresh spinach instead. To make this into a heartier soup, add some cooked soba or udon noodles to the water when adding the miso, heat through, then proceed as above.

### **FETTUCCINE IN CREAM SAUCE WITH SUMMER VEGETABLES**

By Emily Barth Webber

Emily prepared this delicious dish during the celebrity chef weekend in 2006. Prepare this very special, but rich, dish for a summertime special occasion.

This creamy sauce is rich, satisfying and flavorful. Full of subtle herbs that marry beautifully with summer vegetables, it is the right dish to serve when you know you should eat lots of vegetables, yet you still crave something sinful (like Fettuccine Alfredo or Mac & Cheese). It's the best of both worlds.

Play around with the vegetables in this dish. Use whatever is in season. Vary the herbs, use fresh herbs, have fun with it. Once you make this dish once, you'll know how to make vegan cream sauce, so have fun experimenting.

Serves 4

### Ingredients

#### *Sauce:*

1 cup raw cashews, soaked in 4 cups spring or filtered water for 4-8 hours  
4 teaspoons dried herbs from Provence  
1 teaspoon fine sea salt  
A few grinds of black pepper  
1 cup filtered or spring water

#### *Pasta and Vegetables:*

½ pound fettuccine  
1 (5-ounce) bag baby spinach  
1 tablespoon water or vegetable stock  
1 carrot, cut into julienne  
1 cup cremini mushrooms, sliced  
1 yellow or orange bell pepper, julienne  
1 cup broccoli florets  
1 small yellow squash, cut into julienne  
1 small zucchini, cut into julienne  
2 cloves garlic, minced  
2-3 tomatoes, cut into bite sized pieces

### Directions

1. Start water boiling for fettuccine in a large pasta pot.
2. Drain cashews, dump into blender and puree with 1 cup water until very smooth and creamy. This may take 5 full minutes in a standard blender. As soon as mixture is smooth and creamy, add herbs from Provence, sea salt and pepper and puree for another minute. Sauce will be the
3. Boil fettuccine. It should take about 11 minutes. Add spinach to the water for the last 30 seconds of cooking.
4. Meanwhile, sauté carrots in 1-2 tablespoons water or vegetable stock in a large non-stick skillet over high heat for 2-3 minutes. Add mushrooms, bell peppers, broccoli, yellow squash, zucchini, garlic and cook another 2-3 minutes. Stir in tomatoes. Reduce heat to low and add sauce to
5. Drain fettuccine and toss with sauce and vegetable mixture.

## **VEGAN DONE LIGHT**

By Erin Dame

Erin Dame has compiled a wonderful selection of light vegan recipes in a downloadable book at [www.vegandonelight.com](http://www.vegandonelight.com). I haven't had a chance to try all of the recipes yet, but he has some very creative selections that are low fat, healthy vegan recipes. I have included a preview recipe for you to try in this newsletter, Mexican Mini "Pizzas", a low-calorie, gluten-free recipe that I'm sure you will enjoy. The only free oils he uses are to oil the pans, and if you have good quality non-stick cookware, those oils can easily be eliminated. Check out his website listed above and see photos of all the recipes as well as instructions for downloading.

## Mini Mexican "Pizzas"



Servings:	1
(2 pizzas)	
Calories:	238
Total Fat:	2
Saturated:	0.5
Protein:	12
Carbs:	50
Fiber:	12

A favorite among my gluten-free readers.

Serve with slices of avocado and mango.

¼ medium	red onion
2 cloves	garlic
1	jalapeno
1	tomato
1 teaspoon	lemon juice
2 slices	butternut squash
½ cup	cooked black beans
1 teaspoon	adobo seasoning
for cookie sheet	vegan margarine

Preheat oven to 425 F.

Dice onions, garlic, jalapeno and tomato.

Stir together with 1 teaspoon lemon juice and set aside.

Peel the non-hollow end of a butternut squash and slice off two approximately 2 inch thick rounds.

Cut minor depressions into slices to hold the toppings better and to look more like your standard crust.

Mash cooked black beans with a fork.

Divide evenly and press into squash shells.

Top with diced ingredients and a sprinkling of adobo seasoning.

Bake on a greased cookie sheet for at least 20 minutes.