



Happy Holidays

McDougall Newsletter

Pick a Category to Work on This Year

A New Years Resolution Based on Three Decades of Success

If you are looking for big improvements in your life for 2010 then your diet is the right place to focus. In the late 1970s when I was developing the McDougall Diet after reading the bulk of the nutritional science published since the early 1900s, I came to the conclusion that starches, vegetables, and fruits were ideal for human nutrition. These humble plant parts supplied all the calcium, iron, and high quality protein that any person of any age, beyond infancy (a time for breast milk), would ever need during any activity, including those as demanding as pregnancy and running triathlons.

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Simple Care for Diabetes

Imagine sitting across from your doctor and being told your blood sugar is elevated and that you now have type-2 diabetes. Next you are informed that this condition is in part due to your excess body fat and that if you lose weight your diabetes will improve and possibly go away; however, in the meantime, you need to take medication. The doctor prescribes a diabetic pill (say a sulfonylurea) and hands you a sheet of paper describing a calorie-restricted diet; which incidentally was provided by a drug company representative selling diabetic pills to your doctor. On your first follow-up visit, the next month, despite all of your best efforts, you have gained 4 pounds. Because of your weight gain your blood sugars are still no better in spite of the medication. Your doctor doubles his efforts and adds another medication with a stern warning to lose the weight. The next month your weight is up another 4 pounds. Your blood sugars are now over 200 mg/dL and insulin shots are prescribed. This downhill spiral continues and after one full year of intensive treatment you have now gained 20 pounds of weight, a bag full of pills, bottles, and syringes, and worse health. Nearly every patient gets the same results because the medications do nothing to fix the illness and they compound the patient's problems by raising the levels of insulin in his or her body -- One important effect of insulin is to facilitate the storage of dietary fat into fat cells.

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How A Bone Disease Grew To Fit The Prescription

by **Alix Spiegel**

A well worthwhile [NPR interview](#) about the osteoporosis businesses.

This intricately woven story with first person interviews explains to you how the pharmaceutical and device industries "disease monger"—in other words, turn otherwise healthy people into patients. By use of the bone mineral density test (BMD) they have created a population of middle-aged and older female customers in need of treatment for an invented disease called osteopenia. The drug companies have used similar deceptive means with prostate cancer screening (PSA testing) to lure otherwise healthy men into the prostate [cancer businesses](#). Enthusiastic recommendations for mammography and colonoscopy screening for breast and colon cancer have similar, but not so blatantly obvious, connections and business enhancing motivations and effects.

You can read the [interview](#) but listening is an experience (23 minutes).

Featured Recipes

Beans and Greens Soup

Mika's Rice & Beans

Gingered Baby Bok Choy

Perfect No-Oil Balsamic Dressing

Rich Chocolate Mousse

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The Relative Hazards of Foods

However, you may be unwilling or unable to make a complete turn-around to the diet I have recommended based on starches, vegetables, and fruits, all of the time. In that case, you should consider a more gradual course by eliminating foods based on the categories I outlined in our first national best-selling book *The McDougall Plan* (1983) by John and Mary McDougall. I have made a few modifications in order to update the lists in the categories.

Progression from Categories I through IV below lead from harmful to health-supporting foods. For those who usually follow the diet closely, these categories will identify foods least damaging to you when you do indulge on those special occasions. Anyone who is not yet ready for a complete change to a health-supporting diet as set forth in Category IV may want to improve his or her diet by beginning with the elimination of foods in Category I and progressing at his or her own chosen pace.

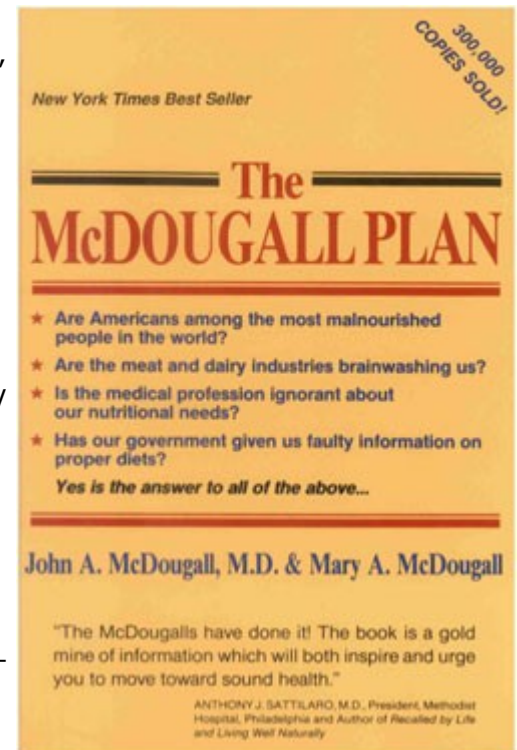
Category 1 -- Dangerous Foods

You should never eat these foods. Government, medical, and scientific authorities have considered these foods dangerous enough to hold committee hearings, to issue warnings about them, or even to ban these products from use. All of these foods are suspected causes of cancer. You have no reason to eat these, because there are safer alternatives.

1. Nitrite-containing meats: ham, hot dogs, sausages, cold cuts, and bacon.
2. Supermarket quality meat: pork, beef, organ meats, and poultry. They are contaminated with substances that are suspected of causing birth defects and cancers.
3. Hydrogenated and partially hydrogenated vegetable oils: margarines, vegetable shortenings: found in most packaged foods from cookies to breath mints.
4. Charcoal-broiled and smoked foods.
5. Deep-fried foods.

Category II -- Feast Foods

IIA. These foods should be eaten rarely, if ever. Never eat them if you are trying to regain your lost health and appearance. These are very rich foods. They should be reserved for that special occasion, the feast. For most healthy people, these feasts should occur less than once a month. Anyone still trying to regain the best possible level of health should always avoid feasts. Be forewarned: for some sensitive people, like those with in-



inflammatory arthritis, one feast can result in devastating pains lasting for weeks.

1. Range-fed beef without hormones or chemicals.
2. Organically grown poultry.
3. Shellfish.
4. Fresh fish.
5. Cream.
6. Whole milk.
7. Cheese.
8. Creamed cottage cheese.
9. Sour cream.
10. Ice Cream.
11. Yogurt.
12. Butter.
13. Eggs.
14. Vegetable oils (including olive oil, flaxseed oil, canola oil, coconut, and all "free" oils).

IIB. These modified feast foods should be eaten no more than once a week, and then only in small amounts. Anyone looking for improvement in their health should never eat them. These dairy and egg foods have been modified to lower the fat and cholesterol content. Removal of the fat reduces the level of fat-soluble chemical contaminants. However, they are still too high in animal protein, and contain no dietary fiber. Dairy products are the leading cause of food allergies, and eggs are often listed as the second most common food allergen.

1. Low-fat yogurt.
2. Low-fat milk (skim milk).
3. Buttermilk.
4. Low-fat (dry curd) cottage cheese.
5. Low-fat cheese (like mozzarella).
6. Kefir.
7. Sherbet (contains water, sugar, fruit juice, and often egg whites or low-fat dairy products).
8. Egg whites.

Category III -- Rich Plant Foods

These rich plant foods may account for a small portion of your daily food intake (less than 10 percent of your

calories per day) but only after you have attained the level of health you are striving for. In general, these foods are more harmful than health-supporting. Never eat these foods if you have problems with your health that remain unresolved. They can easily add to your body fat. If you begin using this group of foods and find that you are also gaining weight or getting back some of your old ailments, then stop eating these foods immediately.

IIIA. High-fat plant foods contain large amounts of fat, and are very high in calories.

1. Olives.
2. Avocados.
3. Nuts.
4. Nut butters (like peanut butter).
5. Seeds.
6. Seed spreads (like tahini).
7. Soybeans.
8. Tofu (fiber has also been removed).
9. Tempeh.
10. Miso.
11. Soy "ice cream".
12. Coconut meat.
13. Chocolate (dairy-free).

IIIB. Simple sugar foods provide concentrated calories and often little else.

1. White sugar (worst).
2. Brown sugar.
3. Corn syrup.
4. Honey.
5. Maple syrup.
6. Molasses.
7. Malt syrup.
8. Agave nectar.
9. Sorbet.
10. Jams and jellies.

11. Fruit puree (like applesauce -- significant content of vitamins and minerals).

12. Dried fruit (best) (significant content of fiber, vitamins and minerals).

IIIC. Refined grains and flours have had much of their fiber content, vitamins, and minerals removed. Some products have had a few vitamins and minerals added back (enrichment).

1. White rice (cereal- or glucose-coated).

2. Refined flours (such as white flour, used in bread, bagels and noodle products).

3. Cornstarch.

4. Potato starch.

Category IV -- Health-Supporting Foods

These foods are health-supporting. They allow your body to attain and maintain its naturally intended state of good health. They should account for the greatest share (at least 90 percent) of your calories if you are healthy and for all of them if you are still working to regain your health.

1. Whole grains, such as wheat, rice, barley, millet, rye, oats, corn, and popcorn.

2. Milled grains, such as whole-wheat flour, corn meal, brown rice flour, rye flour, oatmeal, and bulgur.

3. Starchy vegetables, such as white potatoes, sweet potatoes, yams, and cassava.

4. Green and yellow vegetables, such as spinach, kale, zucchini, broccoli, cabbage, carrots, and onions.

5. Sprouted seeds and beans, such as alfalfa, radish, wheat, mung bean, and lentil.

6. Beans, peas, lentils, such as kidney beans, white beans, garbanzo beans, pinto beans, split peas, and red lentils. (These legumes are high-protein. They should be restricted to about one cup of cooked food on average daily and restricted even more for people with osteoporosis, kidney stones, and liver or kidney failure.)

7. Fresh fruits. (All edible varieties of these are suitable; however, most people should limit them to about three per day. They contain simple sugars that are largely protected by fiber. People trying to lose weight and people with high triglycerides should consider further limitation.)

Ten Ideas We Have Improved On in Three Decades:

You should not be surprised to learn that we got it mostly right the first time -- more than 30 years ago. After six years of exhaustive study of the scientific research and almost every vegetarian cookbook published in the preceding eighty years we learned a lot from other people's hard work. During those six years between 1977 and 1983 when *The McDougall Plan* was being written, Mary also designed homey recipes, cooked the meals, and the McDougall family taste-tested each and every one of them. *Here is what we can now add:*

1) **Animal foods** -- be they derived from cow, pig, chicken, or fish muscles or the ovum of a bird or the lactation fluids of a mammal -- high-fat or low-fat -- are all so similar in their make-up that they must be considered together, and should be strictly avoided for health reasons. The destruction of the Earth due to the [livestock industry](#) makes avoiding animal foods imperative.

2) **Chicken and Turkey** are no improvement over beef and pork products. Consumers are just fooling themselves and might as well have a beefsteak on their birthday rather than a dried-up piece of white breast meat.

3) **Fish** are health-wise no better than any of the other muscle foods. Since the time *The McDougall Plan* was

written nearly 90% of the world's large fish and other sea life have vanished. In order to restore our oceans, lakes, and streams people must understand the importance of not eating and further contributing to the depletion of these natural resources.

- 4) **Low-fat Dairy Products and Egg Whites** are very high in animal protein and sulfur-containing amino acids, which promote bone, kidney and liver damage. Trading high-fat foods for low-fat foods in this category is a matter of choosing whether to be shot or hanged.
- 5) **Soy Foods**, such as traditional soymilk, tofu and miso are sensible additions to a healthy diet, but should be used in small amounts because they are rich in fat and protein. Fake foods, such as soy burgers, soy lunch-eon meats, soy hot dogs, and soy cheeses made from isolated soy proteins and a number of other chemicals should be strictly avoided.
- 6) **Vegetable Oils**, regardless of the health claims, such as "high in omega-3s" or "good fats" are serious health hazards and should be clearly distinguished from whole foods that are high in vegetable fats such as [nuts](#), seeds, avocados, and olives.
- 7) **Salt** is a pleasurable taste that can make compliance with the McDougall Diet much easier. Research over the past three decades shows salt is well tolerated by most people and rarely is a contributor to poor health. However, to be on the cautious side, use salt sparingly.
- 8) **Simple Sugars** are all basically the same and make foods delicious. Used sparingly they add great pleasure to the McDougall Diet without causing harm.
- 9) A **Starch Focus** is emphasized in every possible way. The McDougall Diet has always been taught as a starch-based diet with the addition of fresh or frozen vegetables and fruits. Until people eat most of their calories from higher calorie plant foods, such as rice, corn, beans, and potatoes, they struggle. Emphasizing these comfort foods makes everything about the McDougall Program work easily.
- 10) **Simplicity** in meals is a key to better health and appearance. Mary's cooking style in our home has become focused on simple meals. She prepares dishes such as sweet potatoes and broccoli or rice with steamed green veggies, which are topped with delicious sauces. With simplicity, advantages like greater weight loss, better health, and [lower food costs](#) are enjoyed.

Simple Care for Diabetes



Imagine sitting across from your doctor and being told your blood sugar is elevated and that you now have type-2 diabetes. Next you are informed that this condition is in part due to your excess body fat and that if you lose weight your diabetes will improve and possibly go away; however, in the meantime, you need to take medication. The doctor prescribes a diabetic pill (say a sulfonylurea) and hands you a

sheet of paper describing a calorie-restricted diet; which incidentally was provided by a drug company representative selling diabetic pills to your doctor. On your first follow-up visit, the next month, despite all of your best efforts, you have gained 4 pounds. Because of your weight gain your blood sugars are still no better in spite of the medication. Your doctor doubles his efforts and adds another medication with a stern warning to lose the weight. The next month your weight is up another 4 pounds. Your blood sugars are now over 200 mg/dL and insulin shots are prescribed. This downhill spiral continues and after one full year of intensive treatment you have now gained 20 pounds of weight, a bag full of pills, bottles, and syringes, and worse health. Nearly every patient gets the same results because the medications do nothing to fix the illness and they compound the patient's problems by raising the levels of insulin in his or her body -- One important effect of



insulin is to facilitate the storage of dietary fat into fat cells.

The first step to turning around these events is to stop, or at least drastically reduce, the medications. By removal of the medication-induced "hyper-insulin-state," the body can now begin making overdue corrections; an important one being weight loss. The second crucial step is to change to a low-fat, animal-food-free, starch-based diet. Starchy foods (rice, corn, potatoes, beans, etc. cause the body's own insulin to become more powerful; *insulin sensitivity is increased*.¹⁻³. To further make the point about the benefits of carbohydrates on the function of insulin; even pure simple sugar improves insulin sensitivity.⁴ A classic experiment on people found an improvement in diabetic control as measured by fasting blood sugar levels, insulin levels, and glucose tolerance tests when diabetics were fed an extreme diet consisting of 85% of the calories as simple sugar (glucose and maltose).⁴ Animal proteins, like milk casein, and animal fats and vegetable oils reduce the sensitivity of insulin.^{5,6} The third step is to start exercising which further lowers blood sugars and enhances the weight loss. With these changes a simple cure is possible for essentially everyone with type-2 diabetes.

Diabetes: From Insulin Deficiency to Excess

Diabetes (mellitus) is a disease characterized primarily by elevated sugar levels measured by a blood test usually taken after 6 to 8 hours without food (a fast). Normal fasting blood sugar values vary among healthy people between 50 mg/dL to 100 mg/dL.* Levels above 100 mg/dL suggest impairment of the body's blood sugar-regulating mechanisms (impaired glucose tolerance = IGT) and a level above 126 mg/dL is defined as diabetes. Blood sugar levels change rapidly, especially after eating (they go up) and after exercise (they go down). Hemoglobin A1c is a common blood test that reflects the average blood sugar over the previous 2 to 3 months and is the gold standard for judging long-term control with medication. It is not a test for diagnosing diabetes. A normal level is considered below 6%. Some patients with diabetes run percentages twice that high.

*Divide mg/dL by 18 for a rough conversion to mmol/L.

Consider diabetes as a spectrum of disease from insulin deficiency (type-1 diabetes) to insulin sufficiency (type-2 diabetes). Insulin is a hormone produced by the beta cells of the pancreas. This vital hormone facilitates the passage of glucose through the cell wall into the cytoplasm where this sugar provides for energy for the body. Insulin also makes possible the storage of dietary fat inside of the fat cells. Insulin production can be permanently reduced by the destruction of the beta cells; this is usually due to an autoimmune reaction (the body attacks itself). Type-1 diabetes follows substantial loss of pancreatic function. Cow's milk protein is the most common cause of immune-mediated beta cell destruction.⁷ Type-1 diabetes can occur at any age, even into adulthood. Substantial lack of insulin production is life threatening; the only partial remedy is supplementation with daily insulin injections. The damage is irreversible.

In type-2 diabetes the pancreas is synthesizing normal and sometimes excess amounts of insulin.^{8,9} However, in this case the problem is not with the pancreas; the problem is that the cells throughout the body have become resistant to the actions of insulin. This peripheral resistance results in less sugar entering the cells and more remaining in the blood. The development of [insulin resistance](#) is a normal adaptive mechanism the body uses to ward off extreme fat accumulation when faced with the rich Western diet. Type-2 diabetes is known as non-insulin-dependent diabetes, meaning there is plenty of insulin being synthesized. Therefore, eliminating the resistance to the action of the body's insulin always cures type-2 diabetes (unless there is in addition some significant loss of beta cell function). This cure is accomplished with substantial weight loss.¹⁰ The most healthful and long-lasting way to correct obesity and insulin resistance is by following a high-carbohydrate, low-fat, starch-based diet.¹⁰⁻¹³

People with Insulin Deficiency May Need Insulin Injections

Those patients requiring insulin can be divided into two categories:

1) *Total Insulin Deficiency*: The most severe form of insulin deficiency, seen in the classic patient with type-1 diabetes, requires daily insulin supplementation, otherwise the patient will become severely ill (ketoacidosis), and often die without this vital replacement.

2) *Trim People with Partial Insulin Deficiency:* Most people with blood sugars above 126 mg/dL, who are also trim (not overweight or underweight) fall into the category of partial insulin deficiency. Doctors often refer to this as type-1½ diabetes. These patients produce enough insulin to avoid life-threatening illness, but not enough to keep their blood sugars normal. With the elevated sugar levels they may also develop adverse effects, such as excessive thirst and urination, and too much weight loss. Insulin injections easily remedy these undesirable conditions.

Treating Type-2 Diabetes in the Overweight Patient

The typical patient I see with a diagnosis of type-2 diabetes is overweight or obese and on a multitude of medications intended to lower their blood sugar. Yet their sugars remain elevated in the 200 mg/dL to 400 mg/dL range; even with their doctors' best efforts. No matter how often the blood sugar is checked daily, or the amount and kind of medication given, the blood sugars are never normal; they are usually way too high, and on occasion, dangerously low, causing confusion and coma. Obviously, even in the best professional hands, the treatments do not work.

The first step I take is to stop all of their oral medications on the first visit. I do this because these medications have serious adverse effects and no real health benefits. (Yes, they do cause the numbers - sugar and HgBA1c - to look better.) After I explain the facts to the patient, most of them readily agree to make this

Diabetic Pills Kill

Most physicians believe that better control of blood sugars means better long-term outcomes for the patients and they enthusiastically prescribed these medications. Research proves otherwise. Diabetic medications are approved by the FDA for market based upon their ability to lower blood sugar levels, not based on any improvements in the quality or quantity of the patients' lives.

In a major study, a popular diabetic medication, Avandia (rosiglitazone), given at a dosage of 4 mg twice daily, on average, decreased hemoglobin A1c levels by 1.5 percentage points, reduced fasting plasma sugar by 76 mg/dL (4.22 mmol/L), and reduced insulin resistance by 25%.¹⁴ These improved numbers should have meant healthier patients, but they didn't. On May 21, 2007 the *New York Times* reported, patients taking Avandia had 66 percent more heart attacks, 39 percent more strokes and 20 percent more deaths from cardiovascular-related problems.^{15,16} Since 1972, the Physicians Desk Reference (PDR) descriptions of most diabetic pills have included two paragraphs in bold print that begin with: **Special Warning on Increased Risk of Cardiovascular Mortality.** This warning is given because a very commonly prescribed class of oral medication, called sulfonylureas, increases the risk of cardiovascular death by 2 ½ times compared to diet treatment alone.

change.

For the overweight patient, with a diagnosis of type-2 diabetes, significantly elevated blood sugars, and taking insulin, I always reduce their dosage, and most times I ask them to stop the insulin altogether. My decision is based upon my best guess and the patient's wishes. Many patients are understandably afraid to stop their insulin, so a reduction in dosage is often the best compromise, say stopping all of the short-acting insulin and continuing only the long-acting, or cutting the amount of both the long and short acting in half. This is very safe to do (under doctor's supervision) for those with type-2 diabetes. The greatest risk to the patient is hypoglycemia from them still taking too much insulin, especially after they change

to a low-fat, starch-based diet and start exercising. In almost all cases it is better to guess on the side of less rather than more medication.



At the same time medication changes are being made, my patients begin strictly following the McDougall Diet and exercising daily (slowly at first). I ask them to monitor their blood sugars (fasting) every morning with their home measuring unit and report the results to me daily. Based on these blood sugar numbers their insulin injection dosage is either raised or lowered for that evening or the next day. The goal is to keep their fasting blood sugars between 150 mg/dL and 300 mg/dL. I discourage blood sugar measurements at any other time of the day unless they suspect hypoglycemia (too low a sugar). The finding of elevated sugars later in the day after eating just upsets the patient and does not add any useful information in deciding on the next dosage of insulin to be given.

One other important change I also make is to switch them from multiple shots daily to a single dose of long-acting insulin, such as Lantus, taken once in the evening. (Other long-acting options are Ultralente and Levemir.) A typical starting dose for people with blood sugars between 200 mg/dL and 400 mg/dl is 20 to 40 units of Lantus daily (roughly 10 units of insulin for each 10 mg/dL elevation over 200 mg/dL). The reason I do not try to more aggressively treat the blood sugar numbers to make them look more normal by using more testing, pills, and injections is because this commonly used approach is proven beyond any doubt to harm patients.

For type-2 diabetes I do not prescribe pills; however, when needed, I use long-acting insulin in order to:

- 1) Decrease the rate of weight loss or to cause weight gain.
- 2) Relieve symptoms of diabetes, such as excessive thirst and urination.
- 3) Help relieve the worries of the patient over the high sugar numbers. Being treated with a little insulin makes people feel that all the bases are being covered, especially if their blood sugar numbers look a little lower after the insulin. However, there are possible downsides: Introduction of insulin treatment may cause the patient to become less compliant with their diet and exercising; turning their faith back to the medications, in spite of the facts. Plus, I worry about the harms caused by the medications as I have discussed.

Aggressive Treatment Harms Patients

All six major studies published over the past thirteen years show that attempts by physicians to make the patients' blood sugars and Hemoglobin A1c levels look more "normal" with medications harm the patients. Three major studies published between 1996 and 2000 found more weight gain, higher cholesterol, triglycerides, and/or blood pressure; and more heart disease, stroke, and/or death with "aggressive" treatment compared to less treatment.¹⁷⁻¹⁹

In 2008, three landmark studies, ACCORD, ADVANCE, and VADT, were published in the *New England Journal of Medicine*.²⁰⁻²² All three showed aggressive treatment does more harm than good. On February 6, 2008 the National Heart, Lung, and Blood Institute (NHLBI), stopped the ACCORD study (Action to Control Cardiovascular Risk in Diabetes) when results showed that intensive treatment of diabetics increases the risk of dying compared to those patients treated less aggressively.²³ Patients in the intensive-treatment group were often-times taking four shots of insulin and three pills daily, and checking their blood-sugar levels four times a day.²⁰ The ADVANCE study found no reduction in heart attacks or strokes, deaths from cardiovascular causes, or death from any cause with intensive therapy.²¹

The Veterans Affairs Diabetes Trial (VADT) was based on 1791 military veterans with type-2 diabetes.²² Patients were assigned to receive either intensive- or standard-glucose control and studied for 5.6 years. The intensive-therapy group reduced their hemoglobin A1c levels to 6.9%; compared to 8.4% in the standard-therapy group. A weight gain of 18 pounds occurred with the intensive-treatment, compared to 9 pounds with standard-therapy. There were 102 deaths from any cause in the intensive-therapy group and 95 in the standard-therapy group. In the intensive-therapy group, the number of sudden deaths was nearly three times the number of those in the standard-therapy group (eleven vs. four). More patients in the intensive-therapy group had at least one serious adverse event, predominantly hypoglycemia, than in the standard-therapy group.

Diet and Exercise Are the Foundations for Proper Medical Care

Drug therapy has consistently failed patients with type-2 diabetes, and their well-intended doctors, making the search for an alternative treatment imperative. Since the rich Western diet is agreed to be the cause of this epidemic, should diet not be the first place to look for the prevention and the cure?²⁴ Written reports on the benefits of a low-fat, high-carbohydrate, plant-food-based diet on type-2 diabetes date back to at least 1930.²⁵ Several published studies demonstrate how type-2 diabetics can stop insulin and get off diabetic oral medications with a change in diet.²⁶⁻³¹ One goalpost is weight loss to the point of normal body weight, at this time the blood sugars of most patients diagnosed with type-2 diabetes will normal, and then everyone will agree that no further treatment with medications is needed.

By great good fortune, this same low-fat, no-cholesterol diet successfully used for diet-therapy for diabetes has been shown to prevent and treat heart and kidney disease, and prevent many common forms of cancer. Heart disease accounts for 70% of the deaths in diabetics, diabetes is the number one cause of kidney failure, and cancer is more common in diabetics.

When caring for a person with diabetes, attention should be paid to other risk factors, such as cholesterol, triglycerides, and blood pressure. In most cases these numbers will also improve by following a starch-based diet and exercising, and the associated weight loss. But there will remain a few people who will benefit from treatment of their [blood pressure](#) and [blood cholesterol](#) with medication. Just like a few people with type-2 diabetes (with partial insulin deficiency) will need insulin.

Uninformed and purposely misled, as is the case now, the patient cannot get well and the doctor is ineffective in carrying out his or her duties. Consideration for the truth, and the appropriate medical practices that must follow, would change the entire healthcare system for the good, reducing costs and improving patient outcomes substantially.

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Featured Recipes

Beans and Greens Soup

This soup is quick to put together with staples from your pantry and refrigerator. It can be varied easily according to what you have on hand. See hints below for some suggestions. Since we tend to like our foods spicy, I usually serve this with hot pepper sauce to sprinkle over the top. And of course a hearty loaf of bread to dunk in the broth.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 6

1 onion, chopped
1 stalk celery, chopped
1 carrot, chopped
5 cups vegetable broth
1 teaspoon minced garlic
1 tablespoon soy sauce
Dash red pepper flakes
6 cups chopped greens
3 15 ounce cans beans, drained and rinsed
1 tablespoon red wine vinegar
Freshly ground pepper to taste
Hot pepper sauce, such as Sriracha

Place the onion, celery and carrot in a large soup pot with $\frac{1}{4}$ cup of the vegetable broth. Cook, stirring occasionally for about 5 minutes, until vegetables soften slightly. Stir in the garlic and soy sauce. Add 4 cups of the vegetable broth, red pepper flakes, the greens and 3 cups of the cooked beans. Bring to a boil, reduce heat and simmer until greens are tender, about 10 minutes. Place the remaining beans and broth in a blender jar and process until smooth. Add to the soup pot. Add the vinegar and pepper to taste. Heat through and serve with the hot pepper sauce, if desired.

Hints: We like this best with hearty greens, such as kale or Swiss chard. Make this with a variety of beans for

a more colorful soup. Try with 2 cans of white beans (blend one of them) and 1 can of red or black beans. Or try this with garbanzo beans. Different beans will give this soup different flavors and textures. One can of chopped tomatoes may also be added to this soup, or try adding 1-2 tablespoons tomato paste to the processed bean mixture.

Mika's Rice & Beans

A few months ago when we were in Portland, our daughter-in-law, Mika, prepared this delicious rice dish for us after she picked us up at the airport. This goes together quite quickly and makes a fast meal for 2 people.

Preparation Time: 10 minutes (need cooked rice)

Cooking Time: 10 minutes

Servings: 2

2 tablespoons vegetable broth
1 small onion, chopped
1 clove garlic, minced
2 tablespoons balsamic vinegar
1 tablespoon soy sauce
1 tablespoon lemon juice
½ teaspoon hot chili sauce (optional)
Pinch ground cumin
1 15 ounce can garbanzo beans, drained and rinsed
2 cups chopped kale or Swiss chard
2 cups cooked brown rice
1 cup halved cherry tomatoes

Place the vegetable broth in a large non-stick sauté pan and add the onion and garlic. Cook, stirring frequently, for 3 minutes. Add the balsamic, soy sauce, lemon juice, hot sauce and cumin. Mix well, then stir in the garbanzos and greens. Cook, stirring occasionally, for about 5 minutes until greens are fairly tender. Add the rice and cook until heated through. Remove from heat and stir in the tomatoes. Serve at once.

Gingered Baby Bok Choy

Steamed baby bok choy is one of my favorite side dishes. This sauce makes it even more special.

Preparation Time: 5 minutes

Cooking Time: 5 minutes

Servings: 4

¼ cup soy sauce
1 tablespoon water
1 tablespoon grated fresh ginger
2 teaspoons sugar
1 teaspoon cornstarch
1 pound baby bok choy, quartered

Combine the first 5 ingredients in a small bowl and whisk until smooth.

Place the bok choy in a large non-stick sauté pan with just a splash of water. Cook, turning frequently, until it begins to soften, about 2 minutes. Add the soy sauce mixture and cook, stirring frequently, until mixture has thickened slightly and bok choy is tender.

Perfect No-Oil Balsamic Dressing

By Chad Sarno

Chad demonstrated this fantastic dressing at the last McDougall Advanced Study weekend in September of 2009. Keep this in your refrigerator to dress your daily bowl of greens.

Preparation Time: 5 minutes

Servings: makes about 1 ½ cups

1 cup balsamic vinegar
1/3 cup shoyu or tamari
3 tablespoons maple syrup
3 tablespoon nutritional yeast
2 tablespoons Dijon mustard
1 tablespoon onion powder
1 clove garlic, minced
½ teaspoon vegan Worcestershire sauce
Minced fresh herbs of choice (see hints below)

Combine all ingredients in a blender jar and process until thoroughly mixed.

Hints: Try a variety of fresh herbs, such as rosemary, oregano, chives, or use just one of your favorites. This will keep in the refrigerator for at least a week. Having delicious, oil-free dressings readily available in your refrigerator makes it easy to enjoy a fresh green salad at every meal. To see more of Chad's raw recipes go to www.rawchef.com.

Rich Chocolate Mousse

This is a variation of my Wicked Chocolate Pie recipe which I make very year at Thanksgiving and Christmas. My 3 grandsons love the batter when it comes out of the food processor, so I turned it into a pudding for them. This is a rich dessert recipe meant for special occasions, but it does take much less time to prepare than the chocolate pie. The recipe for Wicked Chocolate Pie can be found in the October 2004 newsletter.

Preparation Time: 15 minutes

Servings: 8

1 cup vegan (non-dairy) chocolate chips
1 12.3 ounce package silken tofu
1/3 cup Sucanat or brown sugar
½ teaspoon vanilla
¼ to ½ cup soy milk

Place the chocolate chips in a double boiler and melt over barely simmering water. Place the tofu in a food processor and process until smooth. Add the Sucanat and vanilla and process until very smooth. Add the melted chocolate and process again. Add the soy milk, a small amount at a time, until the pudding is the consistency that you like it. Chill for at least 1 hour before serving.

Hints: The chocolate chips may also be melted in a microwave. Do this in 15 second bursts, stirring in between, so the chocolate doesn't burn. This may also be made with any dry sweetener of your choice instead of the Sucanat. Cover the pudding with plastic wrap directly on the surface of the pudding while chilling for best results.