



## Counting Our Blessings

I am approaching 66 and Mary will be 67 years old this coming year (2013). We don't feel old. We can do everything now that we did in our twenties. Mary water skis, I windsurf, and we both play hard with our five grandchildren. "Good luck" and "blessings from God" must be given credit for our current conditions. I am thankful for this, but over these two fate changers I have no control, so I rely upon those few things I can alter.

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## Counting Our Blessings

I would like to introduce you to my family.



From the left: Patrick, Irene, and Sam (1); Brandt, Heather, Ryan (4), Ben (6) and Jaysen (9); Craig, Mika, and Chloe (6 months); and then Mary and I. These people are my life. No sacrifice is too great to continue my good times with them. I would eat cardboard for one more fun day, really!

I am approaching 66 and Mary will be 67 years old this coming year (2013). We don't feel old. We can do everything now that we did in our twenties. Mary water skis, I windsurf, and we both play hard with our five grandchildren. "Good luck" and "blessings from God" must be given credit for our current conditions. I am thankful for this, but over these two fate changers I have no control, so I rely upon those few things I can alter.

Life was not always so good for me. I suffered a debilitating stroke at 18 and underwent major abdominal surgery at age 24. My dismal history includes a cholesterol level of 338 mg/dL and an extra 60 pounds of body fat. Once it seemed that I was destined to a short miserable life. My bad fortune had little to do with luck; I was eating myself to death with a diet of beef, chicken, hotdogs, milk, and cheese.

Food changed my future. Mary and I have been eating the McDougall Diet for the past forty years. Recently we have been calling ourselves "starchivores" to focus on the large amounts of pasta, bread, rice, corn, beans, and potatoes we eat. Our entire family eats in a healthy way, too, which brings Mary and I great peace of mind.

How did I make and maintain these miraculous changes? I followed the simple advice championed in the 1980s by First Lady Nancy

Reagan: "Just Say No." This slogan began as a means to reduce teenage drug use, but I have found that it applies to all conscious behaviors for my patients and myself. The most difficult step is to decide—I mean for real—that you are not going to do that harm to yourself anymore. Case closed.

Mary and I are dedicated to getting as much out of life as possible and staying healthy while we do it. Towards these goals, how we eat is paramount, followed by choosing clean habits (alcohol and tobacco), exercising sensibly, and getting a little sunshine. If you feel the same dedication, then you can fulfill your bucket lists, too, cheating disability and death for as long as possible. Our New Years wish is for fortune, in all its forms, to turn in your favor as it has for us.



## Favorite Five Articles from Recent Medical Journals

### Coke Keeps You Thin (Sugar Is Not Fattening)

**A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight** by Cara B. Ebbeling, in the October 11, 2012 issue of the *New England Journal of Medicine*, found that "Among overweight and obese adolescents, the increase in BMI was smaller in the experimental group than in the control group after a 1-year intervention designed to reduce consumption of sugar-sweetened beverages, but not at the 2-year follow-up (the pre-specified primary outcome)."<sup>1</sup> A group of 224 adolescents (124 boys and 100 girls) who reported consuming at least one serving (12 oz.) per day of sugar-sweetened beverages or 100% fruit juice were enrolled. The 1-year intervention consisted of home delivery of non-caloric beverages (e.g., bottled water and "diet" beverages) every 2 weeks, monthly motivational telephone calls with parents (30 minutes per call), and three check-in visits with participants (20 minutes per visit). The authors' conclusion: "...replacement of sugar-sweetened beverages with non-caloric beverages did not improve body weight over a 2-year period..."

**Comment:** Laying the blame for obesity on sugar is the latest diversion used by agribusinesses to keep you consuming large quantities of meat and dairy products and oil-laden processed foods. Please do not misunderstand me: I am not saying sugar is health food, but that it is not the primary cause of our national epidemic of obesity. Nor should removal of simple sugars be looked to as the primary solution.

Refined sugar is "empty calories," which can lead to nutritional imbalances. Simple sugars cause tooth decay, and in sensitive people, can cause a rise in blood fats (triglycerides). Confusion from past research tying sugar to obesity comes from the fact that children who drink more sugar-sweetened beverages also tend to eat more fast food with meat, dairy, and oil (the real culprits) and watch more television (reflecting less physical activity).



This 1961 Coke commercial, “Coke keeps you thin!” has more much truth to it than the recent dairy campaign to consume milk products to lose weight, for 4 reasons:<sup>2</sup>

1) **The fat you eat is the fat you wear.** Milk is 50% fat, low-fat milk is 30% fat, and cheese is 70% fat. Fat is moved almost effortlessly from the glass to the gut. Coke has no fat to wear.

2) **Sugar is converted to body fat only with great difficulty.** The calories from Coke are 100% simple sugar. Excess sugar calories are not converted to body fat under usual conditions, but are wasted in physical activity and heat production.

3) **Sugar is appetite satisfying.** As Connie Clausen says in this Coke commercial, “The cold crisp taste of Coke is so satisfying it keeps me from eating something else that might really add those pounds.” (Appetite satisfaction is not provided by dietary fat. You eat fat as if you were a bottomless pit.)

4) **Coke is low in calories compared to milk.** One 8-ounce glass of Coke has 97 calories, compared to 146 calories in the same size glass of whole milk. More than half the calories in milk are from unsatisfying fats that are almost effortlessly stored in your body fat.

Besides calories, milk is loaded with allergy- and autoimmune disease-causing proteins, poisonous environmental chemicals, artery-clogging saturated fats and cholesterol, precocious puberty causing hormones, and infectious agents, such as leukemia viruses, mad cow prions, and listeria bacteria.

Yes, I am saying that drinking Coke is far less harmful to you and your children’s waistline and health than is drinking cow’s milk. The current campaign in America for solving poor health and obesity by exclusively focusing on sugar as the culprit is doing little or no good, and great damage. The really sickening and fattening foods—meat and dairy products and vegetable oils—are bypassed by making sugar the scapegoat.

1) Cara B. Ebbeling, Ph.D., Henry A. Feldman, Ph.D., Virginia R. Chomitz, Ph.D., Tracy A. Antonelli, M.P.H., Steven L. Gortmaker, Ph.D., Stavroula K. Osganian, M.D., Sc.D., and David S. Ludwig, M.D., Ph.D. A Randomized Trial of Sugar-Sweetened Beverages and Adolescent Body Weight. *N Engl J Med* 2012; 367:1407-1416

2) People Passionate about Starches Are Healthy and Beautiful. <http://www.drmcDougall.com/misc/2009nl/mar/passionate.htm>

## Meat and Dairy Make Boys into Men Sooner

**Secondary sexual characteristics in boys: data from the pediatric research in office settings network** by Marcia A. Hermans-Giddens, published in the November 2012 issue of *Pediatrics*, found that “Observed mean ages of beginning genital and pubic hair growth and early testicular volumes were 6 months to 2 years earlier than in past studies, depending on the characteristic and race/ethnicity. The causes and public health implications of this apparent shift in US boys to a lower age of onset for the development of secondary sexual characteristics in US boys needs further exploration.”<sup>1</sup>

This data on a total of 4131 boys was collected primarily from medical doctors’ offices in the US. Results varied by race.

Average age of onset of puberty (boys):

10.14 years for whites

9.14 years for blacks

10.04 years for Hispanics



**Comment:** Puberty is the process of physical changes by which a boy or girl matures into an adult capable of reproduction of offspring. One of the earliest signs of the beginnings of sexual maturity for both sexes is the development of pubic and auxiliary hair. At about the same time (or shortly afterwards), in boys the testicles and penis enlarge, and in girls, breast buds mature and they menstruate. Functional sperm and eggs are the end result. The completion of sexual development takes about five years from the onset. The onset of sexual maturity earlier than would occur naturally is referred to as "precocious puberty."

Girls, like boys, are maturing earlier than in the past. A 1997 report of 17,077 girls in the US showed "At age 3, 3% of African-American girls and 1% of white girls showed breast and/or pubic hair development, with proportions increasing to 27.2% and 6.7%, respectively, at 7 years of age. At age 8, 48.3% of African-American girls and 14.7% of white girls had begun development."

Average age of onset of puberty (girls):

9.96 years for whites

8.87 years for blacks

Historical accounts show that girls normally start puberty (menarche) at about ages 16 to 17. Boys sexually mature a few months later. During their late teens, a person is physically, mentally, and emotionally an adult and ready to start a family. Precocious puberty causes children to have sexual desires and functions long before they are psychologically ready.

#### Examples from history of onset of female sexual maturity (menarche = first menstrual period).<sup>3</sup>

- In Norway, in 1830, menarche began at the age of 17.2 years. In 1950, girls began menstruating at the age of 13.2 years.
- In Britain, the average age of menarche has fallen from 16.5 years to 12.8 years during the past 150 years.
- In the United States, girls started their first periods at age 14 years in 1900; by 1960 they were menstruating by an average age of 12.7.
- In Japan, in 1875, girls became women at 16.5 years of age. In 1950, they started their first periods at age 15.2. By 1960, the age of menarche was 13.9; by 1970, it fell to 12.5.
- Women of Papua New Guinea in the 1960s began menarche between 18 and 19 years of age. Note: 92 percent of the diet was from sweet potato leaves and roots at this time.

The age of onset of sexual maturity is pushed forward by the rich Western diet.<sup>3</sup> Research on girls show the more meat and total protein consumed, the earlier a young girl's periods begin (menarche).<sup>4</sup> Vegetable oils, which cause weight gain, are also associated with earlier maturity. Rising rates of overweight and obesity have had a major impact on precocious sexual development. Fat cells act as little factories for the production of estrogens. (The fatter a person, the more estrogen made.) Foods themselves contain hormones. For example, cow's milk is the largest source of dietary estrogens for most people.<sup>5</sup>

Milk-producing cows today are usually pregnant, and the pregnancy causes high levels of estrogen to circulate in the animal's body and to become part of the cow's milk, which the children drink. Hormones are also added to animal feeds to stimulate the animal's growth. Hormone-mimicking environmental chemicals, including plastics (Bisphenol A), affect a child's sexually developing body. Fortunately, various components of plant foods, for example, dietary fiber and phytoestrogens, mitigate the effects of excess hormones on the body.

Early onset of sexual maturity has a profound importance to the child, their family, and society.<sup>3</sup> Early sexual maturation is associated with an earlier initiation of sexual activity and an earlier age of first pregnancy. Risk for sexually transmitted diseases begins earlier as well. Children having their own children results in high rates of single motherhood, a disruption or discontinuation of the mother's education, and poverty. A teenage mother has a far greater risk than an older mother of experiencing complications in pregnancy and childbirth, including prematurity, prolonged labor, preeclampsia; and low-birth-weight babies with a greater risk of complications, such as respiratory distress syndrome and bleeding. Low-birth-weight babies are also 40 times more likely to die during their first month of life than normal-weight infants. Later in life, early menarche is associated with a much higher risk of breast cancer and heart disease.<sup>3</sup>

The devastating effects of precocious puberty can be avoided with a starch-based diet [fed to children](#). Even if your children and grandchildren have already have started precocious puberty, this process can be halted with a change in diet and associated weight loss. (Exercise encourages weight loss and lower sex hormones too.)

1) Herman-Giddens ME, Steffes J, Harris D, Slora E, Hussey M, Dowshe SA, Wasserman R, Serwint JR, Smitherman L, Reiter EO. Secondary sexual characteristics in boys: data from the pediatric research in office settings network. *Pediatrics*. 2012 Nov;130(5):e1058-68.

2) Herman-Giddens ME, Slora EJ, Wasserman RC, et al. Secondary sexual characteristics and menses in young girls seen in office practice: a study from the Pediatric Research in Office Settings network. *Pediatrics*. 1997;99(4):505-512

3) The McDougall Program for Women (Dutton 1999): [http://www.drmcDougall.com/store\\_eb\\_mpfw.html](http://www.drmcDougall.com/store_eb_mpfw.html)

4) Rogers IS, Northstone K, Dunger DB, Cooper AR, Ness AR, Emmett PM. Diet throughout childhood and age at menarche in a contemporary cohort of British girls. *Public Health Nutr*. 2010 Dec;13(12):2052-63.

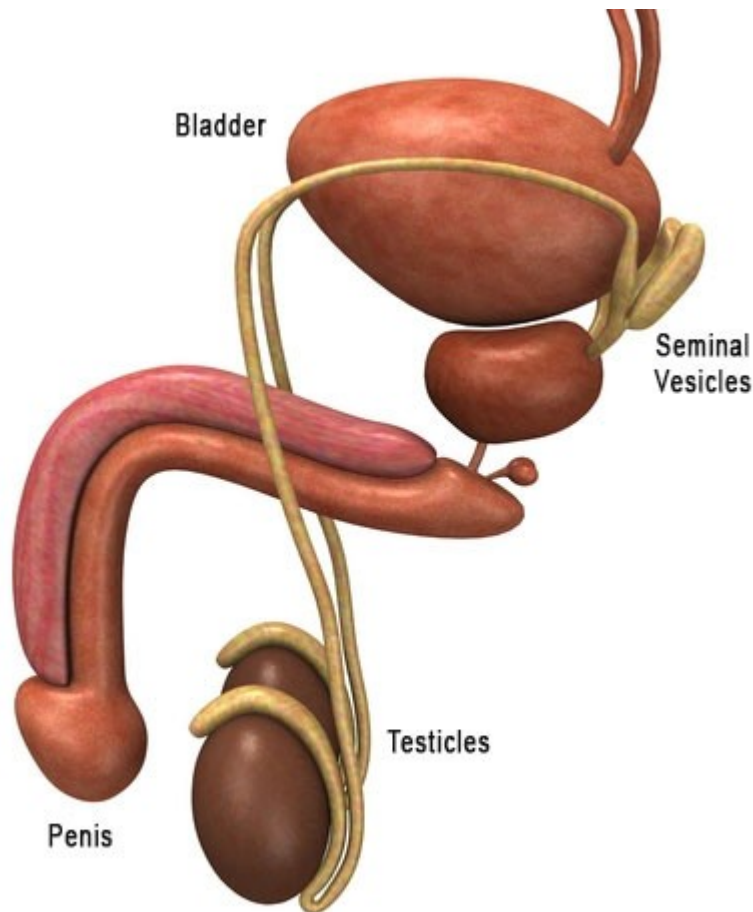
5) Melnik BC, John SM, Carrera-Bastos P, Cordain L. The impact of cow's milk-mediated mTORC1-signaling in the initiation and progression of prostate cancer. *Nutr Metab (Lond)*. 2012 Aug 14;9(1):74.

## Sperm Counts Reduced by Eating Meat and Dairy

**High dietary intake of saturated fat is associated with reduced semen quality among 701 young Danish men from the general population** by Tina K. Jensen, published in the December 2012 issue of the *American Journal of Clinical Nutrition*, found "a dose-response association between increased intake of saturated fat and a lower sperm concentration and total sperm count." (Saturated fat means meat, poultry, and dairy products.) The authors speculated that the observed effects could have been due to changes in the cholesterol concentration of sperm's membrane, which may affect membrane dynamics and sperm functionality.

**Comment:** Men traditionally have been the hunters who carry back the slain animals to feed the village; you know the saying: "They bring home the bacon." Scientific research confirms meat is viewed as a superior masculine food.<sup>2</sup> The acts of killing, butchering and eating animals are associated with power, aggression, virility, strength, and passion—attributes desired by most men—and eating meat has long been associated with aggressive behaviors and violent personalities. Men say they need more, and they do eat more meat, especially more red meat, than women.

Based on male anatomy, real men should be vegans (no animal foods). Human males have seminal vesicles: no other meat-eating animal has these important collecting pouches as part of their reproductive anatomy.<sup>3</sup> The seminal vesicles are paired sacculated pouches connected to the prostate, located at the base of the bladder. They collect fluids made by the prostate that nourish and transport the sperm. Ejaculation occurs when the seminal vesicles and prostate empty into the urethra of the penis. In many ways ejaculation is the ultimate act of male performance. Seminal vesicles are essential organs for proper male function and therefore, they should tell us much about man's true nature.



This research shows that eating meat, poultry, and dairy foods (saturated fats) decreases male potency (a lower sperm count). But, the American diet diminishes sexual performance and masculinity in many additional ways.<sup>2</sup> Meat-eaters are likely to become impotent because of damage caused to the artery system that supplies their penis with the blood that causes an erection. Erectile dysfunction is more often seen in men with elevated cholesterol levels and high levels of LDL “bad” cholesterol—both conditions related to habitual eating of animal foods.

The greatest threat to a man’s virility is from the high levels of environmental chemicals concentrated in modern meats and dairy products of all kinds. These chemicals interfere with the actions of testosterone, decrease ejaculate volume, lower sperm count, shorten sperm life, cause poor sperm motility and genetic damage, and increase infertility. When eaten by a pregnant woman, they influence the development of the male fetus, increasing the risk that the baby boy will be born with a smaller penis and testicles, as well as deformity of the penis (hypospadias) and an undescended testicle (cryptorchism). Estimates are that 89% to 99% of the chemical intake into our body is from our food, and most of this is from foods high on the food chain: meat, poultry, fish, and dairy products.

Good health is attractive because of natural selection. Your basic instincts cause you to want to share your genetic materials (sperm and eggs) with healthy, not sick, people, in order to produce the highest quality offspring. At microscopic (lower sperm counts) and macroscopic (erectile dysfunction) levels the body is responding as expected to the burdens of malnutrition. Unfortunately, these effects seem to be insufficient to select out of the gene pool people who fail to follow a starch-based diet—and as a result poor eating habits are passed on to the next generations.

1) Jensen TK, Heitmann BL, Jensen MB, Halldorsson TI, Andersson AM, Skakkebaek NE, Joensen UN, Lauritsen MP, Christiansen P, Dalgard C, Lassen TH, Jørgensen N. High dietary intake of saturated fat is associated with reduced semen quality among 701 young Danish men from the general population. *Am J Clin Nutr* doi: 10.3945/ajcn.112.042432

2) <http://www.nealhendrickson.com/mcdougall/030700pumea tin the human diet.htm>

3) Coffey D. Similarities of prostate and breast cancer: Evolution, diet, and estrogens. *Urology* 57(4 Suppl 1):31-8, 2001.

## Fat Paralyzes Insulin, Making Diabetes Worse

**Dietary fat acutely increases glucose concentrations and insulin requirements in patients with type 1 diabetes: Implications for carbohydrate-based bolus dose calculation and intensive diabetes management** by Howard A. Wolpert, published November 2012 in the online issue of *Diabetes Care*, found that “this evidence that dietary fat increases glucose levels and insulin requirements highlights the limitations of the current carbohydrate-based approach to bolus dose calculation...and suggest(s) that dietary fat intake is an important nutritional consideration for glycemic control in individuals with type 1 diabetes.”

**Comment:** In most people’s minds (including medical doctors), carbohydrate (sugar and starch) is the cause of diabetes. One result is that diabetics manage their disease and medications by “carbohydrate counting.” According the American Diabetic Association this meal planning technique is used to keep your blood sugar in control by keeping track of how many carbohydrates are consumed. Although carbohydrate calories do count in the sense that the blood sugar goes up right after eating a meal, this effect does not make the underlying disease of diabetes worse.

Diabetes (both type-1 and type-2) is due to the reduction of the metabolic effects of the hormone, insulin. Insulin is released from the pancreas after eating and causes body cells to take up carbohydrate and fat cells to take up fat (triglycerides). When the actions of insulin become insufficient the blood sugar rises and diabetes is diagnosed. This ineffectiveness is caused by lack of insulin production (as in classic type-1 diabetes) or is [due to insulin resistance](#) (as in type-2 diabetes). This study shows that dietary fat reduces insulin activity. (In this case the insulin injected by a person with type-1 diabetes, but the same is true for insulin produced by the pancreas, as in a person with type-2 diabetes.)

Contrary to popular belief, refined sugars actually make the body’s insulin work more efficiently. When the refined sugar content of an experimental diet of people with mild diabetes was doubled from 45 percent sugar to 85 percent sugar, every measurement of their diabetic condition, including fasting blood sugar, fasting insulin levels, and the oral glucose tolerance, showed that their diabetes improved.<sup>2</sup> The researchers concluded, “These data suggest that the high-carbohydrate diet increased the sensitivity of peripheral tissues to insulin.” The increase in insulin’s sensitivity (efficiency) counteracted any blood sugar-raising effects from consuming more carbohydrates and calories.

Therefore, diabetics should be “fat-counting,” not “carbohydrate counting” in order to improve their underlying disease. Almost all [type-2 diabetics](#) can be cured of their disease by strictly avoiding fat (and the weight loss that follows eating starches, vegetables and fruits). Type-1 diabetics will find their insulin needs decreasing by about 30% when they avoid the fat and add the carbohydrate. All people, with or without diabetes, will find great improvements in their health from this simple dietary change.

1) Wolpert HA, Atakov-Castillo A, Smith SA, Steil GM. Dietary Fat Acutely Increases Glucose Concentrations and Insulin Requirements in Patients With Type 1 Diabetes: Implications for carbohydrate-based bolus dose calculation and intensive diabetes management. *Diabetes Care*. 2012 Nov 27

2) Brunzell JD, Lerner RL, Hazzard WR, Porte D Jr, Bierman EL. Improved glucose tolerance with high carbohydrate feeding in mild diabetes. *N Engl J Med*. 1971 Mar 11;284(10):521-4.

## Avoid Annual Physical Exams

**General health checks in adults for reducing morbidity and mortality from disease** by L.T. Krogsgaard of The Nordic Cochrane Center published in the *Cochrane Database Systematic Reviews*, found that “General health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes, although the number of new diagnoses was increased.”<sup>1</sup>



"General health checks involve multiple tests in a person who does not feel ill with the purpose of finding disease early, preventing disease from developing, or providing reassurance. One possible harm from health checks is the diagnosis and treatment of conditions that were not destined to cause symptoms or death. Their diagnosis will, therefore, be superfluous and carry the risk of unnecessary treatment."<sup>1</sup> One trial found a 20% increase in new diagnoses per participant over six years compared to the control group.

**Comment:** The annual physical exam is an intensive, well-orchestrated experience designed to make people who are apparently well, sick (with good intentions). You walk into the doctor's office as George or Francine and you leave as a patient with a disease (hypertension, breast cancer, prostate cancer, or heart disease).

Despite unanimous agreement by major health policymakers worldwide, a survey published in July of 2005 in the *Annals of Internal Medicine* revealed that nearly two-thirds of doctors still recommend annual physicals.<sup>2</sup> The main reason given for this contradiction with the evidence is that doctors want to avoid having dissatisfied patients: doctors fear patients would be disgruntled by this lack of "proper medical care." This is a valid concern since two-thirds of patients also consider the annual physical an important part of their health care and may not return to doctors who believe otherwise.

In addition to the hope that an annual physical will ward off future problems, one common reason given for this kind of routine visit is to get to know their doctor better. People fear becoming ill and having to be cared for by a doctor who is unfamiliar to them and knowledgeable about their underlying health. In the real world, care is provided through emergency rooms and outpatient facilities by medical staff previously unknown to the patient. The financial rewards to doctors for the annual physical exam play no small part in its continued existence.

The main reasons detecting disease early does not help reduce death, suffering, and/or disability is that the treatments (pills and surgeries) are ineffective and dangerous. If the annual physical were instead used for motivating dietary changes in patients, then the Cochrane Center would have come to different conclusions.

There are a few non-emergency contacts with the medical businesses that may be worthwhile. Tests for blood pressure, cholesterol, triglycerides, and blood sugar can serve to motivate people to make dietary changes. Repeating these tests after a change in diet can be rewarding when the numbers improve. I recommend a few early detection tests: PAP smears every 3 to 5 years in sexually active women from age 21 to 50, one sigmoid exam at age 60, and checks for precancerous changes in the mouth and skin. I do not recommend mammograms, PSA tests, or other routine screening procedures. The harms from over-diagnosis and treatments far outweigh any benefits.

Patients should seek medical attention when their body tells them that they are having trouble. These messages come in the form of a few signs and symptoms, like pain, nausea, weakness, bleeding, and discharges; or as changes in normal functions, like shortness of breath, difficulty in urination, hearing loss and decreased vision. Otherwise, as the saying goes: "If it ain't broke, don't fix it." The goal of every patient should be to remain outside of the medical care system. This is accomplished safely by staying healthy. This highly desirable state is not simply a matter of good luck, but rather a result of cost-free behaviors; more specifically, following a starch-based diet, getting moderate exercise and sunshine, and having clean habits.

1) Krogsbøll LT, Jørgensen KJ, Grønhoj Larsen C, Gøtzsche PC. General health checks in adults for reducing morbidity and mortality from disease. *Cochrane Database Syst Rev*. 2012 Oct 17;10:CD009009. doi: 10.1002/14651858.CD009009.pub2.

2) <http://www.drmcDougall.com/misc/2005nl/july/050700physical.htm>



## December 2012 Recipes

### YOUR KIDS WILL LOVE THIS SOUP

This soup recipe first appeared in The McDougall Program for a Healthy Heart many years ago. I have had several requests for this recipe over the past few months, so I decided it was time to share it again in this newsletter dedicated to children's favorites.

Preparation Time: 5 minutes

Cooking time: 12-13 minutes

Servings: 4

¼ cup finely chopped onion

¼ cup water

2 16 ounce cans fat free refried beans

1 ¾ cups vegetable broth

2 cups frozen corn kernels

1/3 cup mild Mexican red sauce

½ teaspoon ground cumin

Place the onion and water in a medium saucepan. Cook and stir until the onion is tender and the water has evaporated. Add the remaining ingredients, mix well, and cook over very low heat for 10 minutes. Garnish with fresh cilantro if your child likes cilantro.

### MILD GREEN ENCHILADA SAUCE

This is another favorite with kids because it's not too spicy for them. It's great over burritos, enchiladas, rice & bean bowls, or plain brown rice.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: makes 4 cups

1 7 ounce can mild Mexican green sauce

3 ½ cups water

4 tablespoons cornstarch

fresh cilantro for garnish (optional)

Combine all of the ingredients, except the cilantro, in a medium saucepan. Mix well to make sure the cornstarch is completely dissolved. Cook and stir over medium heat until mixture thickens and boils. Add chopped cilantro just before serving, if desired.

### 7 Days of Kid-Friendly Breakfasts

By Heather McDougall, McDougall Program Director and Mother to 3 boys; ages 4, 6 and 9.

Below are 7 tried and true recipes that even the pickiest child will like. If you make a double batch of the pancake batter you can save half and use it two days later for the waffles, just add more non-dairy milk and stir well. With the Breakfast Burritos, make the beans ahead of time. These can then be used throughout the week for a Bean Burrito or Enchilada dinner, which can also easily be doubled for a lunch of leftovers during the week. Next month, I will be doing kid-approved entrees.



**BANANA PANCAKES – Adapted from McDougall Newsletter, July 2003**

These are a favorite breakfast in our home. They are easy to make, and everyone loves them! These are wonderful served with a little maple syrup or applesauce. You can make these the night before and you will just need to add a bit more liquid to the mix in the morning.

Preparation Time: 10 minutes

Cooking Time: 10 minutes

Servings: makes 10-12 pancakes

$\frac{3}{4}$  cup whole wheat pastry flour

$\frac{3}{4}$  cup unbleached white flour

2 teaspoons baking powder

$\frac{1}{2}$  teaspoon salt

1 cup mashed ripe bananas

1 tablespoon egg replacer mixed in  $\frac{1}{4}$  cup warm water

1 cup non-dairy milk

1 cup sparkling water

To Cook:

Mix the flours, baking powder and salt together in a bowl. Place the bananas in another bowl and mash well. (This is about 2  $\frac{1}{2}$  bananas.) Mix the egg replacer and water and beat until frothy. Add to bananas and mix well. Stir in the non-dairy milk and water and mix again. Pour into the dry ingredients and stir to mix. Do not over-beat.

Heat a non-stick griddle over medium heat. Pour mixture by  $\frac{1}{4}$  cup measure onto the dry, heated griddle and flatten with the bottom of your measuring cup. Flip and turn over when the first bubbles start to appear. Cook until brown on both sides. Repeat until all mixture has been used.

Hint: This makes a delicious, light pancake that rises as it cooks. For a slightly thinner pancake, (or if you let your batter sit too long before using) thin batter with a little more non-dairy milk, stirring to mix well before ladling onto the griddle. This may also be made with all whole-wheat flour, but it will be slightly heavier in texture. These may be refrigerated and heated in the microwave or oven at a later time. They may also be frozen and heated in a toaster.

#### **MULTIGRAIN HOT CEREAL – McDougall Newsletter, December 2004**

This is another hearty breakfast that we enjoy. It does take a bit longer to cook but it is very filling and delicious. The mixture can be made up ahead of time and stored in an airtight container. If you soak the mixture overnight, it cuts down on the cooking time in the morning. My boys love this with bananas, non-dairy milk and brown sugar on top.

4 cups oat groats (whole oats)

$\frac{1}{2}$  cup brown rice

$\frac{1}{2}$  cup quinoa

$\frac{1}{2}$  cup barley

$\frac{1}{2}$  cup millet

$\frac{1}{2}$  cup rye

$\frac{1}{2}$  cup spelt berries

Combine all the ingredients (or as many as you choose to use) in a large container and mix well. Store in an airtight container until ready to use.

To Cook:

Bring 3 cups of water to a boil. Rinse 1 cup of the mixture under cold water, then add to the pan and cook over medium-low heat

for about 1 hour. Let rest, covered, about 10 minutes before serving.

THE NIGHT BEFORE: Bring 3 cups of water to a boil. Rinse 1 cup of the mixture under cold water, then add to the pan. Turn off heat, cover and let rest until morning. Reheat in the morning and serve.

Place 3 cups of water and 1 cup of rinsed mixture in a slow cooker (crock pot). Cook on low heat setting for 8-10 hours.

Hint: Add a dash of cinnamon, nutmeg or mace to the cooking water for extra flavor. Or try a tablespoon or two of currants or raisins.

## WAFFLES

These can easily be made with the extra pancake batter you made earlier. Simply add more non-dairy milk and stir to get all the lumps out. We have a great non-stick farm animal waffle maker by Villaware that my boys love. They fight over the barn waffle, but there is also a pig, chicken and cow to choose from. For some reason, eating food in a fun shape makes things taste better for young children. We serve these with fruit, honey or syrup.

Preparation Time: 10 minutes

Cooking Time: 10 minutes

Servings: makes 8-10 waffles

¾ cup whole wheat pastry flour

¾ cup unbleached white flour

1 tablespoon nutritional yeast

1 ½ tablespoons baking powder

½ teaspoon salt

1 tablespoon egg replacer mixed in ¼ cup warm water

1 ½ to 2 cups non-dairy milk

1 tablespoon agave nectar

To Cook:

Mix the flours, baking powder, nutritional yeast and salt together in a bowl. Mix the egg replacer and water and beat until frothy. Stir in the non-dairy milk and agave nectar and mix again. Pour into the dry ingredients and stir to mix. Do not over-beat.

Heat a non-stick waffle iron until hot. Pour mixture by ½ to 1 cup measure onto the dry, heated waffle iron and close top. Cook until nicely browned and waffle pulls away from the top of the waffle iron. Most waffle irons “beep” when waffle is ready. (This will vary depending on the kind of waffle iron that you have, maybe 3-5 minutes.) Repeat until all mixture has been used.

Hint: This makes a delicious, light waffle that rises as it cooks. For a slightly thinner waffle, (or if you let your batter sit too long before using) thin batter with a little more non-dairy milk, stirring to mix well before ladling into the waffle iron. This may also be made with all whole-wheat flour, but it will be slightly heavier in texture. These may be refrigerated and heated in the microwave or oven at a later time. They may also be frozen and heated in a toaster.

## SCRAMBLED TOFU

This recipe is adapted from VeganDad's blog on scrambled tofu. I serve this with roasted potatoes and toast for my boys. For me, on the side, I serve sautéed kale and peanut sauce or salsa. Delicious!

Preparation Time: 10 minutes

Cooking Time: 10 minutes

Servings: 2 - 4

1 package 6-8 ounces firm tofu  
1 teaspoon onion powder  
1 tablespoon Dijon mustard  
1/2 teaspoon turmeric  
1/2 teaspoon salt  
freshly ground white pepper (optional)  
1 tablespoon nutritional yeast  
1 tablespoon soy creamer

Heat a non-stick frying pan over medium heat. Drain water off the tofu and crumble into the pan. Cook for 3-4 minutes, until tofu begins releasing its water.

Add the rest of the ingredients except the creamer and mix well. Cook for about 10 minutes, stirring regularly, lowering the heat if the tofu begins to stick. The idea here is to let the water evaporate and the tofu firm up. You want to keep the heat high enough to facilitate this evaporation.

Add creamer and mix well. Allow some of the liquid to evaporate, remove from heat and serve.

### **OATMEAL**

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: 1-3

This is so easy to make the night before. I use Bob's Red Mill Organic Old Fashioned Rolled Oats Whole Grain. I bring 2 cups of water to a boil, add 1 cup oats, turn the heat off, let cool and put in the fridge overnight. The next morning I simply have to heat up, top with the boys favorite fruit, and I am done.

### **FRENCH TOAST**

My boys absolutely love this for breakfast. I make extra, so they can have it later for a snack just toasted and plain or with sliced bananas and peanut butter.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: makes 6-8 slices of toast

1 cup non-dairy milk  
1/2 cup orange juice  
2 tablespoons flour  
1 tablespoons sugar  
1 tablespoons nutritional yeast  
1/2 teaspoon cinnamon  
1/4 teaspoon nutmeg  
6-8 slices of bread

Mix all ingredients together with a whisk.

Preheat a non-stick skillet to medium-high.

Quickly dip bread into mixture and place on skillet for about 3 minutes each side. Repeat with remaining bread until mixture runs



out. If you do not use all of the mixture, you can easily refrigerate and use another day. It will keep for about 5 days in the fridge.

### **BREAKFAST BURRITOS**

This is such an easy breakfast to make if you plan ahead a bit. Use leftover beans from dinner a night that week, scrambled tofu from breakfast a couple of days ago, and there is hardly anything else left to do but a bit of reheating and chopping. My boys like salsa but I love peanut sauce on almost anything, so that is what I use. The peanut dressing recipe can be found in the McDougall Newsletter, February 2006.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: makes 4 small burritos

1 cup mashed beans (we like cranberry beans, but pinto or black work well)

1 cup leftover scrambled tofu

½ cup corn

½ cup chopped steamed kale or spinach

Mild salsa

Tortillas of your choice

Heat a tortilla on a non-stick skillet, spread a thin layer of beans, then scrambled tofu, sprinkle on corn and steamed greens, add salsa and roll.