



Nathan Pritikin – McDougall's Most Important Mentor

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An Independent Critique of Low-carb Diets: The Diet Wars Continue (Part 3)

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[In this article](#) I look at some specific populations who lived before the globalization of the western diet and explore the health of a number of cultures that lived both on low-carbohydrate (meat, poultry, fish, egg, and milk) based diets and high carbohydrate (rice, corn, and potato) diets.

I present findings on the health of the nomadic populations from the Steppes in Central Asia and the Pampas in South America who lived the “low-carbers dream”, subsisting on enormous amounts of grass-fed meat and milk. Their ways of eating did not protect them from obesity, heart disease, and cancer. On the other hand, I present populations from Asia-Pacific and Africa, subsisting almost entirely on plant foods (up to 95% of calories from carbohydrates), which were lean, muscular and largely free of heart disease, stroke and cancer.

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Mr. Pritikin and I first met in May of 1979. During his visit to the island of Oahu, Hawaii, I invited him to my humble tract home in Kailua for dinner. Mary served him and his wife Ilene a simple meal of whole-grain bread, pasta, red sauce, and confetti rice salad. Peach pie was our dessert. He said he liked the meal a lot. He autographed a copy of his new book, *The Pritikin Program for Diet & Exercise* for me.

On his next visit to Hawaii in October of 1982, we spent two days together. I was able to have him substitute for a scheduled speaker at the regular noontime doctor's conference at Straub Clinic & Hospital. He was well received except for one rude physician. I thought this doctor might have felt threatened by a non-medically trained person trying to teach him about curing patients with food. The next morning I arranged for a special breakfast meeting in his honor with the medical staff and medical students at The Queens Medical Center. Only two doctors attended. One shoveled greasy bacon and eggs into his mouth. Neither seemed interested in this physically small man whose big idea was to wipe out heart disease.

That afternoon, I brought Mr. Pritikin to the Hawaii PBS TV station in Honolulu and made this remarkable recording. He has never been seen more relaxed and revealing.

First generation refers to persons born in another land who migrated to Hawaii as young adults to start new lives on the sugar plantations. The habits they learned early on, including preferences for kinds of foods, stayed with them for their lifetime. As a result they remained trim and mostly disease-free. Second, and subsequent generations, born in Hawaii, were influenced by Western ways. They learned to enjoy bacon and eggs, hamburgers, and pizza. Abandoning the diet of their ancestors, based on rice and vegetables, they became overweight and obese. Heart disease, breast, prostate, and colon cancers, diabetes, arthritis, and multiple sclerosis—all diseases unknown before the migration—soon afflicted these people.



Nathan Pritikin: A Casual Conversation with Dr. John McDougall, 1982

That evening we held a potluck dinner for Mr. Pritikin at the Kaneohe Yacht Club in Kaneohe, Hawaii. Over 225 people, many who were my patients, made McDougall-style meals for him to taste. He said he loved the food. After dinner we walked together to his car to say goodbye. Mary gave him approximately 100 of her recipes. At that time the food served at the Pritikin Center in Santa Monica, California had a reputation for being unimaginative and rather tasteless. He went on to use some of Mary's recipes in his book, *The Pritikin Promise* (1983). An acknowledgment in this book was to Dr. and Mrs. John A. McDougall. To be honest it should have been to Mary only, for her recipe contribution. I believe that it was no coincidence that the food served at the

Pritikin Center improved greatly afterwards. The last time I saw this giant in human nutrition was at his cen-

ter in Santa Monica, California in 1983. My work stands solidly on his shoulders and I offer this account of our brief relationship, with my gratitude for the profound difference he made in my life.

I greatly regret his untimely death in 1985 at age 69. The world would have been a better place if he had survived another decade or two. For one, *Dr. Atkins' New Diet Revolution* would have never become as big as it did in the 2000s. The world would have never heard of the most popular diets these days, the low-carb, Paleo Diets. His wisdom and strength would have stopped this "nutritional nonsense" before it ever got started. We would not be suffering the current US financial fiasco caused in large part by the worst healthcare crisis ever known. [People in the United States would not be known, as they are today](#), for being less healthy, having more chronic disease and disability, and dying at a younger age than people living in other wealthy nations." Maybe this remarkable man could even have delayed the earth's inhabitants predicted demise due to climate change.

But, there is no time for remorse; the world is in dire need of a return to our traditional starch-based diets.

A Brief History of the Life of Nathan Pritikin

Born in Chicago in 1915, Nathan Pritikin was diagnosed with near-fatal coronary artery disease in his early forties. His highest cholesterol was reported to be 280 mg/dL. Research to save his own life led him to develop a low-fat, low-cholesterol, high-carbohydrate diet to treat epidemic Western illnesses. He was able to lower his own cholesterol to below 150 mg/dL and relieve all signs and symptoms of heart disease. His diet was very similar to the McDougall Diet except for the use of small amounts of skim milk products, lean beef, chicken, and fish (very small amounts). It was also lower in salt and his program emphasized strenuous exercise.

He spent his early life as an engineer and inventor, patenting chemical and electrical products for corporations like Bendix and Honeywell. He never had formal medical training. In 1958 he was diagnosed with a lymphoma (a blood cancer). His last few months of suffering, from this disease and the treatments, caused him to take his own life at age 69 in 1985.

During his career he published several national best-selling books and his team published [over 100 scientific papers](#) in some of the world's most respected peer reviewed medical journals. He founded his longevity center in Santa Barbara in 1974, then moved it to the old Del Mar Hotel on the beach in Santa Monica in 1978. Thousands of people attending his live-in programs saw their heart disease, diabetes, arthritis, and obesity reverse, almost overnight. [A variant of the original](#) Pritikin Program is still operating in Florida.

After his death a thorough [autopsy](#) was performed and the results were published in the *New England Journal of Medicine*. His heart was remarkably free of disease and the coronary arteries were completely open, proving one last time that he was right.

One of my favorite writings of Nathan Pritikin was the article [High Carbohydrate Diets: Maligned and Misunderstood](#), published in the Winter 1976 issue of *The Journal of Applied Nutrition*.

*The other person whose every word I hung onto was [Henry Heimlich, MD](#), founder of the Heimlich maneuver. One of my greatest honors was that when he became ill, Dr. Heimlich came to my clinic for help.

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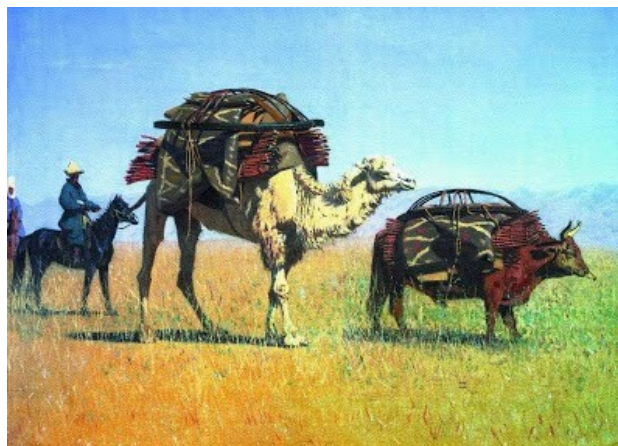
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The Nomadic Kirghiz and Dzungarian Plainsmen

In the 1920's, Kuczynski reported on the nomadic plainsmen of the Kirghiz and Dzungarian Steppes in Central Asia and estimated that they consumed an astonishing 20 liters of fermented mare's milk, and between 10 to 20 pounds (4.5 to 9kg) of meat per day.^{1,2} Lack of systematically documented dietary data however suggests that these findings could have been slightly overestimated, as evidently has been the case for early researcher's estimates of the Masa'i's intake of milk, meat, cholesterol and total energy.³ Nevertheless, these nomadic plainsmen consumed enormous quantities of organic pasture raised animals foods, perhaps among the largest ever documented.

Kuczynski noted that these nomads, evidently largely as a result of their diet experienced a high incidence of obesity, premature extensive atherosclerosis, contracted kidney, apoplexy, arcus senilis, and gout.^{4,5} In specific, Kuczynski asserted that:²

They get arteriosclerosis in an intense degree and often at an early age as shown by cardiac symptoms, nervous disorders, typical changes of the peripheral vessels, nephrosclerosis and, finally, apoplectic attacks. Even in men thirty-two years old I frequently observed arcus senilis.



The Nomadic Kirghiz Plainsmen

Kuczynski compared the diet and health of these nomadic plainsmen with Russian peasants, who had an apparent low incidence of these conditions while consuming a vastly different diet. Their diet was based on soup, bread, pickles, potatoes, with very little meat, but consumed large amounts of alcohol.⁵ In comparison to the nomadic plainsmen, Kuczynski asserted in regards to these Russian peasants that:²

Repeatedly I found at the age of about seventy years no signs of arteriosclerosis, no arcus senilis, etc.; they were men of youthful appearance, with no grey in their still abundant growth of hair, and with their sexual functions

For more information regarding the health of nomadic populations, Don Matesz has previously posted an [informative review](#) addressing the high rates of obesity, cardiovascular disease and cancer among the modern, still largely nomadic Mongols consuming diets rich in organic pasture raised animal foods.

The Native Indonesians

In 1916, Cornelis D. de Langen observed that the native Javanese, the indigenous people of the Indonesian island of Java who consumed a diet which was 'mainly vegetarian with rice as the staple, that is very poor in cholesterol and other lipids', had very low levels of serum cholesterol and incidence of coronary heart disease.⁶ Conversely, de Langen observed that their Javanese counterparts who worked as stewards on Dutch passenger ships and consumed traditional cholesterol laden Dutch food had much higher levels of serum cholesterol and incidence of coronary heart disease.⁷ Blackburn noted in regards to de Langen's classical findings from Indonesian hospitals that:⁶

Pursuing this clinical impression, he reviewed 10 years of admissions charts and found only 5 cases of acute gallbladder disease among many thousands of patients passing through the medical wards and only 1 case on the surgery service among 70,000 admissions surveyed.

Following these observations, de Langen stated in regards to the rarity of vascular disease among the Javanese that:⁶

thrombosis and emboli, so serious in Europe, are most exceptional here. This is not only true of internal medicine, but also on surgery, where the surgeon needs take no thought of these dreaded possibilities among his native patients. Out of 160 major laparotomies and 5,578 deliveries in the wards, not a single case of thrombosis or embolism was seen.

These findings closely resemble observations from over 15,000 operations carried out in Norway during the period around World War II, where the changes in incidence of post-operative thrombosis was consistent with changes in the availability of cholesterol laden foods [[reviewed previously](#)]. Blackburn also noted in regards to de Langen's 1922 experiment, which is regarded as apparently the first ever systematic feeding experiment of diet in relation to serum cholesterol levels, that:⁶

...he found an average 40 mg/dl increase in cholesterol in 5 Javanese natives who were shifted from a rice-based vegetarian cuisine to a 6-week regimen high in meat, butter, and egg fats.

These findings were reproduced decades later in hundreds of tightly controlled feeding experiments, firmly establishing that dietary cholesterol and isocaloric replacement of complex carbohydrates and unsaturated fat by saturated fat raises LDL and total cholesterol in humans.⁸

In 1908, Williams noted in regards to the findings of early doctors who practiced in Indonesia and the rarity of cancer among the

Javanese that:⁹

...a single example of a malignant tumour in a native being esteemed a great rarity.

The Okinawans

In 1949, a government survey found that in Okinawa, known to have the highest concentration of centenarians in the world, the population consumed about 85% of their total energy intake from carbohydrates, with the staple at the time being the sweet potato. The dietary survey also showed that the Okinawans derived about 9% of their energy intake from protein and less than 4% of energy from all sources of animal foods combined (Table 1).¹⁰ These findings were largely consistent with previous dietary surveys dating back to 1879 and 1919.¹¹

TABLE 1. Traditional dietary intake of Okinawans and other Japanese circa 1950

	Okinawa, 1949 ^a	Japan, 1950 ^b
Total calories	1785 ^c	2068
Total weight (grams)	1262	1057
Caloric density (calories/gram)	1.4	2.0
Total protein in grams (% total calories)	39 (9)	68 (13)
Total carbohydrate in grams (% total calories)	382 (85)	409 (79)
Total fat in grams (% total calories)	12 (6)	18 (8)
Saturated fatty acid	3.7	4.7
Monounsaturated fatty acid	3.6	5.3
Polyunsaturated fatty acid	4.8	8.0
Total fiber (grams)	23	23
Food group	Weight in grams (% total calories)	
Grains		
Rice	154 (12)	328 (54)
Wheat, barley, and other grains	38 (7)	153 (24)
Nuts, seeds	<1 (<1)	<1 (<1)
Sugars	3 (<1)	8 (1)
Oils	3 (2)	3 (1)
Legumes (e.g., soy and other beans)	71 (6)	55 (3)
Fish	15 (1)	62 (4)
Meat (including poultry)	3 (<1)	11 (<1)
Eggs	1 (<1)	7 (<1)
Dairy	<1 (<1)	8 (<1)
Vegetables		
Sweet potatoes	849 (69)	66 (3)
Other potatoes	2 (<1)	47 (2)
Other vegetables	114 (3)	188 (1)
Fruit ^d	<1 (<1)	44 (1)
Seaweed	1 (<1)	3 (<1)
Pickled vegetables	0 (0)	42 (<1)
Foods: flavors & alcohol	7 (<1)	31 (2)

^aData derived from analysis of U.S. National Archives, archived food records, 1949 and based on survey of 2279 persons.

^bJapan National Nutrition Survey, 1950.

^cTotal daily caloric intake was originally reported as 1785 kcal/day in 1949. This was estimated to be 17% less than government-recommended daily intake. Differences in assumptions regarding particular foods, cooking methods, and choice of nutritional analysis programs result in a range of 1605 to 2012 kcal/day.

^dPapaya and tomatoes were classified as vegetables.

In 1946, Steiner examined autopsies of 150 Okinawans, of which 40 were between the age of 50 and 95. Steiner noted only seven cases of slight aortic atherosclerosis, all of which were found in those over the age of 66, and only one case of calcification in the coronary arteries. In 1946 Benjamin reported similar findings from a study of 200 autopsies on Okinawans.¹²

Even in 1995 the observed rates of coronary heart disease and dietary related cancers, including that of the colon, prostate, breast and ovarian in Okinawa were not only many fold lower than that of the United States, but even significantly lower than that of mainland Japan.¹⁰ This may be explained by the likelihood that these diseases are slowly progressive diseases and therefore the more traditional Okinawan diet consumed several decades prior would still have played a major role in the development and manifestation of these diseases.^{13 14 15}

The Papua New Guineans

The Papua New Guineans traditionally subsisted on a plant based diet, of which a number of varieties of sweet potatoes typically supplied over 90% of dietary intake. They also grew a number of other crops including corn, as well as sugar cane which was consumed as a delicacy. Pig feasts are organised a few times a year, but at which pork is not consumed in excess of 50 grams. A dietary survey on the Papua New Guineans highlanders estimated that carbohydrate accounted for 94.6% of total energy intake, among the highest recorded in the world. Total energy intake was adequate, however only 3% of energy intake was derived from protein (25g for men and 20g for women), yet there was no evidence of dietary induced protein deficiency or anemia. Furthermore, this surveyed population was described as being muscular and mostly very lean, physically fit and in good nutritional state.^{16 17} They also drank 'soft' water which is considered a risk factor for cardiovascular disease. It was estimated that tobacco was smoked by 73% of males and 20% females. Also, the highlanders spend up to twelve hours a day inside a smoke-filled house due to centrally placed open wood fires with little ventilation and no chimneys in their homes, resulting in a very high exposure to hazardous smoke in this population.¹⁶

Despite cardiac risk factors including high exposure to smoke and soft drinking water, a number of authors observed a great rarity of incidence of atherosclerosis, coronary heart disease and stroke among the traditional Papua New Guineans, but also noted an increase in incidence paralleling the Westernization of the nation. In 1958, Blackhouse reported on autopsies of 724 individuals between 1923 and 1934 and found no evidence of heart attack incidence and only one case of slight narrowing of the coronary arteries. However, it has been suggested that this study was selective as only a small portion of the autopsies were performed on females or the elderly. In 1969, Magarey et al. published a report on the autopsy results of 217 aortas and found a great rarity of atherosclerosis. The authors noted that the prevalence and severity of atherosclerosis was less than had been reported in any previously investigated population.¹⁸ In 1973, Sinnett and Whyte published findings from a survey of 779 highlanders using electrocardiograms among other methods, and found little probable evidence of coronary heart disease, and no clinical evidence of diabetes, gout, Parkinson's disease, or any previous incidence of stroke.¹⁶

For a population that consumed virtually the highest intake of carbohydrates out of any population to also have virtually the lowest incidence of atherosclerosis and diabetes ever recorded highlights the vital importance of the health properties of specific carbohydrate rich foods. These findings further question certain 'carbohydrate-induced dyslipidemia' hypotheses, emphasized by certain researchers, who perhaps intentionally do not always take the quality of carbohydrate rich foods into careful consideration.¹⁹

In 1900, Sir William MacGregor reported in the Lancet in regards to the observed rarity of cancer among the native Papua New Guineans, asserting that:²⁰

For nine and a half years I never saw a case in British New Guinea; but at the end of that time there occurred an example of sarcoma of the tibia in a Papuan, who had for seven or eight years lived practically a European life, eating tinned Australian meat daily.

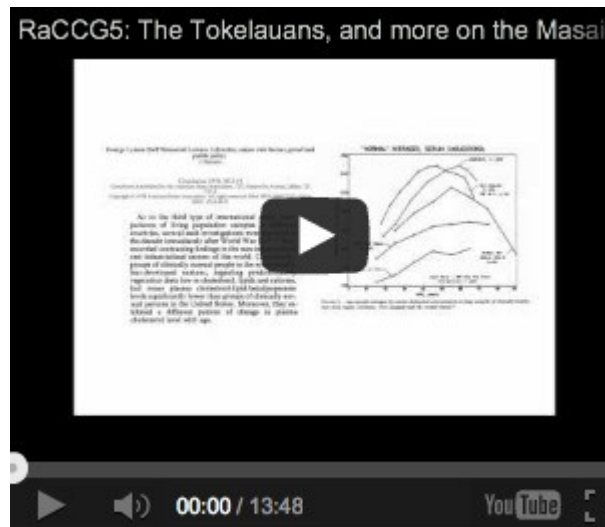
In 1974, Clezy brought to attention the rarity of mortality from colorectal cancer among the Papua New Guineans, for which the observed annual rate per 100,000 was 0.6 for men and 0.2 for women. These rates were 100 fold lower than that of many developed nations during the same time period, although this could have been in part explained by under diagnosis.¹⁷

Even in more recent statistics after modest changes towards a western diet, the Papua New Guineans still had among the lowest rates of hip fractures in the world, which Frassetto et al. observed was more than 50 fold lower than that of the Scandinavian nations.²¹ Although these researchers ascribed the worldwide differences in rates of hip fractures to the ratio of vegetable to animal

protein, evidence from prospective cohort studies and randomized controlled trials, as well as experimental animal models suggests that saturated fat may be at least as great, if not an even greater contributor to poor bone health.^{[22](#) [23](#) [24](#) [25](#) [26](#)}

The Tokelauns and Pukupukans

In the video below, [Plant Positive](#) reviews the diet and health of the Tokelauns and Pukupukans whose diet is rich in coconuts, as well as the diet and health of other South Pacific island populations.



The Tokelauns, and more on the Masai

A 1908 Review on the Causation of Cancer

In 1908, William Roger Williams published an extensive review of the medical literature and documentations from a large number of populations around the world before the widespread use of intensive farming practices. Williams observed that compared to the nations with carnivorous dietary patterns there was a significantly lower incidence of cancer among the nations subsisting predominantly on a plant-based diet. He also noted that groups within nations with carnivorous dietary patterns that largely abstained from animal foods, such as nuns, monks, slaves and prison inmates had a similar low incidence of cancer.^{[9](#)}

Williams reported on the cancer rates of the area inhabited by the Gaucho of the Argentina Pampas, another nomadic population that subsisted predominantly on organic pasture raised animal foods, noting that:^{[9](#)}

Cancer is commoner in Argentina which comprises the pampas region inhabited by the Gauchos, who for months subsist entirely on beef, and never touch salt than in other parts of South America. On the other hand, among the natives of Egypt, who are of vegetarian habits, and consume immense quantities of salt, cancer is almost unknown.



The Nomadic Argentinean Gaucho

These findings are largely consistent with modern reviews from prominent health authorities, including the report from the expert panel of the World Cancer Research Fund that produced convincing evidence that red meat is a major risk factor for cancer and that dietary fiber provides significant protection [[reviewed previously](#)]. However, these findings raise questions as to whether the Egyptians plant-based diet that is centered on wheat provides significant protection against salt sensitive cancers. In regards to the cancer incidence among the different ethnic groups of Egypt, Williams quoted from a 1902 publication in the British Medical Journal authored by Dr. F. C. Madden of Cairo that:²

The consensus of opinion among medical men in Egypt is, that cancer is never found either in male or female, among the black races of that country. These include the Berberines and the Sudanese, who are all Mussulmans, and live almost entirely upon vegetarian diet. Cancer is fairly common, however, among the Arabs and Copts,

Williams also observed that the increases in incidence of cancer within populations coincided with increases in animal food intake. For example, in regards to the observed marked increase cancer incidence among the Native American's after gaining easier means to hunt buffaloes, Williams asserted:²

In this connexion it should be borne in mind, that in their primitive condition these savages had no horses and no firearms ; consequently it was no easy matter for them to kill the fleet buffaloes, on which they mainly depended for subsistence ; hence, in their primitive condition, they were generally less well nourished than when, after contact with whites, they had, by the acquirement of horses and firearms, become assured of a constant supply of their favourite food [coinciding with an increase in cancer incidence].

Historical Overview of the Reversal of Chronic Diseases

In 1903, John Harvey Kellogg, the founder of the Kellogg Company asserted:

Dr John Bell, who was, about a hundred years ago [now two hundred years ago], professor in a leading college in London, wrote that a careful adherence to a vegetarian dietary tended to prevent cancer. He also stated that in some cases persons who had already acquired cancer had been cured by adherence to a non-flesh dietary. When I first read this book, I did not agree with the author; I thought he was mistaken; but I have gradually come to believe that what he says on this subject is true.

These findings are consistent with Dr. Dean Ornish's on-going Prostate Cancer Lifestyle Trial which has already produced strong suggestive evidence of reversal of prostate cancer growth.²⁷ These findings are also consistent with experiments showing that dietary restriction of methionine, typically found in higher quantity and bioavailability in protein rich animal foods compared to unprocessed plant foods can inhibit and even reverse human tumor growth in animal models and in culture [[reviewed previously](#)].

Publications producing evidence of regression of atherosclerosis in humans dates back to the periods following both the World Wars in Scandinavia and the low countries of Europe, where a number of researchers found a trend between changes in intake of cholesterol laden foods throughout periods of food scarcity in the war and changes in the severity of atherosclerosis at autopsy [[reviewed previously](#)]. Several decades later during the 1960's and 70's experiments involving modest dietary and lifestyle changes or drugs produced the first angiographic evidence of modest regression of atherosclerosis.²⁸

In experimental animal models, the first suggestive evidence of regression of atherosclerosis came from rabbit models produced by Anichkov and colleagues during the 1920's. Beginning from 1957 much more substantial evidence of regression was produced in rabbits and then later replicated in a number of other species, including non-human primates.^{29 30}

In 1970, Armstrong et al. published the first study producing substantial evidence of regression of atherosclerosis in non-human

primates. Armstrong et al. induced severe autopsy proven atherosclerosis in Rhesus monkeys resembling that of human atherosclerosis by feeding a diet with 40% of energy from egg yolks for 17 months. The egg yolks were then removed from the diet of the remaining monkey's and replaced by either linoleic acid rich chow or sugar rich low fat chow for three years reducing serum cholesterol to 140 mg/dl and resulting in a marked regression of atherosclerosis.^{[28](#) [31](#)} These results were later reproduced in well over a dozen experiments in various primate species in which severe atherosclerosis was induced typically by feeding diets rich in dietary cholesterol and saturated fat and then reversed the process either by removing these atherogenic components, or by other means which significantly reduce serum cholesterol.^{[30](#)}

During the late 1980's, Dr. Dean Ornish and Dr. Caldwell Esselstyn began reversing atherosclerosis, and more importantly greatly decreased the number of reoccurring cardiac events in participants who adhered to a plant-based diet and often other lifestyle modifications.^{[32](#) [33](#) [34](#) [35](#)} More recently Dr. Esselstyn has replicated his initial findings in around 200 participants over the period of a decade, with publication pending results showing a phenomenal success rate of a 99.5% reduction in reoccurring cardiovascular events [[reviewed previously](#)].



Kid-Friendly Snacks, Dips and Spreads

By Heather McDougall

Below are some of my children's favorite snack foods. They are growing boys and eat often, so I always have at least a couple of these dip and spread recipes ready-to-go in the fridge. All of these can be served with carrots, sugar snap peas, red bell pepper, steamed broccoli, boiled and chilled red potatoes, crackers, or whole wheat bread or bagels, which I also always have on hand. All of these recipes pack well for school lunches or for any outdoor adventure. I find that if I am prepared there is less chance for requests of not-so-healthy foods when we are out. Next month, I will feature kid-friendly

lunchbox recipes.

Favorite Pre-packaged Snacks for Kids

Pretzels

Corn Thins

Baked Tortilla Chips

Popcorn with Bragg's and Nutritional Yeast

Dried Fruit without Sulfur

Fruit Leather sweetened with fruit juice

Some of our favorite crackers:

Mary's Gone Crackers

Whole Foods 365 Baked Woven Wheats

Edward & Sons Baked Brown Rice Snaps – Tamari Seaweed, Tamari Sesame, Black Sesame

Real Foods Corn Thins

Eggless Egg Salad

Preparation Time: 10 minutes

Chilling Time: 2 hours

Servings: Makes 1 $\frac{3}{4}$ cups

12.3 ounce package extra firm silken tofu

$\frac{1}{4}$ cup tofu mayonnaise (see below)

$\frac{1}{4}$ cup minced celery

$\frac{1}{4}$ cup finely diced white onion

2 teaspoons apple cider vinegar

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

$\frac{1}{4}$ teaspoon onion powder

$\frac{1}{4}$ teaspoon garlic powder

$\frac{1}{4}$ teaspoon dill weed

$\frac{1}{4}$ teaspoon salt

Place the tofu in a bowl and mash with a fork or bean masher until crumbled, but not smooth. Add remaining ingredients and mix well. Cover and chill at least 2 hours before serving.

Tofu Mayonnaise

12.3 ounce package firm silken tofu

1 $\frac{1}{2}$ tablespoons lemon juice

1 teaspoon sugar

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

$\frac{1}{4}$ teaspoon dry mustard

$\frac{1}{8}$ teaspoon white pepper

Combine all ingredients in a food processor and process until smooth. Cover and refrigerate.

This will keep in the refrigerator for at least 1 week.

Red Pepper Aioli

Use this as a dip for raw veggies, or as a spread for crackers or bread.

Preparation Time: 10 minutes

Chilling Time: 1 hour or longer

Servings: makes 2 cups

12.3-ounce package soft silken tofu
2 tablespoons lemon juice
1 tablespoon cider vinegar
dash salt
½ cup roasted red peppers

Place the tofu in a food processor and process until fairly smooth. Add remaining ingredients and process until very smooth (this may take several minutes). Refrigerate at least 1 hour for flavors to blend. Note, you may either buy the red peppers already roasted in a jar (just be sure they are not packed in oil) or you can make your own.

Hummus

There are many variations of Hummus in most supermarkets and natural food stores. Many of them have added olive oil and most have tahini. Some people are convinced that Hummus without tahini is just not Hummus. However, I have been making no tahini Hummus for years and it is delicious, plus it is healthier for your body. If you can't stand the thought of Hummus without tahini, then add 1 tablespoon of it to this recipe, realizing that you are also adding some fat to the recipe.

Preparation Time: 5 minutes

Servings: makes 1 1/2 cups

1 15 ounce can garbanzo beans, drained and rinsed
3 tablespoons lemon juice
2 cloves garlic, crushed
1-2 tablespoons water
dash sea salt

Place all ingredients in a food processor and process until very smooth. Add additional water to change the consistency of the hummus, if desired.

Hints: Add other ingredients to this basic Hummus, for flavor and variety.

1/2 cup roasted red peppers plus 1/2 teaspoon ground cumin
1/2 cup chopped parsley or cilantro
1-2 teaspoons chopped jalapeno pepper

Mock Tuna Spread

Servings: makes 2 cups

Preparation Time: 15 minutes

Chilling Time: 1 hour

1 15-ounce can garbanzo beans, drained and rinsed
1 stalk celery, finely chopped
1/4 cup finely chopped onion
1/4 cup finely chopped green onions
1 tablespoon lemon juice
1/4 cup Tofu Mayonnaise
salt to taste

Place the beans in a food processor and process until coarsely chopped, or mash with a bean masher. Don't let them get to a

smooth consistency.

Place in a bowl and add remaining ingredients. Mix well. Add a bit more Tofu Mayo if you want a creamier spread. Add salt to taste. Chill to blend flavors.

RECIPE HINT:

Two tablespoons of pickle relish may be added to this spread to jazz it up.

Creamy Dill Tofu Dip

I always have a batch of this in the refrigerator. My boys love it with steamed broccoli.

1 package Creamy Dill Dip by Simply Organics

3 cups Tofu Sour Cream

Tofu Sour Cream

2 12.3 ounce packages silken tofu

4 tablespoons lemon juice

3 teaspoons sugar

1 teaspoon salt

Combine all ingredients in a food processor and process until very smooth and creamy. Refrigerate at least 2 hours to allow flavors to meld, one day is even better.

Spinach Dip

My mom and I have been making this dip for many years. We like it on crackers or as a dip for fresh vegetables -- artichokes are my boys' favorite. This can also be served in a bread bowl.

Preparation Time: 5 minutes

Chilling Time: 1-2 hours

Servings: makes about 2 cups

12.3-ounce box silken tofu

1 package (1.1 ounce) Fantastic Foods Vegetable Soup & Dip mix

½ package (10 ounce) frozen chopped spinach, thawed & squeezed dry

¾ cup tofu sour cream (recipe above)

Place the tofu in a food processor and process until very smooth. Scrape into a medium sized bowl. Add the soup mix and stir well. Add the spinach and stir again until well mixed. Stir the tofu sour cream into this mixture, cover and refrigerate for at least one hour to allow flavors to blend.

Simple Bean Dip

This is such a simple dip that you won't believe it can taste so good. Make it a day ahead of when you plan to use it so the flavors can blend. Serve with baked tortilla chips, baked pita chips or on bruschetta or crackers. We also like it with cold, boiled potatoes as a snack.

Preparation Time: 5 minutes

Servings: variable

2 - 15 ounce cans black or pinto beans, drained and rinsed
1 cup fresh mild salsa
salt to taste

Place the beans and salsa in a food processor and process until smooth. Refrigerate overnight for best flavor.

Hints: Vary this dip by using different salsas or beans. To make bruschetta, slice bread quite thin, rub with a cut clove of garlic, if desired, and toast in the oven or on a grill until crisp.

Pumpkin Muffins

I bake these in silicone muffin cups, medium size. I let the muffins cool for about 10 minutes, then just pop them out of the muffin cups. No sticking ever!

Preparation Time: 20 minutes

Baking Time: 30 minutes

Servings: 12 muffins

Dry Ingredients:

1 cup whole wheat pastry flour
3/4 cup unbleached white flour
1/2 cup brown sugar
1/8 teaspoon salt
1 teaspoon baking soda
1/2 teaspoon baking powder
1 1/2 teaspoons cinnamon
1 teaspoon nutmeg
1/2 cup chopped walnuts
1/4 cup raisins

Wet Ingredients:

1 cup canned pumpkin puree
1/2 cup Lighter Bake fat replacer
1/4 cup molasses
1/4 cup non-dairy milk
2 teaspoons Ener-G egg replacer mixed in
4 tablespoons warm water

Preheat oven to 375 degrees.

Combine all dry ingredients in a large bowl and set aside. Combine all wet ingredients in a medium bowl and mix well until smooth. Pour wet ingredients over dry ingredients and mix well (do not over-mix). Spoon batter into muffin cups. It will fill 12 medium muffin cups. Bake for 30 minutes.

Hints: Use a whisk when mixing the egg replacer with the water and beat until frothy. Then add to the other wet ingredients. Ener-G egg replacer is a flour product, available in many natural food stores. It is used for leavening and binding. Test for doneness by inserting a toothpick into the center. If it comes out clean, it is done. If you don't have silicone baking pans, these may be made in any non-stick muffin tins or baking pans. Allow to cool before removing from pans. Lighter Bake is a fat replacer made by Sunsweet. It can be found in many supermarkets or online at www.sunsweet.com.

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