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## Taking Advantage of the Medical Specialist

During the past four decades I have witnessed the rise in power and prevalence of the medical specialist, largely due to incentives that have been brought about by advances in technologies in medical device and pharmaceutical industries. Unfortunately, the life-improving benefits for the patients from these "advances" have been few and the harms caused have been substantial. However, the well-informed patient can work, to his or her advantage, the present system dominated by specialty care.

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About two-thirds of the medical doctors in the US are specialists, compared to about half in other industrialized countries. The American health-care system prides itself on having so many specialists; however, the results of this dominance of "experts" are far from flattering. For example, the rates of heart surgeries are highest in populations living in Brazil and the USA, intermediate in Canada and Australia, and lowest in Hungary and Poland. Yet, there were no differences in rates of death by heart disease or heart attacks among these countries.[1] Plus, the rates of stroke were higher in Brazil and the USA than in the countries with lower intervention rates. In the USA, patients with heart attacks are 1.7 times more likely to be treated in a coronary care unit and receive cardiac procedures, calcium channel blockers, and thrombolytic agents than in Poland, yet the death rates are identical.[2]

The desire of Americans for more high tech medicine is based on the common belief that specialized care means better care. All of this expensive and dangerous testing and treating might be acceptable if it resulted in an improved outcome for the patient. A study of 13,270 adults found people with a primary care physician, rather than a specialist, as a personal physician were more likely to report fewer medical diagnoses, have one-third lower annual healthcare expenditures (mean: $2029 vs $3100) and about one-quarter lower mortality.[3]

**Why Do Doctors Specialize?**

Why after 12 years of grade school, 4 to 5 years of college, and 4 to 5 years of medical school, would a young doctor want to dedicate 3 to 7 more years to becoming a specialist? Ideally, the motivation would be altruistic, such as specializing to become a more knowledgeable and skilled expert, better able to help patients live healthier lives. Unfortunately, the drives to make more money and to enhance one's status are equally correct answers. Being a specialist garners respect from patients and from fellow doctors. As a result, these experts provide the bulk of continuing education for fellow physicians (often sponsored by pharmaceutical companies), generate the vast majority of a hospital's revenue, have a major influence on health care policy at a local and national level and receive the highest incomes among doctors.

The money-motive for specializing is not hidden. Consider what the physician recruitment and staffing company, Martin, Fletcher, writes about cardiology: "New medical developments such as drug-eluting stents are fueling the rise in demand for Interventional Cardiology. The whole market for Interventional Cardiology is expected to double by 2006. Finding a Noninvasive Cardiologist can be extremely difficult as well because most want to expand their practice to include Invasive Interventional Cardiology because of the income potential. Cardiology remains in the top 2 income generating specialties for rural hospitals and top 5 for urban hospitals, so the demand and compensation for Cardiologists will continue to rise at or above the 12% rise that was seen last year."[4]

**The Hard Sell from the Specialist**

As part of their formal education medical students are taught highly effective, standardized, messages to sell various treatments to their patients. Here are some common examples:

*The Sales Pitch:* Bypass Surgeon talking to the distraught wife after her husband's heart attack, "Mrs. Jones, do you know what we call this kind of heart blockage?" (Doctor is pointing to the angiogram of her husband's heart arteries). "We call this a **widow maker**."

*The Truth:* Because the large blockages that are "bypassed," by this heart surgery are stable they cause almost no risk for death, so bypass surgery in most cases does not save lives compared to no surgery. The tiny volatile pustules distributed along the inner surfaces of the arteries which rupture, forming blood clots, are the actual killers. Surgery does not affect theses potentially fatal lesions.

*The Sales Pitch:* Cardiologist, in the room alone with the husband following the diagnosis of heart disease says, "I met your wife and kids. Nice family. You must understand that unless you have an angioplasty to open your blockages you won't live to reach the hospital doors."

*The Truth:* Angioplasty has never been shown to save lives. Actually, this treatment ruptures the hard stable plaques. In fact, after such meddling by the doctor, 20% to 50% of the arteries so treated close completely down.

*The Sales Pitch:* Surgeon discussing benefits of a mastectomy. "The only way we can get all the cancer is to remove your entire breast."

*The Truth:* By the time of diagnosis by mammogram or self-examination, the cancer has been slowly growing for an average of 10 years and is beyond the reach of any local surgery (rarely may the cancer still be confined to the lump). Simple removal of the local tumor (lumpectomy) results in the same survival rates as a mutilating mastectomy.

*The Sales Pitch:* Oncologist talking to a man just diagnosed with colon cancer. "Modern chemotherapy is so effective these days that you would be foolish not to take it. This is your only chance for a cure."

*The Truth:* Most of the cancer drugs used today are the same ones I used in my medical school training nearly 40 years ago. Chemotherapy didn't cure patients then, nor does it work any better now. For most solid tumors, such as colon cancers, the drugs used are highly toxic to the person's body and have little specific killing effect on the tumor. The overall results are that the prolongation of life is almost imperceptible, yet the deterioration in the patient's quality of life is undeniable.

*The Sales Pitch:* Gynecologist explains to a middle-aged woman, "Since you're not going to have any more children there is no reason to keep your uterus. After the surgery; no more painful periods, no more risk of pregnancy, and no more risk of cancer."

*The Truth:* A woman's uterus is not a "throw-away-organ." It produces heart-disease-preventing hormones, provides support for the other pelvic organs, and produces important lubrication for sexual intercourse. This organ is uniquely female and many people (men AND women) regret its loss. Plus, any surgery is risky.

*The Sales Pitch:* Endocrinologist adamantly admonishing the patient, "If you don't take your blood pressure and diabetic pills you are a fool—you will die of a heart attack."

*The Truth:* The treatment of high blood pressure with pills does not decrease the risk of death from heart attacks and makes little absolute difference for risk of stroke. The common pills used to treat type 2 diabetes (sulfonylureas) increase the risk of dying of heart disease.

**Total compensation offered to some specialties (year 2003)[5]**

| Specialty | Low | Average | High |
|---|---|---|---|
| Cardiology | 200,000 | 325,000 | 520,000 |
| Emergency Medicine | 150,000 | 213,000 | 260,000 |
| Family Practice | 130,000 | 155,000 | 200,000 |
| General Surgery | 180,000 | 265,000 | 375,000 |
| Internal Medicine | 140,000 | 179,000 | 220,000 |
| Neurology | 180,000 | 217,000 | 255,000 |
| obstetrics/gynecology | 190,000 | 268,000 | 400,000 |
| Oncology | 230,000 | 281,000 | 425,000 |
| Orthopedic Surgery | 275,000 | 387,000 | 650,000 |
| Pediatrics | 125,000 | 168,000 | 200,000 |
| Psychiatry | 125,000 | 162,000 | 210,000 |
| Radiology | 200,,000 | 339000 | 550,000 |
| Urology | 250,000 | 333,000 | 425,000 |

Note: specialists generally receive twice the annual income of generalists.

**Have a Generalist as Your Primary Doctor**

Most people have a primary care physician, but 20 to 25 % use a specialist for primary care services.[6] If you allow the specialist to take over your general care you are putting yourself at risk. Care of your general health is outside the expertise of a specialist—they rarely have the whole picture in mind.

Most people come to their doctor with multiple problems, such as clogged arteries, aching joints, sluggish bowels, and blubbering fat—not just one isolated ailment. It makes sense that a doctor with an all-encompassing view of your conditions—a generalist—should make the initial assessment of your condition. (Of course, the well-informed family-practice, general-practice or internal medicine doctor will quickly conclude that these are all problems of diet and lifestyle—and immediately prescribe a plant-food based diet and an exercise program.)

Specialization often leads to narrow thinking. Have you heard the saying that, "If all you have is a **hammer**, **everything** starts to look like a **nail**." This is one reason that women who have a gynecologist for their general doctor have a much greater chance of having a hysterectomy.[7] To many gynecologists, headaches, backaches, bellyaches, depression, painful intercourse, and fatigue are "female problems" best treated by removal of the "useless uterus."

**Profitable Gimmicks Lead to Aggressive Treatment**

Recent technological developments have resulted in high profits for specialists and one of the best examples of this kind of income-building comes from the introduction of fiberoptic scopes and micro-instruments. With these tiny tubular tools, surgery can be performed in the deepest parts of the body through very small incisions. These kinds of devices allow the urologist to work in your urinary bladder, the orthopedic surgeon to repair your torn ligaments, the ear-nose-throat doctor to look into your sinuses, the pulmonologist to exam the airways of your lungs, the gynecologist to remove parts of your pelvic contents, the cardiologist to "burst open" your blocked heart arteries, and the gastroenterologist to take biopsies of your colon. These modern inventions also make for a handsome profit for the doctor performing the surgeries.

Also realize that highly profitable medical procedures have led to much over-treatment. One representative example is the laparoscopic cholecystectomy which allows gallbladders to be removed through three tiny holes placed in the abdomen, rather than the traditional foot-long incision. After the widespread introduction of this technique in 1991, the rate of gallbladder removal in North America increased almost overnight by 30% to 60%.[8]

Visiting a cardiologist for any pain anywhere between your belly button and your nose, often leads to a treadmill stress test, followed by an angiogram. An angiogram is a preoperative procedure—so expect an angioplasty (heart surgery) to follow. This letter in the *Annals of Internal Medicine* (a very prestigious medical journal) explains how the cardiology business works, "The popularity of angioplasty is puzzling, given the high rate of restenosis (meaning the closure of a heart artery following the surgery) and the absence of controlled trials comparing angioplasty with coronary artery surgery or medical treatment (no survival benefits have been shown from angioplasty). We suggest that the combination of three factors, never so closely associated before in the history of medicine, have been synergistic in promoting coronary angioplasty: It is very lucrative; patients are mostly self-referred; and it is fun to perform."[9]

**Specialists Show No Mercy (Even to Fellow Doctors)**

In 2000, Mary and I took a group of people on a McDougall Adventure trip to Peru. Immediately following the trip Mary developed abdominal distress, which I suspected was due to a condition called tropical sprue. After several months of her suffering, I finally convinced her to see a gastroenterologist specialist to confirm my diagnosis. After a brief examination of Mary, I was called into his office and told that this was indeed tropical sprue and would eventually go away. He then proceeded to tell Mary she needed a colonoscopy exam as a screening test in order to find and remove polyps, a common precursor to colon cancer. I thanked him for his suggestion and tried to leave. He continued to insist on the necessity for this $4000 examination. "But this is not why we came to you for a consultation," I explained. The harder I tried to stop his sales pitch, the more aggressive he became. Finally, we walked out of his office, and as I departed I said, "Remember, I am also a medical doctor, and I happen to know the scientific research behind colonoscopy and colon cancer prevention at least as well as you do. You have spent the past 20 minutes trying to bully us into a test we have no desire to take. This makes me feel especially sad for your other patients, with almost no medical knowledge, whom you treat with such disrespect."

**How to Use a Specialist to Your Advantage**

A generalist must serve as your doctor—the specialist serves only as a consultant to you and your general doctor. When additional knowledge or skills are needed, then an arrangement—a referral—is made to see a specialist. The expert then gathers information about you, comes to conclusions and recommendations, and then sends a report back to your generalist. Together, the two of you, then discuss this valuable information and decide on the next courses of action. This may be to go ahead with the recommendations or to seek other opinions from different kinds of specialists. After sufficient research—such as you do when you buy an expensive car or home—a decision can be made by you with the aid of your advocate generalist on the proper course to take.

**Ping-ponging the Patient around the Clinic**

The bigger the business you are dealing with, the more you have to be on your guard. Medical groups consisting of many doctors present a special challenge. You go in for a sore throat and you are notified that you are overdue for your PAP smear and must see the gynecologist—this doctor then sends you for a colonoscopy—and from there you are referred to the group's dermatologist for a discoloration on your thigh—and the process continues until you have seen every possible professional in the medical group. This profitable business practice is known as ping-ponging.

**Get Out of the Medical Businesses**

I once owned a 560 SL convertible Mercedes (a used car, but helpful during my 40s midlife crisis). I soon became all too familiar with my Mercedes' repair shop. I knew my mechanic on a first name basis. After multiple visits, I learned about his wife, his kids, and the intimate details of their summer vacation. I will never buy another Mercedes. You don't want to have a doctor as a familiar friend either.

All of the challenges you have faced with various medical businesses may have left you overwhelmed and confused (See previous newsletters with discussions below). You have questions about: what doctors to see, which medications to take, what tests to choose to avoid future diseases, and much more? There is one simple answer to these dilemmas: *Get out of the medical businesses*. Don't have a doctor, take pills or tests. And the only safe and effective way to get out of the medical businesses is to become healthy. Sick people take drugs, undergo multiple surgeries and examinations and know many doctors. Healthy people live outside of these businesses. The surest way to be healthy is to eat a low-fat, plant-food based diet (The McDougall diet), exercise a little, and have clean habits. Freed from the medical businesses you can focus your life on your career, family, sports, and hobbies. Now that's living.

**McDougall Newsletters about the Medical Businesses:**

November 2004: Sick People Take Medications – Healthy People Are Drug-Free

July 2005: The Annual Physical Exam – A Ritual to Be Avoided

October 2005: How to Choose a Primary Care Doctor — If You Must

April 2006: Securing Respectful Medical Care

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# Favorite Five for August 2006

**Vegan Diet Benefits Diabetics**

**A Low-Fat Vegan Diet Improves Glycemic Control and Cardiovascular Risk Factors in a Randomized Clinical Trial in Individuals With Type 2 Diabetes** by Neal Barnard in the July 2006 issue of *Diabetes Care* found a low-fat vegan diet improved the health of people with type 2 diabetes even more than the American Diabetic Association (ADA) Diet did. Forty-three percent (21 of 49) of the vegan group and 26% (13 of 50) of the ADA group participants reduced their diabetes medications. Reductions of hemoglobin A1c, LDL "bad" cholesterol, and urine protein were greater in the vegan group, than those on the ADA diet. People following the vegan diet could eat unlimited amounts of food, while those on the ADA diet were required to control their portion sizes—and compliance was better on the vegan diet. Exercise did not play a role in this study.

**Comments:**

Type 2 diabetes is widely-accepted as an illness caused by the rich Western diet. The cure is to stop the cause. This kind of diabetes, and associated obesity, is essentially unknown in parts of the world where people consume a diet based on starches (like rice, potatoes, sweet potatoes, and legumes) with fruits and vegetables. Activity is also a hallmark of these populations. However, even people whose occupations are sedentary, like schoolteachers, shopkeepers, and ministers, are generally free of obesity, coronary heart disease, and diabetes.

This study is especially important because it shows that people with type 2 diabetes have the hope for getting off medications and improving their health by simply changing their diet to delicious foods—and never being hungry. Adding exercise, with the associated weight loss, also helps. My experience has been that almost all people with type 2 diabetes can get off all of their medication and cure their disease. After all, these people are producing as much, and sometimes twice as much, insulin as someone without diabetes—because of insulin resistance, due to the rich diet and being over-fat, their insulin fails to work efficiently. Correct these two issues and they are cured.

Some people are not purely type 2 in nature—they have developed the defining feature of type 1 diabetes—which is that the pancreas no longer produces sufficient insulin to meet their needs. In this case, even with weight loss and adherence to a low-fat, starch-based diet, they still have elevated blood sugars and many times a need for additional insulin by injection or nasal spray. Still, they need to follow a healthy diet in order to prevent the all too common complications of diabetes—heart attacks, kidney failure, loss of vision, and more.

I have had the privilege of calling Neal Barnard, MD my friend for more than 25 years—he is one of the most honest and dedicated people I have ever met. You will have a chance to meet him if you attend the September 29 to October 1, 2006 McDougall Weekend in Santa Rosa, California. Neal is the founder of the Physicians Committee for Responsible Medicine (www.pcrm.org ). He is willing to do the research needed to prove to the rest of the world what we all already know about the benefits of a healthy diet. Mary and I were able to contribute to this study in a small way—the participants in the vegan group received the McDougall Quick and Easy Cookbook and the DVD, Dr. McDougall's Total Health Solution for the 21st Century. To learn more about diabetes, from my web site visit:

February 2004 newsletter: Diabetes—the Expected Adaptation to Overnutrition:
http://www.nealhendrickson.com/mcdougall/040200pudiabetes.htm

Star McDougallers:

Logan Ginger: http://www.drmcdougall.com/stars/050308starlogan.html

Jason Wyrick: http://www.drmcdougall.com/stars/jason_wyrick.html

Barnard ND, Cohen J, Jenkins DJ, Turner-McGrievy G, Gloede L, Jaster B, Seidl K, Green AA, Talpers S. A low-fat vegan diet improves glycemic control and cardiovascular risk factors in a randomized clinical trial in individuals with type 2 diabetes.
*Diabetes Care.* 2006 Aug;29(8):1777-83.

**Pomegranate Juice Benefits Prostate Cancer Patients**

**Phase II Study of Pomegranate Juice for Men with Rising Prostate-Specific Antigen following Surgery or Radiation for Prostate Cancer** by Allan Pantuck reported in the July 2006 issue of the journal *Clinical Cancer Research* found pomegranate juice (a major source of antioxidants) benefited men with prostate cancer (who had a detectable PSA >0.2 and <5 ng/mL and Gleason score </=7).[1] Patients were treated with 8 ounces of pomegranate juice daily until their disease showed signs of progression. The growth of cancer was apparently slowed so that it took 54 months for the PSA to double, compared to 15 months for those not drinking the juice. When observed in the laboratory, cancer cell growth was found to slow and the death of prostate cancer cells (apoptosis) increased for those on the juice.

**Comments:**

Prostate cancer is the most common invasive cancer in men—in the US 232,000 cancers are diagnosed annually, most of them because of the over-enthusiastic use of PSA testing—a test, by the way, which fails to save lives because it cannot detect prostate cancer until it has been growing on average for 10 years—long after the cancer has spread. Annually, 30,350 men die of prostate cancer—and there is good evidence that most of those who do not die of prostate cancer, never had a fatal form of the disease, and would have been better off not knowing they were "sick." (See my February and March 2003 lead newsletter articles on prostate cancer—and my May 2005 article: "What's New in Prostate Cancer Treatment?")

Components of the rich Western diet are the cause of prostate cancer. Dairy products, red meat, all kinds of fats and oils, and environmental chemicals have been the focus of research pointing to practical means for the prevention and treatment of this potentially fatal disease. Ingredients of a plant-food diet, such as antioxidants, polyphenols, ellagic acid and tannins, interfere with the growth of cancer cells at the cellular/biochemical level.

The simple addition of pomegranate juice to a low-fat diet of plant foods appears to be the most effective treatment for prostate cancer available today—especially when balanced against the fact that surgery, radiation and chemotherapy have failed to demonstrate meaningful survival benefits. Dr. Dean Ornish recently showed that the PSA in men with prostate cancer decreased 4% for patients on a low-fat vegan diet—compare this to a 6% rise seen in the control group on the American-diet.[2] Serum (a part of the blood) was taken from the patients and used to grow prostate cancer cells in the laboratory. The serum from those on the vegan diet inhibited growth of the cancer cells 8 times more effectively than did the serum from those on the American diet. The stricter the patients followed the low-fat vegan diet, the better the results with PSA lowering and inhibition of cancer cell growth. (Please note: Dr. Ornish will be discussing his most recent findings on diet and prostate cancer at our September 29 to October 1, 2006 McDougall weekend held in Santa Rosa, CA.)

The pomegranate juice used was provided by Pom Wonderful Company (Los Angeles: http://www.pomwonderful.com/juice.html). (Wonderful variety, 570 mg total polyphenol gallic acid equivalents.) The fruit was handpicked, chilled to 4 degrees C and stored. Then the juice was processed and stored at 20 degrees C until use. The optimal dose is 6 to 8 ounces a day.

The advice to eat a low-fat, plant-food based diet and consume pomegranate juices is not limited to prostate cancer patients. Similar benefits have been found for breast cancer in laboratory experiments. Because the treatment is inexpensive and non-toxic, this juice and a healthy diet should be part of every person's cancer prevention and treatment regime.

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**Overtreating Blood Pressure Kills**

**Dogma disputed: can aggressively lowering blood pressure in hypertensive patients with coronary artery disease be dangerous?** by Franz Messerli published in the June 20, 2006 issue of the *Annals of Internal Medicine* reviewed data on 22,576 patients with heart disease and hypertension, and reported, "Our analysis showed that in hypertensive patients with CAD (coronary heart disease) who were treated with sustained-release verapamil or atenolol to lower blood

pressure, increased risk for all-cause death and MI was associated with diastolic pressure below 70 to 80 mm Hg…Excessive reduction in diastolic pressure should be avoided in patients with CAD who are being treated for hypertension." (Most people with hypertension have coronary artery disease.) The harmful effects of lowering blood pressure were greater for people with diabetes and/or elevated cholesterol. The incidence of heart attacks, death, and/or stroke was three times higher for patients with a diastolic blood pressure (the lower number) of 60 mmHg compared to a person with a pressure of 80 to 90 mmHg. According to the authors of this study, for the patient's sake, treatment with medication should not lower the diastolic pressure below 84 mmHg.

**Comments:**

Most people, doctors included, think an elevated blood pressure should be forced to "normal"—110/70 mmHg or lower—with medication to prevent blood vessels from breaking and causing a massive stroke. This is dangerous thinking. The truth is that healthy blood vessels don't break.

Normally, blood vessels are very strong and have no trouble handling pressures of 480/350 mmHg that are experienced during heavy weight-lifting exercise.[2,3] Whereas, "sick" blood vessels—those weakened by atherosclerosis—are commonly closed down by blood clots that suddenly form—even when the blood pressure is low and "well managed" by your conscientious doctor.

Many studies of people treated with medications for elevated blood pressure have shown that when the blood pressure is reduced below a certain level, the risk of serious trouble (heart attacks, strokes and deaths) will increase.[4-10] This observation is referred to as a "J-shaped" curve. Meaning: lowering the pressure to a certain point is beneficial (that is the first part of the "J" shape), but beyond that point, the patient is harmed (the second part of the "J")—when the pressure is lowered further towards "normal." This phenomenon is found with both systolic (top number) and diastolic (bottom number) pressure changes. Please note that this risk of low blood pressure is only for people *taking medications* which are known to lower blood pressure.

The reason that too aggressive a treatment of hypertension with medications causes serious harm is because by artificially lowering the blood pressure the flow of blood to the heart, brain, and all other tissues is impaired.[11,12] The small blood vessels are the ones most affected. The compromised blood flow deprives the vital organs of oxygen and nutrients, causing dysfunction (like arrhythmias) of heart muscle and brain injury—sometimes resulting in a heart attack or stroke.

People who already have damaged arteries, as reflected by high cholesterol or diabetes, are at the greatest risk for a tragedy. With partial blockages of the heart arteries, low diastolic pressure is especially troublesome because most of the blood flow to the heart muscle occurs during the relaxation phase of the heart cycle (diastole). For more information on the harms caused by meddling, but well-meaning medical doctors, who have been educated on how to treat you by pharmaceutical companies, see my July 2004 newsletter article: Over-treat Your Blood Pressure and You Could Die Sooner.

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**"Low-fat Diet Failure"—Good News about Bad Habits**

**Effects of a Mediterranean-Style Diet on Cardiovascular Risk Factors: A Randomized Trial** by Roman Estruch in the July 4, 2006 issue of the *Annals of Internal Medicine* found that, "Compared with a low-fat diet, Mediterranean diets supplemented with olive oil or nuts have beneficial effects on cardiovascular risk factors."

*Read carefully the instructions given to the two comparison groups:* "We advised participants who were allocated to the low-fat diet to reduce intake of all types of fat, and we gave them a leaflet with written recommendations according to the American Heart Association guidelines…While the participants who were allocated to the low-fat diet did not receive further intervention, those assigned to the 2 Mediterranean diet groups had access to more intense intervention in 2 ways. First, they were given a free provision of typical Mediterranean fatty foods (olive oil or nuts)." Second, those in the two Mediterranean diet groups were given intensive education, advice and consultation by a dietitian, and elaborate written materials (shopping lists, meals plans, recipes, etc.) throughout the study.

**Comments:**

Reading the title of this article might lead someone to believe that the diets taught by Ornish, Pritikin, Barnard and McDougall were used in this study, and should now be considered ineffective. However, as you can clearly read above, the ~~entire education for the people on the low-fat diet was a pamphlet from the American Heart Association. As you w~~ould guess, this low-fat group made no significant changes in their diet—reflected by the 0.24 Kg (half a pound) weight loss in 3 months.

But headlines worldwide squealed: "Mediterranean beats low-fat diet for your heart—Lots of olive oil, nuts may be key to cutting cholesterol, new study shows," and "Good-Fat Diet Beats Low-Fat." Wouldn't you think reporters could be more responsible and take the time to read the study rather than just the title of the paper?—especially, when hundreds of millions of people are influenced and billions of lives are at stake?

Anyone taking the time to read the research paper will learn that this study actually showed replacing meat, dairy, sweets, and processed foods with olive oil or free bags of walnuts, hazelnuts, and almonds, as well as adding more vegetables, legumes, fruit and fish for those on the Mediterranean diet, reduced some risk factors associated with heart disease (blood sugar, blood pressure, and C-reactive protein). Because of all the extra fat added, the olive oil group lost less weight than did the "low-fat" group (0.19 Kg) and the "nut" group lost about the same (0.26 Kg) as the "low-fat" group in 3 months. On our low-fat diet (the McDougall diet) the average weight loss is 2 Kg (4.5 pounds) in a week.

This story attracted national attention because people love *to hear good news about their bad habits* and the recommended changes favored businesses—rather than reducing the purchase of harmful foods (fats, meats, dairy, etc.), the consumer is advised to buy more nuts, seeds, and oil for better health. One important note: A manufacturer of olive oil and a walnut producer generously donated products for this study.

Estruch R, Martinez-Gonzalez MA, Corella D, Salas-Salvado J, Ruiz-Gutierrez V, Covas MI, Fiol M, Gomez-Gracia E, Lopez-Sabater MC, Vinyoles E, Aros F, Conde M, Lahoz C, Lapetra J, Saez G, Ros E.Effects of a Mediterranean-Style

Diet on Cardiovascular Risk Factors: A Randomized Trial. *Ann Intern Med.* 2006 Jul 4;145(1):1-11.

**Adding Avocados or Oils to Salads Aids Absorption of Nutrients—More Good News about Bad Habits**

Findings from a study of 11 subjects published in 2005 on the benefits of eating oily foods have resurfaced (Wednesday, August 09, 2006; by Tara Parker-Pope, The Wall Street Journal).[1] This revived story is based on an article titled, **Carotenoid absorption from salad and salsa by humans is enhanced by the addition of avocado or avocado oil** by Nuray Unlu, published in the *Journal of Nutrition.* The researchers found that, "adding avocado fruit can significantly enhance carotenoid absorption from salad and salsa, which is attributed primarily to the lipids present in avocado."[2] The research was funded by the California Avocado Commission. Half an avocado was as effective at enhancing absorption as a whole avocado. One avocado was estimated to contain 24 grams of oil. Pure avocado oil (24 grams) was also tested and found to be as effective as the whole avocado.

**Comments:**

In my forty-year career as a medical doctor, I have never seen any diseases due to deficiency of carotenoids in a patient—ever. But every day I see hundreds of people in shopping centers and on the street suffering from diseases due to fat excess. Therefore, even faced with the findings of this study, my recommendations to limit fats and oils will remain the same. For healthy, trim people I have always said unprocessed, high-fat foods, like avocados, nuts, seeds and olives, can be a delicious addition to their diet—and may be important for those with high calories needs, such as athletes and active children.

Our requirements for essential fats are very small—no more than 0.5 gram daily. Only plants can synthesize essential fats—so eating plant-foods is the obvious source of these necessary nutrients. Because body fats (adipose tissue) store these essential fats efficiently, even if overweight people were placed on an artificially manufactured fat-free diet, they would have little risk of becoming deficient in essential fats over their entire lifetime. Note: a diet made of unprocessed plant foods, like the McDougall diet, naturally contains about 7% of its calories as fat—and about half the total fat found in plant foods is of the essential variety—the kind we need

People struggling to lose excess body weight will want to avoid all high fat foods and especially oils—*the fat you eat is the fat you wear.* Optimum absorption of nutrients has been reported to occur with as little as 3 grams of added fats (27 calories) per meal.[2] In this experiment, where people consumed whole avocados or the oil extract, they ate 21 grams of fat which translates into 189 extra calories per meal.

There is a big difference between fats consumed in their natural packages as avocados, nuts, seeds, and olives; and fats consumed as extracted oils. Fats found in foods are combined with other essential nutrients (vitamins, minerals, fibers, and thousands of important phytochemicals). These naturally balanced combinations allow the fats to safely and efficiently work when they enter the cells of your body. Free fats, stripped away from the other ingredients found in grains, fruits, seeds or nuts, become medicines, at best, and toxins, at worst. Consuming free vegetable oils easily makes people fat, and the fats suppress the immune system (increasing the risk of cancer and infection), and encourage bleeding. These free oils easily spoil, becoming rancid—a condition where harmful free radicals are plentiful.

Low-fat plant foods provide all the carotenoids the body needs. Consider the possibility that an excess of these nutrients caused by adding avocados and other oils to a low-fat meal may result in nutritional imbalances that encourage disease. It is possible.

If you want to believe that there is a health advantage from more nutrients entering your body, then at least act conservatively. For maximum carotenoid absorption the amount of fat required is as little as 1/7$^{th}$ of an avocado—about a tablespoonful per meal. Also heating and blending fruits and vegetables enhance nutrient absorption[3]—and these are much safer approaches than stuffing your overweight self with fat.

1) http://www.post-gazette.com/pg/06221/712211-114.stm

2) Unlu NZ, Bohn T, Clinton SK, Schwartz SJ. Carotenoid absorption from salad and salsa by humans is enhanced by the addition of avocado or avocado oil. *J Nutr.* 2005 Mar;135(3):431-6.

3) Brown MJ, Ferruzzi MG, Nguyen ML, Cooper DA, Eldridge AL, Schwartz SJ, White WS. Carotenoid bioavailability is higher from salads ingested with full-fat than with fat-reduced salad dressings as measured with electrochemical detection. *Am J Clin Nutr.* 2004 Aug;80(2):396-403.

## Featured Recipes

**Creamy Pasta Primavera**

Preparation Time: 30 minutes
Cooking time: 11-12 minutes
Servings: 6-8

2 cups vegetable broth
2 cups walnut pieces
1/3 cup packed fresh parsley
1/3 cup packed fresh cilantro
3 teaspoons lemon juice
2 teaspoons chopped fresh garlic
2 teaspoons ground chili paste
¼ teaspoon salt (optional)
freshly ground pepper to taste
16 ounces uncooked spiral pasta
3 cups broccoli florets
1 cup red bell pepper strips
1 cup yellow bell pepper strips
1 pound mushrooms, cut into bite sized pieces
1 cup halved cherry tomatoes

Place the broth, walnuts, parsley, cilantro, lemon juice, garlic, and chili paste into a blender jar. Process for several minutes until very smooth. Add pepper to taste and optional salt. Set aside.

Bring a large pot of water to a boil. Add pasta and cook for about 5 minutes. Add broccoli and peppers to the water and cook for an additional 4-5 minutes, then add the mushrooms and cook for another 2 minutes. Remove from heat and drain. Place in a large bowl. Pour the sauce over and toss to mix. Add the tomatoes and mix again. May be served warm, at room temperature, or chilled.

Hints: The addition of ground fresh chili paste to this recipe gives just a bit of heat. Feel free to add more to taste. Chili paste can be found in the Asian section of most supermarkets. It is also called Sambal Oelek. It is not necessary to chop the parsley and cilantro before using in the recipe. Just take a small handful of each and toss it in with the other ingredients (remove the larger stems first). If you don't like cilantro, try this with just the parsley.

**Tex-Mex Bean Burgers**

These burgers are served in a bun with typical taco toppings, giving them a decidedly Mexican flavor.

Preparation Time: 15 minutes
Cooking Time: 20 minutes
Servings: 5

1 15 ounce can cannellini beans, drained and rinsed
1 cup whole wheat bread crumbs
1 4.5 ounce can chopped green chilies
2 green onions, chopped
1 tablespoons egg replacer mixed in ¼ cup warm water
¼ cup cornmeal

Preheat oven to 350 degrees.

Place the beans in a medium bowl and mash slightly with a bean masher. Stir well, then add bread crumbs, green chilies, green onions and egg replacer mixture. Mix well. Place the cornmeal in a shallow bowl. Shape the mixture into 5 patties, each about ½ inch thick. Dip each side into the cornmeal, then place on a non-stick baking sheet.

Bake for 20 minutes, 10 minutes on each side.

To serve, place some shredded lettuce on the bottom of the bun, put the burger on the lettuce, then top with guacamole (or Broccomole) and salsa, and the top of the bun.

Hints: I usually double this recipe when I make it so we have some extra for lunch the next day. These keep well in the refrigerator and may also be frozen. They reheat well in the microwave or on a griddle.

**Costa Rican Vegetable Salad**

We just returned from a fantastic week in Costa Rica on a McDougall Adventures vacation. They prepared many delicious vegetable salads while we were there using hearts of palm. This is a variation on one of those salads.

Preparation Time: 15 minutes
Servings: 6-8

1 14 ounce can hearts of palm, drained, cut into ¼ inch rounds
1 15 ounce can black beans, drained and rinsed
2 cups frozen corn, thawed
2 large tomatoes, chopped
¼ cup chopped sweet onion
½ cup chopped fresh cilantro
3 tablespoons fresh lime juice
2 tablespoons rice vinegar
1 teaspoon soy sauce
freshly ground black pepper

Combine all ingredients in a bowl. Toss to mix. Serve immediately or refrigerate until serving time.

**Spinach Pesto Fettuccine**

This dish makes great use of all the fresh basil, spinach and cherry tomatoes available at this time of the year. It is quick to prepare and may be served at room temperature or chilled.

Preparation Time: 15 minutes
Cooking Time: 10 minutes
Servings: 6

14 ounces dried spinach fettuccine
2 6 ounce bags triple washed baby spinach
1 cup packed coarsely chopped fresh basil
2 cloves garlic, chopped
1 package silken tofu
¼ cup water
¼ teaspoon salt
freshly ground black or white pepper to taste
1 ½ cups halved cherry tomatoes

Bring a large pot of water to a boil. Drop in the pasta and stir well to separate strands. Cook until pasta is just barely tender, then add the spinach and cook until wilted, about 1 minute. Remove from heat and drain.

Meanwhile, place the basil and garlic in a food processor and process briefly. Add the tofu, water and salt. Process until very smooth, stopping several times to scrape off the sides of the processor bowl. Add pepper to taste. Set aside.

Place the pasta and spinach in a serving bowl. Pour tofu mixture over the pasta and toss well to mix. Add the cherry tomatoes and mix again.

Hints: The tofu mixture may be prepared ahead and reserved until the pasta is cooked. Refrigerate if holding for longer than

1 hour. To spice up this dish add a few drops of hot pepper sauce to the tofu mixture while blending.

**Tropical Couscous**
By Wendy McCrady
(Adapted from Family Circle All-Time Favorite Recipes (Doubleday))

Wendy found this recipe while searching for ways to use up some basil. She adapted it by removing the oil and using whole wheat couscous. It's absolutely wonderful and very easy to make.

2¼ cups fresh orange juice
1 teaspoon ground cumin
1½ cups whole wheat couscous
½ teaspoon arrowroot or cornstarch
¼ cup water
2 tablespoons low-sodium soy sauce
2 tablespoons fresh lime juice
¼ cup chopped fresh cilantro
2 tablespoons chopped fresh basil or 1 teaspoon dried
2 tablespoons chopped fresh chives
1 teaspoon grated fresh ginger
2 mangos, peeled, pitted and chopped
¼ cup pine nuts, toasted (optional)

Bring orange juice and cumin to a boil in a medium saucepan.

Stir in couscous and cover. Remove from heat and let stand 5 minutes.

Fluff with a fork and transfer to a large bowl. Set aside to cool.

Place arrowroot or cornstarch and water in small saucepan. Cook over medium heat, stirring until clear and thickened. Measure out 2 tablespoons of the thickened mixture into small bowl. Stir in soy sauce and lime juice, then pour mixture over couscous.

Stir in cilantro, basil, chives, ginger, and mangos. Sprinkle with pine nuts, if desired.

Serve at room temperature.

Hint: Reserve the remainder of the thickened liquid in the refrigerator to use as an oil substitute in other salad dressings.

**Citrus Chili Dressing**

Preparation Time: 5 minutes
Servings: makes about 1 ½ cups

1 cup orange juice
¼ cup Dijon mustard
½ cup rice vinegar
2 cloves garlic
1 tablespoon chili powder
1 tablespoon sweet chili sauce

Place all ingredients in blender jar and process until smooth.

**Grainy Mustard Dressing**

Preparation Time: 5 minutes

Servings: makes about 2 cups

½ cup rice vinegar
½ cup whole grain mustard
1 tablespoon minced garlic
2 tablespoons soy sauce
1 cup honey

Place everything but the honey in a blender jar and process briefly. Slowly add the honey while processing.