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Artificial Sweeteners Are Unnecessary and Unwise

Life on earth for us begins with breast milk, a food that is half sugar—and sugar in the forms of simple and complex carbohydrates, found in starches, vegetables, and fruits, ideally makes up the bulk of our diet for the next 83 years (after weening). The food industry is well aware of our inborn love affair with sweet-taste. These profiteers lace our food supply with concentrated and purified sugars, such as fructose and sucrose (white table sugar)—totaling up to 158 pounds per person annually. **PAGE 1**

Favorite Five

My favorite articles found in recent medical journals

- Vegetables Will Save Your Mind
- Calcium Does Not Benefit Children
- Research Fails to Support Flu Shot's Value
- Cow's Milk Promotes Acne
- Review of the Evidence that Diet Causes Autism

PAGE 6

Featured Recipes

- Rainbow Stew
- Sloppy Lentils Too
- Caribbean Rice
- Quinoa Chowder
- Oatmeal Cookies
- Easy Brownies

PAGE 10

Announcing the Birth of Our Second Grandson

John and Mary McDougall would like to announce the latest addition to our family, Benjamin Thomas Wilson. The proud parents are Heather McDougall and Brandt Wilson. He arrived on October 4, 2006 and weighed 6 pounds, 12 ounces. Over the past 7 weeks he has shown us some of his character—independent, very smart, inquisitive, serious, but happy. He already has a special attachment to his grandpa. Of course, he is fully breast fed and gets constant attention from everyone, including his nearly 3-year old brother, Jaysen. **PAGE 13**



Artificial Sweeteners Are Unnecessary and Unwise

Life on earth for us begins with breast milk, a food that is half sugar—and sugar in the forms of simple and complex carbohydrates, found in starches, vegetables, and fruits, ideally makes up the bulk of our diet for the next 83 years (after weening). The food industry is well aware of our inborn love affair with sweet-taste. These profiteers lace our food supply with concentrated and purified sugars, such as fructose and sucrose (white table sugar)—totaling up to 158 pounds per person annually. Along with the ever increasing popularity of sugar, problems of obesity, diabetes, heart disease, and tooth decay have become more common in Western societies over the past century. The belief that sugar plays the major role in the fattening of people has led to the development of intensely sweet-tasting, lower- or no-calorie substitutes. Up to 90% of people living in the USA now consume beverages and foods containing sugar substitutes.

Artificial sweeteners, as they are commonly called, come in two general categories: *sugar alcohols* which are on average 2 calories per gram (compared to 4 calories per gram for purified sugars) and *nonnutritive sweeteners* (at 0 calories/gram). According

to the American Dietetic Association, “Nonnutritive sweeteners are safe for use within the approved regulations. They can increase the palatability of fruits, vegetables, and whole-grain breads/cereals and thus have the potential to increase the nutrient density of the diet while promoting lower energy intakes.”¹ This statement may be true if refined sugars are replaced, rather than what people commonly do, which is to add artificial sweeteners to their already sugar-laden diet.

No Substitute for Real Sugar

Sugar provides more sweetness—it adds moisture, bulk, a lighter and fluffier texture to baked goods, and it browns—artificial sweeteners don't have these cooking qualities. These manmade sweeteners are described as being too sweet, having a chemical or bitter taste, and having strong aftertastes—they also seem to block other flavors of the foods they are used with. Since none of these sweeteners provides the same clean taste, mouth-feel, and cooking benefits as real sugar, new artificial sweeteners continue to be developed—but so far not one has become an acceptable sugar substitute for particular chefs and consumers.

A Brief History of Artificial Sweeteners

The first artificial sweetener, saccharin, was synthesized in 1879. It became popular because of its low cost of production at the time of sugar shortages during World Wars I and II. After these wars, when sugar once more became available and inexpensive, the reasons for using saccharin shifted from economics to health (calorie reduction primarily). In the 1950s cyclamate was introduced, and Sweet 'N Low became a popular mixture of a blend of saccharin and cyclamate. The artificial sweetener market was shaken in the 1970s when the FDA (Food and Drug Administration) banned cyclamate from all dietary foods in the USA because of a cancer risk found in experimental animals (other countries still allow cyclamate). In 1981 the next artificial sweetener, aspartame, marketed as Nutra-Sweet, became popular. Since then several new nonnutritive sweeteners have been introduced with a promise to be more like real sugar with few calories.

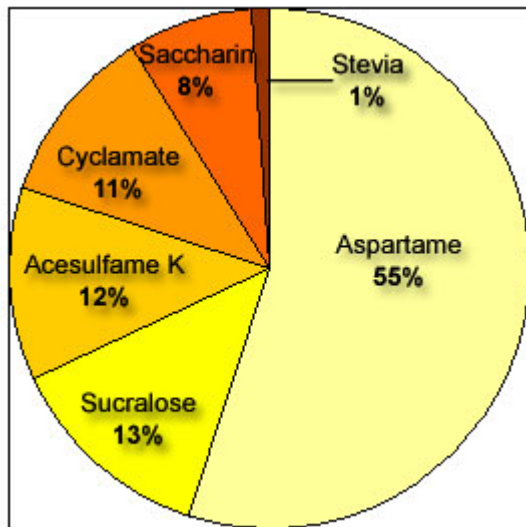
Sugar Substitutes

Sugar Alcohols

- Sorbitol
- Mannitol
- Xylitol
- Erythritol
- Tagatose
- Isomalt
- Lactitol
- Maltitol
- Trehalose
- HSH 3

Sugar alcohols are incompletely absorbed from the gut; as a result, they can cause a smaller rise in blood sugar, decrease dental caries, and supply undigested sugars to the bowel bacteria for their food, but they may also lead to intestinal gas, cramps, and diarrhea.

Nonnutritive Sweeteners



From Forbes 2005
www.forbes.com/business/global/2005/0110/020.html

Saccharin:
Sweet 'N Low
Sweet Twin
Necta Sweet

Aspartame:
Nutrasweet
Equal
Sugar Twin

Neotame:
(Food additive)

Acesulfame-K:
Sunett
Sweet & Safe
Sweet One

Sucralose:
Splenda

Additional nonnutritive sweeteners not now sold in the USA as sugar substitutes are: Alitame, Cyclamate, Neohesperidine, Stevioside (Stevia), and Thaumatin. Additional nonnutritive sweeteners not now sold in the USA as sugar substitutes are: Alitame, Cyclamate, Neohesperidine, Stevioside (Stevia), and Thaumatin.

Artificial Sweeteners Help Few Dieters

The benefit of artificial sweeteners for weight loss is questioned for several reasons. First, as stated in the position paper of the American Dietetic Association, “Existing evidence does not support the claim that diets high in nutritive sweeteners (real sugars) *by themselves* have caused an increase in obesity rates or other chronic conditions (e.g. hyperlipidemia, diabetes, dental caries, behavioral disorders).”¹ Sugar appears to be, at most, a minor player as the cause of obesity and related health problems; therefore, replacement with an artificial sugar would be expected to result in few benefits.

Other components of the diet such as fats, oils, meats, and dairy products are the major health burdens, not sugar. Think about the last time you saw an obese person standing in line at the counter of your favorite fast food restaurant. Did he/she order a diet soda? Of course! If the act of ordering (always) that kind of artificially sweetened drink made any real difference then the customer would not have been so big. The soda is the penance for the real sin—the supersized meal, washed down by the diet soda.

Only a few studies have been done to test the value of replacing sugar with artificial sweeteners and they were done under highly controlled experimental situations. Even then they show minimal benefits—a long-term weight loss of only 6 to 10 pounds in a year.² However, controlled experiments do not represent real life. Obesity throughout the world has increased at the same time as has the consumption of nonnutritive sweeteners—in part because most people simply add these nonnutritive sweeteners without improving their overall diet and lifestyle.

Sweeteners Cause Us to Eat More

Benefits from the use of artificial sweeteners are limited, in part, because they do not deliver the same hunger-satisfying capacity as white sugar. As a result, we are left seeking rewarding food—and we follow our diet soda with our favorite candy bar (made of the real thing). There is also some evidence that artificial sweeteners can increase the appetite.^{3,4}

Prolonged and intense gustatory stimulation causes *taste adaptation*—a gradual decline of taste intensity from the stimulation, whereby the taste buds and the brain become less sensitive to the next dose of sweet substance. In a short time, one 300 calorie high-fructose corn syrup soda no longer provides us with a decent “sugar high.” Now, in order to get equal pleasure, two bottles of soda are required, then three... Because artificial sweeteners are 200 to 13,000 times sweeter than sugar their intense stimulation can quickly and profoundly desensitize the mechanisms of appetite satisfaction.

Fourteen female students in one recent study were fed three different beverages—water, sugar-containing lemonade (an extra 330 extra calories) and a similar lemonade made with aspartame—and their daily food and calorie intake was measured.⁵ Regardless of the beverage they drank on that day, they consumed the same number of calories. The body adjusted—no harm was found from the added sugar and no advantage was seen with the no-calorie, aspartame sweetener. What was most revealing was what happened the following day. After consuming the lemonade with the aspartame, women ate significantly greater amounts of energy (calories) compared to the day following water or sugar-containing lemonade. The artificial sweetener stimulated their appetite—and they ate more the next day.

Do Artificial Sweeteners Cause Health Problems?

Artificial sweeteners have been accused of causing cancer, hair loss, depression, dementia, headaches, autoimmune diseases, and behavioral disturbances. However, the scientific consensus is that they are acceptable in the diet and safe. (One notable exception is for the use of aspartame for people with a rare condition called phenylketonuria—PKU.) A level of skepticism about their safety should be maintained because there are a few people who do react adversely to these chemicals, research on their safety is far from complete, and financial vested interests have undoubtedly tainted the truth. Furthermore, by combining many different sweeteners in a food, manufacturers can assure their products do not exceed potentially toxic levels of a single sweetener. Whether or not these chemicals potentiate each other's toxic and cancer-causing effects has not been adequately studied.

Beginning in the 1970s, animal studies found an excess of bladder cancer risk in rodents treated with extremely high doses of saccharin. After three and a half decades of research, the overall conclusion is that the use of artificial sweeteners in very large amounts (greater than 1.7 grams a day) is associated with a small increased risk for bladder cancer in humans (relative risk of 1.3).^{6,7} Daily intakes are on the order of only a few milligrams for consumers. Newer sweeteners (acesulfame-K, sucralose, alitame and neotame) have not been on the market long enough to determine whether or not

they cause more cancer or other health problems.

Stevia—A Natural, Safe, and Powerful Sweetener

From the leaves of a perennial shrub found in Paraguay and Brazil comes a substance that is 200 to 300 times sweeter than table sugar. This stable sweetener is essentially calorie-free, time-tested, and non-toxic—and therefore may be the best choice if you must use a sugar-substitute. Stevia, and its pure white active ingredient, stevioside, are safe when used as a sweetener and no allergic reactions to it have been reported.⁸ This natural sugar substitute has been used for centuries in South America and Asia. The governments of Brazil, Korea, and Japan approve of the use of Stevia leaves, and highly purified extracts, as non-caloric sweeteners.⁸



Animal and human studies have demonstrated anti-hypertensive and anti-diabetic properties of Stevia.⁸⁻¹¹ For example, in one study patients took capsules containing 500 mg stevioside powder or placebo 3 times daily for 2 years. After 2 years, the stevioside group showed a decrease in blood pressure from 150/95 mmHg to 140/89 mmHg compared with placebo.⁹ In another study, 1 gram of stevioside daily reduced blood sugar levels after eating by 18% in type-2 diabetic patients.¹¹

Stevia is cheap and easy to grow. This sweetener is used as dried leaves, a white purified extract, and as a liquid. In the US, Stevia is sold as a “dietary supplement,” rather than as a replacement for sugar for legal reasons. Stevia is not approved by the FDA, nor is it endorsed by the American Dietetic Association as a nonnutritive sweetener. The lack of official support has been attributed to pressures from the sugar and artificial sweetener industries. The American Dietetic Association receives their funding from many industries, including those that manufacture artificial sweeteners and foods made with these sugar-substitutes and natural sugars.¹²

Substitute Good Food for Artificial Taste

Sweet-tasting substances gratify one of our most powerful and seductive desires. The low-calorie sugar substitutes are supposed to offer an easy way out—a means to partially circumvent damage to our teeth, elevation of our blood fats (triglycerides), and fattening our waistlines—and still allow us to enjoy the pleasures of sweetness. However, these chemicals fall short on taste and the promises for better health and weight loss. The right way to deal with our innate desire for sugars is to get them from whole foods—from starches, vegetables, and fruits.

One big problem with the Western diet is it is deficient in healthy sugars—leaving us wanting. People chew through platefuls of sugar (carbohydrate)-deficient red meat, poultry, fish, and cheese without becoming satisfied. Then at the end of the meal they find a sugar-filled dessert—a calorie-bomb of pleasure—in pie, ice cream, and cake. The reward is like a fix to an addict.

Our love for sugar is inborn, but it is adaptable—we can learn in a short time to enjoy more flavorful foods with less intense sweetness—thus eliminating our need to resort to artificial sweeteners. Try this experiment: Eat for several days meals that provide healthy sugars—those found on the McDougall Diet. My experience, and the experience of others who have followed the McDougall Diet, has been that after consuming a plentiful supply of these sugars throughout the meal your palate will be fully satisfied and those sugary desserts—the ones you have felt addicted to—will lose their power over you.

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Favorite Five for November 2006

My favorite articles found in recent medical journals.

Vegetables Will Save Your Mind



Associations of vegetable and fruit consumption with age-related cognitive change by Martha Clare Morris from the Rush Institute of Health and Aging, Chicago, IL, published in the October 2006 issue of the journal *Neurology* found, "High vegetable but not fruit consumption may be associated with slower rate of cognitive decline with older age."¹ This six-year study of 65-year and older Chicago residents found a 35% slower decline in cognitive function each year for those who ate the most vegetables. In the entire group of people under study the average number of vegetable servings a day was 2.3, with a range from 0 to 8.2. Green leafy vegetables, summer squash, eggplant, and kale were some of the vegetables found to be valuable—however, this list should not be considered exclusively beneficial. The authors believe the benefits to the nervous system were from the antioxidants and other bioactive compounds (like flavanoid). Even though fruits are also rich in these bioactive substances, the researchers could not explain why their findings failed to support similar benefits from fruits.

Comments: Research from this same group published in 2004 showed, "A diet high in saturated or trans-unsaturated fat or low in nonhydrogenated unsaturated fats may be associated with cognitive decline among older persons."² This dietary trend—more fat and fewer vegetables—is reminiscent of the discussion of heart disease, strokes, type-2 diabetes, and other degenerative diseases. The same harmful diet that is causing artery closure to the heart may be closing the small and large arteries to the brain with resulting loss of intellectual activity. Furthermore, research on another common form of dementia, Alzheimer's disease, has also found a causal relationship with dietary fat and cholesterol. (See my June 2004 Newsletter article: Alzheimer's Disease Can Be Safely Prevented and Treated Now.)

Often times the variation in what people eat is so small that benefits are unrecognizable. The fact that this research was done on people who all eat the rich Western diet and still shows a difference is noteworthy. Worldwide, people's diets show much greater variety in the amount of plant and animal foods. This larger variation is reflected in the observed difference in the incidence of dementia and Alzheimer's Disease—both are much less common in Asian countries where people eat mostly starches (rice), compared to people of Europe and the US, where dairy and meat are the dominant foods.³

The threat of becoming mentally incapacitated and a burden on family and society is scarier than the threat of dying. Therefore, this research showing the right dietary choices will keep us functioning can act as a strong motivator. The

ideal diet for the preservation of mental and physical function is based on starches, with the addition of fruits and vegetables.

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- 2) [Morris MC, Evans DA, Bienias JL, Tangney CC, Wilson RS](#). Dietary fat intake and 6-year cognitive change in an older biracial community population. *Neurology*. 2004 May 11;62(9):1573-9.
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Calcium Does Not Benefit Children

Effects of calcium supplementation on bone density in healthy children: meta-analysis of randomised controlled trials by Tania Winzenberg published in the October 2006 issue of the *British Medical Journal* found, "The small effect of calcium supplementation on bone mineral density in the upper limb is unlikely to reduce the risk of fracture, either in childhood or later life, to a degree of major public health importance."¹ The authors state, "Our results do not support the premise that any type of supplementation is more effective than another." Their findings mean dairy products are of no value either. Even studies that used intakes of 1400 mg per day of calcium showed no benefit.

Comments: Osteoporosis is a real problem affecting millions of people. The dairy and calcium supplement industries would like you to believe this potentially deadly disease is due to calcium deficiency and the solution is to eat lots of their products, beginning as early in life as possible. They commonly point out in their sales pitches how important it is to intervene in childhood, so that the peak bone mass can be maximized early in life, preventing fractures later on in life. The truth is calcium deficiency is not the reason for weak bones and the bone mineral density (BMD) is an unreliable predictor of future risk for fractures. (For more information read my October 2004 newsletter article: Resisting the Broken Bone Businesses: Bone Mineral Density Tests and the Drugs That Follow.)

An accompanying editorial pointed out, "Of three qualitative reviews of literature published in this decade, two concluded that it is not known whether the modest increments in rate of bone gain after supplementation with calcium or dairy products will translate into clinically meaningful reductions in the risk of osteoporosis later in life or even persist beyond the treatment period. The third concluded that increases in dairy or total dietary calcium intake did not reliably increase bone mineral density or reduce fracture rate in children or adolescents."² So the research clearly contradicts the advertising claim of better bone health from the calcium and the dairy industries — and nobody is willing or able to stop these industries from lying to the public.

Osteoporosis is due to gradual loss of bone tissue (not just the calcium) primarily from poor nutrition and secondarily from lack of exercise. Acids from the high animal protein Western diet cause the major damage to the bones.³ The bones provide most of the alkaline material to buffer this dietary-derived acid from cheese, meat, poultry, seafood and isolated soy protein-based foods (fake meats and cheeses). The acid-base problem is compounded by the lack of alkaline fruits and vegetables in people's diets. Any positive effect that calcium supplements may have on bone health come from their antacid effects (not the calcium). For example, the popular antacid, TUMS, is recommended for prevention of bone loss. TUMS is an antacid made of calcium and carbonates. The alkaline carbonates neutralize dietary acids and stop the bone loss. The same bone building effects from acid neutralizing occurs when baking soda (sodium bicarbonate) or potassium bicarbonates are fed to people.³

Those who rely on calcium supplements or dairy products for stronger bones are destined to disappointment. The answer to strong bones for a lifetime is a diet based on alkaline foods—vegetables and fruits. Exercise and an active life have a very positive influence.

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- 2) [Lanou AJ](#). Bone health in children. *BMJ*. 2006 Oct 14;333(7572):763-4.
- 3) [Maurer M, Riesen W, Muser J, Hulter HN, Krapf R](#). Neutralization of Western diet inhibits bone resorption independently of K intake and reduces cortisol secretion in humans. *Am J Physiol Renal Physiol*. 2003 Jan;284(1):F32-40.

Research Fails to Support Flu Shot's Value

Influenza vaccination: policy versus evidence by Tom Jefferson in the October 28, 2006 issue of the *British Medical Journal* reported after a thorough analysis of current research that, "Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured... Little comparative evidence exists on the safety of these vaccines... Reasons for the current gap between policy and evidence are unclear, but given the huge resources involved, a re-evaluation should be urgently undertaken."¹ The author argues the reason any benefits are reported for flu vaccines may be that those who get vaccinated are more active, healthier and wealthier people than those who do not get vaccinations—and because of these superior health qualities of these people—not the vaccination—they had better outcomes.

Comment: I am often asked whether or not I recommend getting a "flu" shot. I have changed my opinion on this many times over my thirty-five years of medical practice and I reserve the right to change my opinion again in the future. As a young doctor in the late 1970s, I ran a general practice during a time when an epidemic of swine flu was predicted—but that viral infection never occurred. However, two of my patients developed permanent paralysis below the waist after immunization with the swine flu vaccine, and some people believe that was not a coincidence. This left me no longer recommending flu shots.

Years later, after I personally had suffered from a couple of episodes of brutal flu, and when the research I was reading seemed to support flu shots, I began to take a more positive stand. However, I continued to have concerns about their effectiveness and safety. The vaccines are based on the three strains of influenza viruses that were common the previous year—they are not based on a virus that will infect people the year they are vaccinated. Second, these vaccines contain mercury and aluminum.^{2,3} Mercury is a recognized poison, suspected to be linked to autism; and aluminum is known to be toxic to the nervous system and is involved in the cause of Alzheimer's disease. The mercury is used as a preservative and the aluminum enhances the immune response to the killed viruses in the vaccine.

A letter to the editor⁴ that followed questioned the effectiveness of flu shots. The writer pointed out, "A 2005 US National Institutes of Health review of over 30 influenza seasons could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group and concluded that observational studies substantially overestimate vaccination benefit."⁵

Where do I now stand? For several years I personally did get a flu shot, but the last two I have not. I now recommend that people who are old and frail err on the side of getting their annual flu shot, because complications, such as pneumonia, from a bout of influenza could easily be fatal. I worry that many people believe the flu shot will protect them from getting a very deadly viral disease known as avian (bird) flu—this is not true. I also think it is long overdue for the pharmaceutical companies to start making safer vaccines, without the aluminum and mercury.

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Cow's Milk Promotes Acne

Milk consumption and acne in adolescent girls by Clement Adebamowo in the May 2006 issue of *Dermatology Online Journal* found after studying 6,094 girls, aged 9 to 15, that those consuming two or more glasses of milk daily compared to girls consuming less than one glass, had 20% to 30% more acne. In their research, low-fat milk was implicated, suggesting that it was not the fat, but other ingredients, that promoted pimples. They proposed that milk protein causes a rise in the body of a powerful growth hormone, Insulin-like Growth Factor-1 (IGF-1), which in turn promotes acne. Male hormones, called androgens, are linked to acne and these are also increased by consumption of milk and cheese.

Comment: A common mantra heard from doctors is, "Diet has nothing to do with acne." The truth is the few studies done show the opposite: diet does cause and aggravate the severity of acne. Previously, I have held the position that the fat in the food was the primary culprit. Fats and oils from the diet end up on the skin, where acne-causing bacteria feed upon them.

These authors add other dimensions to the diet-acne connection—focusing on milk products, and more specifically, the dairy proteins. You should know that all animal proteins, as well as isolated soy proteins, cause a significant rise in IGF-1 levels in the body.

My experience has been that people (adults and teenagers) who switch to the low-fat version of our diet (avoiding nuts, seeds, avocados, and olives) experience an immediate reduction in the oiliness of the skin, and particularly the face; and within a month, they notice a dramatic reduction in the acne. (To learn more read my November 2003 newsletter article: Acne Has Everything to do With Diet.)

[Adebamowo CA, Spiegelman D, Berkey CS, Danby FW, Rockett HH, Colditz GA, Willett WC, Holmes MD.](#) Milk consumption and acne in adolescent girls. *Dermatol Online J.* 2006 May 30;12(4):1.

Review of the Evidence that Diet Causes Autism

Elimination diets in autism spectrum disorders: any wheat amidst the chaff? by George W. Christison published in the April 2006 issue of *Developmental and Behavioral Pediatrics* reported their analysis of the scientific studies connecting autism with diet, and concluded, “The literature currently available suggests that diets eliminating both gluten and casein (rather than either alone) should be studied first and that outcome measures should include assessments of nonverbal cognition.”¹ The most popular diets evaluated removed both gluten—a protein commonly found in wheat, barley, and rye products—and casein, a protein in cow’s milk. Benefits described by proponents of this kind of dietary treatment are improvements in a wide range of autism symptoms, with better social engagement and verbal skills commonly experienced.

Comment: Diet therapy should be the first treatment recommended by all doctors—it is low-cost and side-effect free, and could easily lead to a cure. Besides, what other choices are available—certainly, not anything of real value from the pharmaceutical industry. The mechanisms by which diet can cause autism are easily explainable. Diet can produce an excess of opium-like compounds which affect the brain, and an unhealthy diet can damage the intestinal wall increasing its permeability—a “leaky gut” forms, which allows passage into the blood of neuroactive substances, like the opium-like compounds. Eliminating casein and gluten from the diet reverses these effects.

The easiest step for a family to take would be to stop feeding all dairy products (including skim milk, cheese, yogurt, and anything else derived from cow’s milk—other animal milks are also excluded) and high gluten foods, such as wheat, barley and rye. However, the best chance for success, and my recommendation, would be to start an effective elimination diet immediately. Only the foods least likely to cause harm are consumed. My December 2002 newsletter article—Diet for the Desperate—provides guidelines for the most effective elimination diet. Benefits should be expected to begin to be seen in 4 to 7 days; however, I have seen improvements in similar diseases take as long as 4 months. Schizophrenia is a related disease, and a similar dietary approach should be tried with this condition.²

Information on a gluten-free diet can be found in my September 2005 newsletter article: Could It Be Celiac Disease? More reasons to take your child off of all milk products are found in my May 2003 newsletter article: Marketing Milk and Disease.

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Featured Recipes

by Mary McDougall

Rainbow Stew

During the winter months soups and stews are flavorful, warming and easy to make. Serve with a loaf of fresh bread and a tossed green salad. This stew is prepared in 2 separate pots and then combined briefly at the end of the cooking time. The mung beans give this a special flavor, but if you can't find them use yellow split peas instead. The split peas will take a bit longer to cook.

Preparation Time: 15 minutes

Cooking Time: 40 minutes

Servings: 6

6 cups water
 1 ½ cups split mung beans
 2 tomatoes, chopped
 1 onion, chopped
 2 cups chopped peeled yams
 1-2 cloves garlic, minced
 2 tablespoons parsley flakes
 1 teaspoon dill weed
 2 cups broccoli florets
 1 tablespoon soy sauce
 freshly ground black pepper
 hot sauce to taste

Place 4 cups of the water in a medium saucepan. Add the split mung beans and tomatoes. Bring to a boil, reduce heat, cover and cook for 30 minutes, stirring occasionally. Meanwhile, place the remaining 2 cups of water in a larger saucepan. Add the onion, yams, garlic, parsley, and dill weed. Bring to a boil, reduce heat, cover and cook for 15 minutes. Add the broccoli and cook for an additional 5 minutes, or until tender. Add the cooked mung beans to the vegetables and mix well. Season to taste with the soy sauce, pepper and hot sauce.

Sloppy Lentils Too

This is a recipe from one of our first books, one that is still a favorite in our home. It is easy to make and very warming on those cold winter evenings.

Preparation Time: 15 minutes

Cooking Time: 60 minutes

Servings: 6-8

2 cups dried lentils
 1 large chopped onion
 1 carrot, chopped
 1 green pepper, chopped
 4 cups water
 4 cups tomato sauce
 1 tablespoon soy sauce
 1 tablespoon parsley flakes
 1 bay leaf
 1/2 teaspoon basil
 1/4 teaspoon garlic powder

Place lentils and vegetables in a large pot with the water. Cover and simmer for 30 minutes. Add remaining ingredients and simmer for 30 minutes longer. Serve over bread or whole grains.

Hint: Add some fresh spinach or other leafy greens near the end of the cooking time for a delicious variation.

Caribbean Rice

Preparation Time: 15 minutes

Cooking Time: 1 hour

Servings: 6-8

4 cups vegetable broth
1 onion, chopped
1-2 cloves garlic, minced
1 4 ounce can chopped green chilies
3 cups peeled, chopped butternut squash
2 teaspoons curry powder
1 teaspoon ground coriander
½ teaspoon ground cumin
freshly ground black pepper
1 cup uncooked long grain brown rice
½ cup uncooked wild rice
1 15 ounce can kidney beans, drained and rinsed
1 cup chopped Swiss chard
¾ cup chopped green onions

Place ½ cup of the broth in a large pot with the onion, garlic and chilies. Cook, stirring occasionally for 5 minutes. Add the squash and the seasonings, mix well and cook for 2 minutes. Add the remaining broth and both kinds of rice. Bring to a boil, reduce heat, cover and cook for about 45 minutes, until rice is tender. Add the remaining ingredients, mix well and heat for about 5 minutes, until chard is tender.

Quinoa Chowder

We really enjoy soups during the winter months. This is a hearty, yet simple soup, filled with delicious healthy ingredients.

Preparation Time: 15 minutes

Cooking Time: 40 minutes

Servings: 6-8

½ cup quinoa, rinsed well
4 cups vegetable broth
2 cups water
2-4 cloves garlic, minced
1 large onion, chopped
2 ½ cups fingerling potatoes, cut into bite sized pieces
2 jalapeno peppers, seeded and minced
2 cups frozen corn kernels
4 cups sliced fresh spinach
freshly ground pepper to taste

Place the first 7 ingredients in a large soup pot. Bring to a boil, reduce heat, cover and cook for 20 minutes. Add the corn, mix well and cook an additional 15 minutes. Stir in the spinach 5 minutes before the soup is done. Add some pepper to taste, if desired.

Hints: To spice this up a bit more, let each person add some hot sauce to taste before eating. If you can't find fingerling potatoes, use Yukon Gold or red potatoes and chop them into bite sized chunks.

Oatmeal Cookies

This is a variation of the cookies that I have been making for years. These are easy to modify by adding some chopped nuts or vegan chocolate chips instead of the raisins (which also raises the fat content of the cookies). These are cake-like cookies, not too sweet, and probably the healthiest cookies around!

Preparation Time: 15 minutes

Cooking Time: 10-12 minutes

Servings: makes 32 cookies

1 ½ cups white whole wheat flour
2 cups rolled oats
1 teaspoon baking soda
1 teaspoon cinnamon
¼ teaspoon nutmeg
¼ teaspoon salt
½ cup raisins
¼ cup warm water
2 teaspoons Egg Replacer
2 bananas
⅓ cup brown sugar
⅓ cup Wonderslim Fat Replacer
1 teaspoon vanilla

Preheat oven to 350 degrees.

Combine the dry ingredients (through the raisins) in a large bowl. Mix well and set aside. Mix the Egg Replacer with the water and whisk until frothy. Set aside while combining remaining ingredients. Place bananas in a separate bowl and mash. Stir in the brown sugar, fat replacer and vanilla. Mix well, then stir in the Egg Replacer mixture. Pour over the dry ingredients and mix until well combined and moistened. Drop by tablespoonfuls onto a dry non-stick baking sheet. Flatten slightly with a fork. Bake for 10-12 minutes, until slightly browned. Remove from oven and cool on wire racks before storing in an airtight container.

Easy Brownies

I found this hint on the internet a few weeks ago so of course I had to try it. Much to my surprise, these brownies turned out quite moist and delicious—and they don't taste like pumpkin at all! Try them for yourself.

Preparation Time: 5 minutes

Cooking Time: 25 minutes

Servings: variable

1 box Dr. Oetker Organics Chocolate Cake Mix
1 15 ounce can pure pumpkin

Preheat oven to 325 degrees.

Pour the mix into a bowl, stir in the pumpkin until very well combined. Pour into a 9 X 12 non-stick baking dish and bake until done, about 25 minutes (insert a toothpick into the center, if it comes out clean it is done).

Hint: We have also tried this with a box of Dr. Oetker Organics Brownie Mix and baked it in a square baking pan. It took longer to bake and the consistency was not as good as the ones made with the cake mix, although they still had a nice flavor.

**Benjamin****Benjamin and Jaysen****Great Grandma McDougall (83),
Benjamin, and Jaysen**

John and Mary McDougall would like to announce the latest addition to our family, Benjamin Thomas Wilson. The proud parents are Heather McDougall and Brandt Wilson. He arrived on October 4, 2006 and weighed 6 pounds, 12 ounces. Over the past 7 weeks he has shown us some of his character— independent, very smart, inquisitive, serious, but happy. He already has a special attachment to his grandpa. Of course, he is fully breast fed and gets constant attention from everyone, including his nearly 3-year old brother, Jaysen.