McDougall Newsletter

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When Friends Ask: Why Do You Avoid Adding Vegetable Oils?

Begin by telling them, "The fat you eat is the fat you wear," and remind them that there is nothing attractive about wearing olive, flaxseed, or corn fat.* For this reason alone, most of your friends and family should steer clear of so-called "healthy oils" derived from plant-foods. Gaining weight can be expected from consuming high-fat whole foods, such as nuts, seeds, avocados and olives, as well as "free oils," which are usually purchased in bottles. However, the shared propensity for weight gain is where the similarity between unprocessed plant foods and free oils ends. **PAGE 2**

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Drug Companies Rig Research—I Don't Know How to Prescribe

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Dr. McDougall's response to: Looking Past Blood Sugar to Survive With Diabetes by Gina Kolata in the August 20, 2007 New York Times

This article reads like a multimillion dollar sales promotion for the pharmaceutical industries by telling diabetics that they are being inadequately treated by their doctors who are focusing only on medications to lower their blood sugar. To make matters right, primary medical attention must be shifted to the addition of even more drugs. She quotes an expert, '"We already have the miracle pills' — statins and blood pressure medications…"
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FEATURED RECPES

New Tamale Pie

Potato Salad

Fresh Tomato Wraps

Tomato Couscous Salad

Quinoa Salad with Lime Cilantro Dressing

Tamales

Curried Mushrooms and Chick-peas

When Friends Ask: Why Do You Avoid Adding Vegetable Oils?

Begin by telling them, "The fat you eat is the fat you wear," and remind them that there is nothing attractive about wearing olive, flaxseed, or corn fat.* For this reason alone, most of your friends and family should steer clear of so-called "healthy oils" derived from plant-foods. Gaining weight can be expected from consuming high-fat whole foods, such as nuts, seeds, avocados and olives, as well as "free oils," which are usually purchased in bottles. However, the shared propensity for weight gain is where the similarity between unprocessed plant foods and free oils ends.

I consider whole foods, even those with high concentrations of fats, to be health-promoting. However, people interested in losing weight should avoid nuts, nut butters, seeds, seed spreads, avocados, and olives, since they all serve as sources of concentrated, easy to consume, calories. When I was growing up we had nuts in their shells as a special treat for Christmas. Now these same nuts come bare-naked, salted, and sometimes roasted in additional oils—and the twist of the lid of the jar brings effortlessly to your lips (and your hips) handfuls of fat-laden, calorie-concentrated rich food. These same foods, however, may be a welcome addition for growing children and active adults. But they should be used sparingly by most of us.

Chemically speaking, free oils are chains of carbon found in a purified state. Extraction processes have removed all of the other ingredients of the whole food. Thus, free oils are no longer intermixed with the naturally-designed and balanced environment of proteins, carbohydrates, vitamins, minerals, and ten thousand other chemicals found originally in the plants. Free-oils are not food—at best these are medications, causing some desirable effects, and at worst; they are serious toxins causing disease.

*The main distinction between fats and oils is whether they're solid or liquid at room temperature.

Oils Are Essential for Health

The human body can synthesize from raw materials almost all of the organic compounds needed to build and maintain itself. However, there are a few basic elements that it cannot synthesize. These must be obtained from the food, and include 11 vitamins, 8 amino acids, and 2 kinds of fat. Fortunately, except for two vitamins (vitamin D from the sun and B12 from bacteria), all of these essential nutrients are made by plants and found in abundant quantities in a diet based on whole starches, vegetables, and fruits.

Common Fats (fatty acids)

Linoleic acid is from plants and is the most common kind of omega-6 fat consumed by people.

Gamma linolenic acid is an omega-6 fat from plants, and in an isolated form, is used as a medication.

Alpha linolenic acid is from plants and is the most common omega-3 fat consumed.

Eicosapentaenoic acid (EPA) is an omega-3 fat made by animals, including fish, from alpha linolenic acid.

Docosahexaenoic acid (DHA) is an omega-3 fat made by animals, including fish, from alpha linolenic acid.

Fats are made of chains of carbon which differ in length, and the number and positions of double bonds (a chemical term for a dual linkage between carbon atoms). Animals cannot create double bonds after the third and sixth carbon on the chain. Only plants can make this arrangement. The result is that only plants can synthesize omega-3 and omega-6 fats. These are referred to as "essential fats." We, like all other animals, must get these essential fats directly by eating plants or indirectly by eating animals that ate plants and stored these essential fats in their tissues. For example, fish store the omega-3 fats made by algae—fish cannot synthesize this kind of fat.

Linoleic	Alpha linolenic	Gama linolenic	Eicosapentaenoic
safflower	flax	borage	cold water marine fish
sunflower	hemp	black currant seed	
hemp seed	canola (rapeseed)	primrose	
soybeans	soybeans		
walnut	walnut		
pumpkin	leafy green vegetables		
sesame	puslane		
flax	perilla		

Essential Fat Deficiency Is Essentially Unknown

In our bodies these plant-derived, essential fats are used for many purposes including the formation of all cellular membranes, and the synthesis of powerful hormones, known as eicosanoids (prostaglandins, leukotrienes, and thromboxanes). Our requirement is very tiny, and even the most basic diets provide sufficient linoleic acid to meet our requirement, which is estimated to be 1–2% of dietary energy.[1] Therefore, in practical terms, a condition of "essential fatty acid deficiency" is essentially unknown in free-living populations.*

Essential fatty acid deficiency is seen when sick patients are fed intravenously by fat-free parenteral nutrition. In these cases, correction of the deficiency can be accomplished by applying small amounts of soybean or safflower oil to their skin—giving you some idea of the small amount of oil we require.[2] Plan on your diet of basic plant-foods supplying an abundance of essential fats delivered in perfectly designed packages, functioning efficiently and safely.

*Some people talk about a "relative deficiency" of essential fats created by a large intake of saturated animal fats, synthetic *trans* fats (as found in margarine and shortenings), and/or omega-6 fats compared to their intake of omega-3 fats, and they believe many of our common chronic diseases are the result of this imbalance.[1] This is quite different from true essential fatty acid deficiency which would result in: loss of hair, scaly dermatitis, capillary fragility, poor wound healing, increased susceptibility to infection, fatty liver, and growth retardation in infants and children.[1]

Free Oils as Medications

When the oils are removed from their natural environments—for example, from the seeds of corn, soybeans, safflowers, or flax, or the fruit of an olive or avocado—they are no longer a food. Yes, they do supply concentrated calories—but the rest of the original nutrition found in the plant parts is absent. In this state, the free oils can display powerful pharmacological effects—some beneficial and some harmful. This would be analogous to removing vitamins and minerals from plants and making supplements. I don't call supplements food, do you? However, the effects of concentrated, isolated oils are usually even more potent than those seen with supplements.

Omega-3 and omega-6 oils inhibit the aggregation of platelets, slowing down the coagulation of the blood—thus these oils "thin the blood." This well-known property can be beneficial for reducing the risk of a blood clot forming in the heart arteries—the cause of a heart attack. A common practice is to take omega-3 (fish or flaxseed) pills to reduce the risk of heart disease.[3]

Omega-3 and omega-6 oils suppress the immune system, reducing inflammation. As medications they have been tried in autoimmune conditions such as rheumatoid arthritis, Crohn's disease, ulcerative colitis, psoriasis, lupus erythematosus, multiple sclerosis, eczema, and psoriasis.[4] Other disorders, such as migraine headaches, Alzheimer's disease, and PMS have also been treated. The reports of benefits are

variable and often questionable; as a result, their use has not been well accepted in most medical practices.

As silly as this may sound, it has been suggested that eating essential fat may cause people to lose weight. However, a 12-week, double-blind evaluation of evening primrose oil as an "anti-obesity agent" on 100 women found no significant difference in the weight loss achieved by those taking primrose oil compared with placebo.[5] Fats (and oils) are the metabolic dollar stored for the day when food is no longer available. Even "healthy oils" are moved from the spoon to the flesh with such efficiency that you should assume every drop you eat makes that journey.

Free Oils as Toxins

As with all other medications, there are adverse effects from consuming free oils, when added from a bottle to meals or taken as pills. The most obvious adverse effect is people gain weight when they eat even so-called "healthy oils," like olive oil. When 54 obese women in a Mediterranean country were studied, these women were found to be following a diet low in carbohydrates (35% of the calories) and high in fats (43% of the calories). Of the total calories from fat, 55% came from olive oil.[6] My point: a Mediterranean diet which is loaded with olive oil, rather than fruits and vegetables, will make you fat.

Omega-3 and omega-6 oils thin the blood, which make a person more susceptible to bleeding.[7,8] This side effect from taking essential oils to prevent a heart attack could become fatal after an automobile accident or if an artery in the brain were to rupture, such as occurs in a hemorrhagic stroke.

Do Vegetable Oils Really Prevent Heart Disease?

Common knowledge is vegetable oils are protective against heart disease, but there is evidence that questions the real life benefits:

- Serial angiograms of people's heart arteries show that all three types of fat—saturated (animal) fat, monounsaturated (olive oil), and polyunsaturated (omega-3 and -6 oils)—were associated with significant increases in new atherosclerotic lesions over one year of study.[9] Only by decreasing the entire fat intake, including poly- and monounsaturated-oils, did the lesions stop growing.

- Dietary polyunsaturated oils, both the omega-3 and omega-6 types, are incorporated into human atherosclerotic plaques; thereby promoting damage to the arteries and the progression of atherosclerosis.[10]

- A study in African green monkeys found when saturated fat was replaced with monounsaturated fat (olive oil), the olive oil provided no protection from atherosclerosis.[11]

- One of the most important clotting factors predicting the risk of a heart attack is an elevated factor VII. All five fats tested—rapeseed oil (canola), olive oil, sunflower oil, palm oil, and butter—showed similar increases in triglycerides and clotting factor VII.[12]

Most likely, the heart benefits of a Mediterranean diet are due to it being a nearly vegetarian diet. The Mediterranean diet is a good diet in spite of the olive oil.[13]

Free oils may be toxic to the body tissues. Both omega-3 and omega-6 fats are associated with an increased risk of opacification of the lens of the eye, resulting in cataracts.[14]

Omega-3 and omega-6 oils could benefit people with autoimmune disorders. On the other hand, excessive intake of these fats may actually aggravate these disorders.[15] More importantly, we need our immune

system functioning at full capacity to fight off infections and cancer. Free oils have been demonstrated to suppress many natural microbe killing mechanisms (with a marked decrease in cytokine, tumour necrosis factor-alpha and interferon-gamma).[16]

Research on animals suggests the omega-6 variety of oils is very cancer-promoting and the omega-3 variety may be beneficial for cancer prevention.[17] However, this may not be the case. In one animal experiment on colon cancer, a fish oil diet and a safflower oil diet induced, respectively, 10- and 4-fold more metastases (number) and over 1000- and 500-fold more metastases (size) than were found in the livers of rats on the low-fat diet.[18] Other, animal experiments also have shown essential fats to be cancer promoting.[19,20] Most importantly, population studies tell us that, worldwide, the lower the total fat intake, the less the risk of common cancers, such as breast, colon and prostate.[21-23]

Practical Ways to Eliminate Oils in Cooking

Don't add vegetable oils when cooking

Use non-stick pots and pans

Brown or soften vegetables in water

Sauté with non-fat liquids

Replace oil in baking with fruit or tofu

Use commercial fat-replacers

Lighten texture with carbonated water

Detailed information on cooking without oil (see page 6)

The Final Step

Not a day goes by that I don't hear someone say to me, "My diet is completely vegan, but I am still 40 pounds overweight." The oily sheen on her face and hair are a clear give away that she hasn't been willing to stop adding the half cup of extra virgin olive oil to her spaghetti sauce. Many people fall short of their health and appearance goals because they have yet to eliminate all the added vegetable oils from their cooking. Eating out is a major stumbling block. More often than not, even after using the best communication skills with the waiter, the diner plate still glistens with an oil slick. Avoiding free vegetable oils is the last important hurdle for people seeking better health. Take the final step—just say "No" to these really unessential added oils.

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COOKING WITHOUT OIL

BROWNING VEGETABLES

Browned onions have an excellent flavor and can be used alone or mixed with other vegetables to make a dish with a delicious taste. To achieve the brown color, as well as to flavor your foods, place 1 1/2 cups of chopped onions in a large nonstick frying pan with 1 cup of water. Cook over medium heat, stirring occasionally, until the liquid evaporates and the onions begin to stick to the bottom of the pan. Continue to stir for a minute, then add another 1/2 cup of water, loosening the browned bits from the bottom of the pan. Cook until the liquid evaporates again. Repeat this procedure 1 or 2 more times, until the onions (or mixed vegetables) are as browned as you like. You can also use this technique to brown carrots, green peppers, garlic, potatoes, shallots, zucchini, and many other vegetables, alone or mixed in a variety of combinations.

BAKING WITHOUT OIL

Eliminating oil in baking is a real challenge because oil keeps the baked goods moist and soft. Replace the oil called for in the recipe with half the amount of another moist food, such as applesauce, mashed bananas, mashed potatoes, mashed pumpkin, tomato sauce, soft silken tofu, or soy yogurt (keep in mind that: tofu and soy yogurt are high-fat foods). There are several new fat replacers in the market, for example, Wonder-slim Fat and Egg Replacer and Sunsweet Lighter Bake.

Cakes and muffins made without oil usually come out a little heavier. For a lighter texture use carbonated water instead of tap water in baking recipes. Be sure to test cakes and muffins at the end of the baking time by inserting a toothpick or cake tester in the center to see if it comes out clean. Sometimes oil-less cakes and muffins may need to be baked longer than the directions advise, depending on the weather or the altitude at which you live.

SAUTÉING WITHOUT OIL

To sauté implies the use of butter or oil, but in McDougall cooking, oil is eliminated. Instead, we use other liquids to provide taste without the health hazards. Surprisingly, plain water makes an excellent sautéing liquid. It prevents foods from sticking to the pan, and still allows vegetables to brown and cook.

For additional flavor try sautéing in:

- Soy sauce (Tamari)
- Vegetable broth
- Red or white wine (alcoholic or nonalcoholic)
- Sherry (alcoholic or nonalcoholic)
- Rice vinegar or balsamic vinegar
- Tomato juice
- Lemon or lime juice
- Mexican salsa
- Worcestershire sauce

For even more taste, add herbs and spices, such as gingerroot, dry mustard, and garlic.

CHOOSING COOKWARE

An easy way to eliminate oil from your cooking is to use pans coated with nonstick surfaces. Acceptable materials for cookware include glass, glass coated with silicon (called Arcuisine), stainless steel, iron, nonstick-coated pans and bakeware (such as Dupont's Silverstone or Teflon), silicone-coated bakeware (such as Baker's Secret), solid silicone bakeware, and porcelain. A light oiling when you first get a Teflon or Silverstone implement will help to prevent sticking. Cast iron pans and woks should be oiled before they're first used and then "seasoned" by heating.

When buying cookware, pay particular attention to the surface of the pot on which your food will be cooked. Cooking will cause your food to pick up molecules from the pot or utensil's surface, so choose your cookware carefully, and buy quality. Aluminum cookware should be avoided because of the association between aluminum ingestion and Alzheimer's disease.

Use parchment paper between the metal and your food when using cake pans, loaf pans, and baking sheets. Parchment paper also keeps food from sticking to the surface of the pans. It can be found in most grocery stores. Parchment paper can also be used under (or over) aluminum foil to prevent the aluminum from coming in contact with the food. Place a layer of parchment paper over the food in a baking dish, then cover with foil. Turn the edges of the paper over the pan to hold in the steam.

If vegetables stick while cooking in a pan or baking tray, allow them to cool for 5 to 10 minutes. Once cool, they should loosen easily. Cooling will also loosen muffins from the tins.

My Favorite Five from Recent Medical Journals

Sex and Still Aging

A Study of Sexuality and Health among Older Adults in the United States by Stacy Tessler Lindau, reported in the August 23, 2007 *New England Journal of Medicine* found, "Many older adults are sexually active. Women are less likely than men to have a spousal or other intimate relationship and to be sexually active.[1] Sexual problems are frequent among older adults, but these problems are infrequently discussed with physicians," They report, "Sexual activity is associated with health, and illness may considerably interfere with sexual health." Sexual activity was reported by 73% of people who were 57 to 64 years of age, 53% who were 65 to 74 years of age, and 26% who were 75 to 85 years of age.

Comment: Between 1973 and 1976 I worked as a doctor on a sugar plantation on the Big Island of Hawaii (I was only 26 years old when I began). This is where I learned the importance of a starch-based diet. My first generation Japanese, Chinese, and Filipino patients followed the diet of rice and vegetables they had learned as children in their native countries. They were always trim and usually in excellent health. One astonishing example of their vitality was demonstrated by elderly Filipino men who would work hard on the plantation, saving their money for retirement. At that time they would visit the Philippines to find a young bride to bring back to Hawaii. Everyday a family consisting of a seventy-year-old (plus) gentleman, his twenty-year-old bride and their children would come to my medical office. This man was demonstrating a level of function that men in their fifties only dreamed about. He was sexually active, bearing children, and expecting to watch them grow into adulthood. For these men a diet of rice and vegetables meant a much more interesting life than most men I meet ever expect to have.

In the study referred to, 37% of the men reported erectile dysfunction. This common condition is accelerated by the rich western diet which speeds up aging and all the associated deterioration seen as the years pass. To be more specific, erectile dysfunction is from compromised circulation to the penis, caused by closure of the arteries used to fill this organ with blood in order to make it erect.[2] The disease that closes these and all other arteries in the body is known as atherosclerosis—caused by meat and dairy foods. The disease is reversed by a diet of starch (like rice) and vegetables.

Over my career, I have seen many men and women regain activity in their sex lives by changing their diet, exercising and losing weight. Stopping sexual-dysfunction-causing medications, such as those used to treat high blood pressure, will also be a major uplift. No surprise—healthy people look more attractive, and feel and function better. So add "an enjoyable sex life into your old age" to the reasons you are willing to eat well and exercise—I mean, good grief, can steaks, pizzas, and ice cream taste that good? Are they worth sexual disability?

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Colon Cancer Patients Die Faster with Western Diet

Association of dietary patterns with cancer recurrence and survival in patients with stage III colon cancer by Jeffery A. Meyerhardt, reported in the August 15, 2007 issue of the *Journal of the American Medical Association* found, "Higher intake of a Western dietary pattern may be associated with a higher risk of recurrence and mortality among patients with stage III colon cancer treated with surgery and adjuvant chemotherapy."[1] Thus, these patients all had late stage (with positive lymph nodes) cancer and had been fully treated when their diets were analyzed. Those on a healthiest "prudent diet" lived, without recurrence of their colon cancer, more than three times longer than those eating the worst Western diets. The Western pattern was characterized by high intakes of meat, fat, refined grains, French fries, and dessert; and the prudent diet was characterized by high intakes of fruits and vegetables, legumes, whole grains, poultry, and fish.

Comment: The Western diet, which flows through the colon and bathes its inner surfaces, is believed to cause colon cancer. Common sense says you should not throw gasoline on a fire. In other words, even after patients develop colon cancer they should change their diets. Based on this study, the result may be that they will more than triple their chances of living without cancer.

There are many mechanisms that could influence the growth and subsequent recurrence of a cancer. Both insulin and insulin-like growth factors enhance tumor growth. Eating the Western diet increases both of these hormones which may "facilitate an environment that allows residual microscopic disease to proliferate and spread."

I believe that a change in diet after the diagnosis of cancer will cause patients to live much longer, and no doubt healthier. Most doctors and patients think of cancer as a "runaway train—unstoppable." This is simply not true. The body is always trying to heal itself. A microscopic study of 308 patients (311 breasts) who had undergone breast conservation therapy without chemotherapy showed areas of healing in 7% of the cases.[2] (Healing is when the intraductal component of breast cancer disappears and is replaced by fibrous tissue.) Of 17 studies published, 14 show a positive relationship between more plant-foods and better survival.[3,4] People should never give up—there have been reported in medical journals 34 cases of women with breast cancer spread all over their bodies who have completely recovered, medically termed a "spontaneous remission."[5] Undoubtedly, a person with a body full of cancer is much more likely to undergo a spontaneous remission when in good health than poor health—and the most powerful action a person can take to improve his or her health is to change the diet. (There have been many more cases, which have not been reported, of spontaneous remissions of women with breast cancer. There have also been many cases, reported and unreported, of people with colon, prostate, lymphomas and other cancers, who have had similar spontaneous remissions.)

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Birth Defects from Mother's Western Diet

Maternal Western dietary patterns and the risk of developing a cleft lip with or without a cleft palate by Marijana Vujkovic in the August 2007 issue of the journal *Obstetrics and Gynecology* found, "The use of the maternal Western diet increases the risk of offspring with a cleft lip or cleft palate approximately two fold."[1] The Western dietary pattern was high in meat, pizza, legumes, and potatoes, and low in fruits. This dietary pattern was also associated with lower red blood cell folate, vitamin B6, vitamin B12, and higher homocysteine concentrations. The prudent diet was high in fish, garlic, nuts, vegetables, and the women showed increased vitamin B12 and serum folate levels. This healthier diet was not associated with cleft lip or cleft palate risk compared with the Western diet.

Comment: Much attention has been given to the role of folic acid in birth defects and the response has been the addition of folic acid to our food supply and encouragement of women of all ages to take vitamin supplements. The result has been a reduction in birth defects, but this additional folic acid may increase the risk of death, heart disease and cancer in populations of people.[2] The correct way to reduce the risk of birth defects is to feed women thoroughout life a diet high in folic acid—a diet of foliage. Birth defects begin during the first few days of pregnancy. This is why any approach to preventing birth defects must be instituted long be-

fore pregnancy begins—preferably beginning in early childhood and continued throughout all years of potential reproduction.

The researchers in this study corrected for the use of folic acid supplements and multivitamins and still found that diet played a significant role in producing an infant with a cleft lip. This is major news and should be information incorporated in the practice of all doctors. Here is a very important reason you must teach your daughters and granddaughters to eat right now.

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2) See the October 2005 Newsletter: Folic Acid Supplements are a Health Hazard

Antacids Cause Dementia

The association between cognition and histamine-2 receptor antagonists in African americans by Malaz Boustani, reported in the August 2007 issue of the *American Journal of Geriatrics* found, "H2As might be a risk factor for the development of cognitive impairment in African Americans." (H2As are histamine-2 receptor antagonist, common oral antacids—cimetidine (Tagamet), ranitidine (Zantac), famotidine (Pepcid), and nizatidine (Axid). After 5 years of observational data this study showed that the continuous use of H2As by African Americans aged 65 and older was associated with a two and a half times greater risk of developing cognitive impairment (dementia). The mechanisms behind the loss of brain function are not clear. Possibilities include vitamin B12 deficiency associated with H2A use, and anticholinergic effects, which can lead to the development of delirium and other cognitive deficits.

Comment:

The connection between the foods you put in your stomach and the burning indigestion that follows is as clear as the scalding your hand suffers when dunked into boiling hot water. So why are antacids among the top three selling drugs in the Western world? Why don't people simply change their diet?

My experience has been the majority of people who attend my clinic report having frequent indigestion and about 25% are taking antacids when they arrive. Within a day of changing their diet almost all of them have discarded their antacids pills and are free of all stomach distress. If they are still having trouble, I ask them to stop the raw vegetables (especially the onions, green peppers, radishes, and cucumbers), all fruit juice (the whole fruit is fine), and hot spices. I will also raise the head of their bed by 4 to 6 inches.

These antacid pills are powerful enough to stop the production of acid by the stomach; to believe they have no other effects on the body is naive. Common long term side effects include: breast swelling in males (gynecomasty), loss of libido, impotence, mental confusion, and headache. You should not be surprised they can affect your brain and make you temporarily or permanently dumber.

Boustani M, Hall KS, Lane KA, Aljadhey H, Gao S, Unverzagt F, Murray MD, Ogunniyi A, Hendrie H. The association between cognition and histamine-2 receptor antagonists in african americans. *J Am Geriatr Soc*. 2007 Aug;55(8):1248-53.

Drug Companies Rig Research—I Don't Know How to Prescribe

Factors associated with findings of published trials of drug-drug comparisons: why some statins appear more efficacious than others by Lisa Bero, reported in the June 2007 issue of *PLOS Medicine* found, "RCTs of head-to-head comparisons of statins with other drugs are more likely to report results and conclusions favoring the sponsor's product compared to the comparator drug. This bias in drug-drug comparison trials should be considered when making decisions regarding drug choice." The authors looked at 192 randomized controlled trials published between 1999 and 2005 of one brand of statin drug compared to another statin or a non-statin drug. There was a 20 times greater chance of positive results and a 35 times greater chance of positive conclusions when the trial was sponsored by the pharmaceutical company of the

cholesterol-lowering statin drug being tested.

Methods to accomplish bias include:
Selecting nonequivalent doses of drugs for testing.
Selective publication of favorable outcomes.
Multiple reports of studies with favorable findings.
Lack of patient-related clinical outcome measures.
Poor study design, implementation, and analysis.

Comment: Doctors, like me, rely on the medical journal research articles to guide us to properly prescribe medications for our patients. Unfortunately, most of this research is, pure and simple, advertisements for the pharmaceutical companies—the patient be damned. In my younger years I was confused by looking over medical publications, like the *Journal of the American Medical Association*, and finding pages of colorful expensive advertisements clustered in the beginning and at the end of the magazine, with the scientific papers in the middle section. I thought, "How stupid, who would waste their time looking at these beginning and end advertisements." I was the dim-witted one. I failed to realize that the real advertisements were in the middle—the research papers paid for by the pharmaceutical companies were the real advertisements.

Pharmaceutical influence includes establishing official sounding educational programs and guidelines for doctors to follow. In this *PLOS Medicine* article the authors discussed the National Cholesterol Education Program, which published the Adult Treatment Panel III guidelines. "To achieve the goals in the guideline, millions of Americans would need to be placed on cholesterol-lowering medication in higher doses and for a longer period, thereby increasing the number of prescriptions for statin drugs. Eight of the nine members of the National Cholesterol Education Program panel had financial ties with pharmaceutical companies that manufactured statin drugs."

Because the research is so tainted, I do not feel confident that what I am prescribing for my patients is based on the truth—in fact, I am certain most is distorted sufficiently to cause my patients harm. So I take my best guess based on what I know—and I always reserve the right to change my mind about the drug prescriptions I write. This kind of disclosure should encourage you to make all strides to stay off of or discontinue medications whenever possible. Sick people take medications—change your diet and lifestyle to become healthy and avoid the drug controversies.

Bero L, Oostvogel F, Bacchetti P, Lee K. Factors associated with findings of published trials of drug-drug comparisons: why some statins appear more efficacious than others.
PLoS Med. 2007 Jun;4(6):e184.

Dr. McDougall's response to: Looking Past Blood Sugar to Survive With Diabetes by Gina Kolata in the August 20, 2007 New York Times

This article reads like a multimillion dollar sales promotion for the pharmaceutical industries by telling diabetics that they are being inadequately treated by their doctors who are focusing only on medications to lower their blood sugar. To make matters right, primary medical attention must be shifted to the addition of even more drugs. She quotes an expert, "'We already have the miracle pills' — statins and blood pressure medications…"

Kolata overlooked the scientifically established and well-accepted fact that type-2 diabetes, high cholesterol, and high blood pressure are all three due to eating the rich Western diet, and the obvious treatment used by responsible physicians would be to correct the patient's diet. There is an epidemic of diseases of overnutrition—worldwide more than 1.1 billion people are overweight and 312 million obese, 197 million have diabetes, 1 billion have hypertension, and 18 million people die of heart disease annually. Over the last two decades, there has been a 10-fold increase in the incidence of type-2 diabetes in children in the USA, because of the rapidly growing numbers who are obese from an escalating exposure to rich foods, compounded by a lack of exercise.

The few references to diet she makes in this article are focused on the importance of counting carbohydrates, as if these were the "evil calories" that caused diabetes. The truth is populations who consume diets highest in carbohydrates, like the people of rural Japan eating rice, Peru eating potatoes, and Mexico eating corn are essentially free of type-2 diabetes—and hypertension, obesity, and high cholesterol. When these people migrate to the USA or Europe and eat fewer carbohydrates and more fat, they lose their immunity to these illnesses. Commonly, patients at our live-in clinic with type-2 diabetes will stop taking 30 to 120 units of insulin and a bag full of "anti-diabetic pills" daily, and their blood sugars will become normal in as little as 7 days, as a result of eating a diet based on whole plant foods with a little exercise. They also lose weight, reduce their cholesterol, and their blood pressure comes down.

Any well-read scientist or science writer would understand the benefits of carbohydrate. As far back as the 1920s experiments showed carbohydrates make the body's insulin work more efficiently, while fat paralyzes insulin's actions. A recent thorough review of the use of high carbohydrate diets in the treatment of type-2 diabetes, published in the September 2003 issue of the *American Journal of Clinical Nutrition*, reported improvements in blood sugars in diabetics, with 39% stopping insulin and 71% stopping diabetic pills after three weeks of therapy.

To her credit, Kolata did point out several things: blood sugar control with medications is difficult and expensive and has not been proven to save lives. With further study she can learn that the benefits from medications to treat cholesterol and high-blood pressure are also of limited value, especially when compared to those seen after a change in diet and lifestyle. Kolata writes that diabetes has little to do with an out-of-control diet and sedentary lifestyle and with the resulting overweight. Furthermore, she believes patients are unable to control their disease, no matter what they do. Essentially they are trapped by genetics. Their only hope is to buy drugs. Fortunately, she is wrong. I believe people, if given the chance, would choose the most effective, least toxic, and most economical therapies—those focused on non-profit lifestyle medicine. Unfortunately, "cash is king," and the drug companies rule.

To learn more about diabetes, see my Hot Topics, diabetes.

John McDougall, MD

Featured Recipes

New Tamale Pie

The original recipes for tamale pie in this newsletter called for soy cheese. I am trying to cut down on my use of soy cheese in recipes and have found that tofu sour cream makes an excellent substitute in this recipe. I have also added some roasted red pepper and black olives for color and flavor. This version may become your new favorite! This may be made ahead of time and refrigerated until baking. It reheats well and is delicious the next day.

Preparation Time: 10 minutes
Cooking Time: 1 hour
Resting Time: 10 minutes
Servings: 4-6

5 cups frozen corn, thawed
½ cup masa flour (for tamales)
¼ cup vegetable broth
1 4 ounce can chopped green chilies
2 tablespoons chopped roasted red peppers
2 tablespoons chopped black olives
½ cup tofu sour cream (recipe in the June 2002 newsletter)

¼ teaspoon salt (optional)

Preheat oven to 350 degrees.

Place the corn, masa flour and broth in a food processor. (If you have a small processor, do this in batches.) Process until fairly smooth. Scrape into a large bowl. Add chilies, chopped peppers, olives, tofu sour cream and salt. Mix well. Turn into a casserole dish. (To prevent sticking, *lightly* oil the dish first with a small amount of oil on a paper towel.) Cover and bake for 1 hour. Remove from oven and let rest for about 10 minutes before serving.

Serve with salsa, enchilada sauce or guacamole to spoon over the top.

Potato Salad

This is my family's favorite potato salad. Tossing the potatoes with a bit of vinegar after cooking gives them a real burst of flavor. We think this tastes best when eaten slightly warm.

Preparation Time: 20 minutes
Cooking Time: 10-12 minutes
Resting Time: 30 minutes
Servings: 6

2 pounds Yukon Gold potatoes, peeled and chunked
3 tablespoons white wine vinegar
½ cup finely chopped celery
½ cup chopped green onions
½ cup shredded carrots (optional)

Dressing:
½ cup Tofu Mayonnaise (see Hints)
1 tablespoon prepared mustard
1 tablespoon non-dairy milk
1 tablespoon parsley flakes or chopped fresh parsley
¼ teaspoon dill weed
¼ teaspoon salt
freshly ground black pepper to taste

Place potatoes in a large pot with cold water to cover. Bring to a boil, reduce heat slightly and cook potatoes at a slow boil until just tender, about 10-12 minutes. Drain, place in a large bowl, toss with the vinegar and let rest for 30 minutes. Prepare vegetables and set aside.

Combine all ingredients for dressing in a small bowl and whisk until smooth. Set aside.

Mix vegetables into the potatoes, add dressing and toss gently to mix. Serve at once.

Hints: Use any type of mustard that you like in this recipe. I usually use yellow mustard, but Dijon also is delicious. This may be refrigerated before serving, if desired. It keeps well in the refrigerator up to 24 hours. Tofu Mayonnaise is made with a package of soft silken tofu, 1 ½ tablespoons lemon juice, 1 teaspoon sugar, ½ teaspoon salt, ½ teaspoon dry mustard, ⅛ teaspoon white pepper. Place all ingredients in a food processor and process until smooth.

Fresh Tomato Wraps

My garden is filled to overflowing with fresh tomatoes of all shapes and sizes this year, so I am preparing a lot of easy recipes using these tomatoes. The best part is they don't even need cooking which is wonderful on those hot August nights.

Preparation Time: 15 minutes
Resting Time: 30 minutes
Servings: 4-6

2 cups chopped fresh tomatoes
1 15 ounce can beans, drained and rinsed
1 cup chopped avocado
½ cup chopped green onions

1 tablespoon chopped, seeded jalapeno (optional)
2 tablespoon chopped cilantro
2 tablespoons fresh lime juice
dash hot sauce
dash sea salt
4-6 fresh corn or flour tortillas
chopped lettuce for garnish

Combine first nine ingredients in a bowl and mix gently. Cover and refrigerate for 30 minutes before serving. To serve, place a line of the tomato-bean mixture down the center of a tortilla, top with some chopped lettuce and more hot sauce of you wish, roll up and eat.

Hint: Use any type of bean that you wish. I think black beans and pinto beans work best in this recipe.

Tomato Couscous Salad

Here is another fast and delicious use for summer tomatoes.

Preparation Time: 10 minutes
Resting Time: 10 minutes
Servings: 2-4

1 cup uncooked whole wheat couscous
1 ½ cups boiling water
2 tomatoes chopped
1 15 ounce can garbanzo beans, drained and rinsed
4 green onions, chopped
2 tablespoons fresh lemon juice
2 tablespoon chopped fresh basil
fresh ground pepper to taste

Place the couscous in a bowl and pour the boiling water over it. Stir, cover and let rest for 5 minutes. Transfer to a strainer to drain off any excess water. Return to bowl, add remaining ingredients and toss gently to mix. Let rest another 5 minutes to allow flavors to blend. Serve at once or refrigerate for later use.

Hint: Serve on lettuce leaves for a beautiful presentation.

Quinoa Salad with Lime-Cilantro Dressing
By Roberta Joiner

Roberta made this delicious salad during our last 10-Day McDougall Live-In Program and when I sampled it, I immediately asked if I could print the recipe in the newsletter. She says you can also make this with 4 cups of any leftover grain that you have instead of the quinoa, if you wish.

Preparation Time: 30 minutes
Cooking Time: 15 minutes
Resting Time: 20 minutes
Servings: 8

2 cups uncooked quinoa
4 cups water
8 dried apricots, finely diced
¼ cup chopped sun-dried tomatoes
2 ears of corn, cut off cob
6 small green onions, sliced in rounds
2 tomatoes, diced
1 cucumber, diced
½ cup finely diced colored bell peppers
1 can artichoke hearts or bottoms, drained and chopped (reserve 2 bottoms for the dressing recipe below)
¼ cup toasted slivered almonds
1 avocado, chopped

Toast the quinoa in a dry skillet for a few minutes. Add boiling water, apricots and sun-dried tomatoes. Cover and cook over low heat for 15 minutes. Add the corn kernels and let rest for 10 minutes. Transfer to a fine

mesh strainer and allow to rest for another 10 minutes so it is well drained. Transfer to a large bowl. Add the remaining ingredients and mix well.

Dressing:
2 artichoke hearts or bottoms, chopped
1 bunch cilantro, rinsed well, stems removed
4 stems basil, rinsed, stems removed (optional)
1 tablespoon honey or Agave nectar
½ cup rice vinegar
¼ cup red wine vinegar
juice of 3-4 limes

Place all dressing ingredients into a food processor or blender and process until well mixed. Taste and adjust seasonings as desired, adding salt to taste (optional). Toss with the quinoa mixture and serve. The grains will absorb some of the tartness of the dressing, and it will seem milder when served with the grains.

Tamales

I have had several requests for tamales lately and although this recipe takes quite a bit of time to prepare, the results are well worth it. The masa filling is nice and moist because of the mashed potatoes used in the dough. The idea for using mashed potatoes in the dough came from one of the chefs years ago on one of our McDougall Adventure trips to Costa Rica where every morning for breakfast they served us tamales wrapped in banana leaves. If you prepare this recipe with friends, it will seem to take much less time. It also makes a lot of tamales, but they may be frozen for later use if you can't eat them all in one week.

Preparation Time: 2 hours
Cooking Time: 1 hour
Servings: Makes 40-50 tamales

Wrap:
Banana leaves or corn husks (see hint below)

Filling:
¼ cup vegetable broth
1 small onion, finely chopped
½ teaspoon minced fresh garlic
1 15 ounce can black beans, drained and rinsed
½ cup roasted red pepper, chopped
1 small fresh jalapeno, seeded and chopped (optional)

Dough:
5 cups fine masa flour, plus extra for kneading as necessary
4 cups room temperature water
6 cups mashed potatoes
½ teaspoon salt
several twists freshly ground black pepper

Thaw the banana leaves or soak the corn husks in warm water until soft. (Separate the husks to make softening easier.) Rinse both to make sure they are clean.

Place the vegetable broth in a medium non-stick skillet. Add the onion and garlic and cook, stirring occa

sionally for 4-5 minutes, until softened. Add the remaining filling ingredients and cook over low heat for an additional 5 minutes. Remove from heat and set aside.

Place the 5 cups of masa flour in a large bowl. Add the water and mix with a spoon until it sticks together and starts to come away from the sides of the bowl. Sprinkle a couple of tablespoons of the extra masa flour on your work surface. Remove dough from bowl, place it on the masa flour and knead for 10 minutes, until the dough is smooth and stretchy, adding more masa flour as necessary to keep it from sticking to your work surface. Place the ball of dough in a very large clean bowl. Add the mashed potatoes and mix together well using your hands. Season with salt and pepper.

Cut the banana leave into pieces approximately 7-8 inches by 12-14 inches. Keep the corn husks covered with a damp paper towel until ready to fill.

Spread ⅛ to ¼ cup of the potoato-masa mixture in the center of either the banana leaf or corn husk. Make a small indentation in the center of the mixture and fill with 1-2 teaspoons of the filling mixture. Fold the wrapper over lengthwise to cover the masa mixture and fold again lengthwise. Fold both ends under and set aside with the folded ends down. The filling should be completely enclosed. If your corn husks are on the small side, tie the ends instead of folding under. Repeat until all the mixture is used. Put the completed tamales under damp paper towels until all are assembled.

Arrange the tamales in loose layers in a steamer. Steam over boiling water for 1 hour, adding more water as necessary. (If you steam them in a single layer in batches, they will only take about 30 minutes to cook.)

To serve, remove the wrapper and discard. Serve with enchilada sauce or salsa to spoon over the top.

Hints: Dried corn husks are sold in the specialty food section of most supermarkets. If you can't find them, check with your local Mexican market. Banana leaves can usually be found frozen in most Mexican markets. Banana leaves are much larger than corn husks so they hold a greater amount of the dough and filling. Masa flour is also sold in Mexican markets, although some supermarkets do carry it. The filling put into the dough is entirely optional, tamales are delicious just plain. Or instead of the filling given here, try them filled with mango salsa, mashed pinto or black beans, or seasoned rice and vegetables.

Curried Mushrooms and Chickpeas
By Greta Weingast

This is a favorite of mine since I love garbanzo beans (chickpeas). It is very similar to a wonderful garbanzo bean dish that we enjoyed on the McDougall Adventure trip to Costa Rica this summer.

Preparation Time: 15 minutes
Cooking Time: 45 minutes
Servings: 8

½ cup water
2 large onions, chopped
1 teaspoon ground turmeric
1 teaspoon ground coriander
¼ teaspoon ground cayenne
1 tablespoon fresh ginger grated, or 2 teaspoons ground ginger
½ teaspoon salt (optional)
1 ½ pounds cremini mushrooms (or white), sliced
1 28-ounce can crushed tomatoes
1 15-ounce can garbanzo beans, drained

Heat the water in a large pot over medium high heat. Add the chopped onion, cover and cook until soft, about 5 minutes. Add the turmeric, coriander, cayenne, ginger and salt. Cook for 2 minutes stirring occasionally.

Add the mushrooms, cover and continue to cook for about 5 minutes, stirring occasionally until "saucy".

Add the tomatoes and garbanzo beans, cover and cook 30 minutes until the mushrooms are tender and the flavors are well blended.

Serve over couscous, baked potatoes or rice.

Summer Salads Remembered

Try these wonderful, easy summer salads from previous newsletters:

Summertime Bread Salad April 2003

Cantaloupe Summer Salad July 2002

Tomato Avocado Pasta Salad July 2002