McDougall Newsletter

Volume 6 Issue 2

When Friends Ask: Where Do You Get Your Calcium?

One of the first questions concerned family and friends ask when they learn you have become vegan and now avoid all animal products, including dairy products is, "Where do you get your calcium?" Begin your dialog with them by assuming that the questioners have sincere interests in expanding their knowledge about good nutrition—rather than just them trying to prove your diet is deficient, and to justify their daily eating of Ben and Jerry's Homemade Chocolate Chip Cookie Dough Ice Cream and French brie ripened to perfection with a bottle of deliciously dry white wine. **PAGE 2**

Disease Mongering: New Women's Guidelines for Heart Disease

The 2007 Guidelines for Preventing Cardiovascular Disease in Women were published February 20, 2007 in a special women's health issue of *Circulation*: Journal of the American Heart Association.[1]

According to this report as many women as men have heart disease and most women have risk factors that predict they are at high risk of a future cardiovascular tragedy. Regardless of the noble intentions of the American Heart Association and of the individual authors, one undeniable effect of these guidelines will be to bring more women into the heart disease businesses and will result in increased sales of medications and heart surgery. **PAGE 7**

Report on February 2007 Advanced Study Weekend

The most recent advanced study weekend, held February 2 to 4, 2007, was an outstanding success with more than 100 people enjoying each other's company, the fabulous food and the nation's top speakers on health. Our keynote speaker, John Abramson, MD gave three outstanding lectures on the pharmaceutical industry, and how to defend yourself, as a patient. The audience could not get enough of his presentations, keeping him well beyond his allotted time. I should also mention how much Dr. Abramson appreciated his warmly receptive audience—he became more relaxed and willing to passionately express himself as his interaction with them continued throughout the weekend. **PAGE 10**

Featured Recipes

- **Gallo Pinto**
- **Fresh Corn Tortillas**
- **Pico de Gallo**
- **Potato Pancakes**
- **Creamy Golden Gravy**
- **Moroccan Red Lentil Soup**
- **Hearty Split Pea Vegetable Soup** **PAGE 13**

When Friends Ask: Where Do You Get Your Calcium?

This month begins a new series covering some of the basic principles of human nutrition. Future topics will include protein, essential fats, and vitamins and minerals (supplements).

One of the first questions concerned family and friends ask when they learn you have become vegan and now avoid all animal products, including dairy products is, "Where do you get your calcium?" Begin your dialog with them by assuming that the questioners have sincere interests in expanding their knowledge about good nutrition—rather than just them trying to prove your diet is deficient, and to justify their daily eating of Ben and Jerry's Homemade Chocolate Chip Cookie Dough Ice Cream and French brie ripened to perfection with a bottle of deliciously dry white wine.

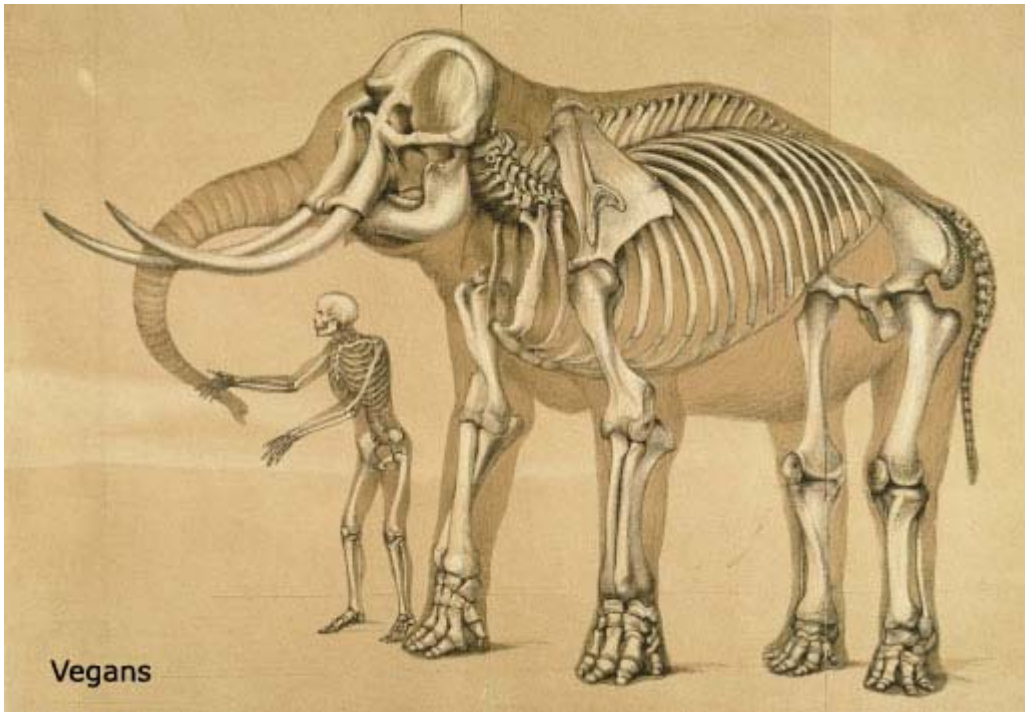
Misinformation Is Promoted for Profits

We have all grown up educated about proper nutrition by the food industries, and the leader in "diet schooling" is the dairy industry. You might remember, at the center of these instructional campaigns has been "a teaching cow:" In my youth, living in the Mid-west, I learned about the importance of "milk for building strong bones" from Elsie, the cow. Lani Moo took over my eduction on "never out growing my need for milk" when I moved to Hawaii as a young doctor in the early 70s. In the mid 80s we settled in Northern California where Clo, the cow, provided dairy-friendly advice from bill-boards lining Highway 101. These cows are innocent participants in the enormous marketing efforts to sell products ***to correct a non-existent problem: dietary calcium deficiency***.

One nutrient stands out as especially abundant in dairy foods: calcium. You might expect marketers to exploit this feature to sell cow's milk to customers. To do this they had to create the fear that without their products, uniquely concentrated in calcium, people will develop disease—in this case fragile bones. In the USA, the variety of dairy industries combine into a greater than a $50 billion-a-year business, which raises and spends $206.5 million dollars annually to spread the myth that dairy foods are not only a healthy choice, but are also essential to avoid becoming sick.[1] They write, "To meet calcium recommendations, increased consumption of calcium-rich foods such as milk and other dairy foods, often is necessary. Unfortunately, few Americans consume sufficient calcium, thereby increasing their risk for major chronic diseases such as osteoporosis."[2] And their fear mongering is working: Today, the average person consumes more than 593 pounds of dairy products annually, compared to 522 pounds in 1983.[3]

Calcium Is a Mineral Found in the Ground

Ask first, where does calcium come from? I mean originally? The source of all calcium is the soils of the earth. Animals do not eat ground—so how do they obtain this essential mineral? Plants absorb this basic element, present in watery solutions, through their roots, and then incorporate it into their various tissues—roots, stems, leaves, flowers, and fruits. Animals then eat the plant parts to obtain calcium and all other essential minerals. Acting as the sole conduit, plants are loaded with minerals, in amounts sufficient to grow the skeletons of the largest animals that walk the earth, like the elephant, hippopotamus, giraffe, horse, and cow. Since these massive bones can be formed from the raw materials of plants, you can assume there is sufficient calcium in vegetable foods to grow the relatively small bones of a human being. Current observations and human history prove this: Most people who have ever walked this earth have grown their normal-sized adult skeletons without the aid of milk (other than mother's milk during the first two years of life) and without concentrated calcium pill supplements.



Calcium Is a Necessary Nutrient

Calcium is essential for all living organisms—microbes, plants, and animals. The average adult body contains approximately 1 kg (2.2 pounds) of calcium. This represents the most abundant mineral in the human body and bones serve as an important storage depot for this calcium—99% of it is found in the skeleton in the form of calcium phosphate salts. In mammals, calcium plays a crucial role in processes ranging from the formation of the skeleton to the regulation of nervous tissue and blood vessel function. Calcium balance is maintained by the actions of three organ systems—gastrointestinal tract, bone, and kidney.

These three organs are precise and efficient at regulating the amount of calcium in our bodies. If our diet is relatively low in calcium, then the cells of the intestinal tract will act more vigorously and absorb a higher percentage of the calcium from the food. At the same time, the kidneys will act to conserve the body's calcium. On the other hand, if we follow the messages of the calcium industries and begin consuming glassfuls of milk or handsful of supplements then the intestinal cells will act with their innate intelligence to block out the entrance of most of this concentrated calcium, and the kidneys will simultaneously eliminate any excess. If this were not the case, then the influx of excess calcium would by necessity be deposited in the soft tissues of the body—heart, kidneys, muscles, skin—and we would become sick and could die. Clearly, the body has many integrated mechanisms to assure that the proper balance of essential minerals is maintained—regardless of the choices we may make at the fast food window.

Human Calcium Needs Are Surprisingly Low

A recent study of Inuit (Eskimo) children found their diet, consisting largely of meat (which has almost no calcium), provided about 120 mg of calcium daily, but because of their physiologic adaptations these children were found to be healthy.[4] As long ago as 1978 Paterson wrote in the *Postgraduate Medical Journal*, "Many official bodies give advice on desirable intakes of calcium but no clear evidence of a calcium deficiency disease in otherwise normal people has ever been given. In Western countries the usual calcium intake is of the order of 800-1000 mg/day; in many developing countries figures of 300-500 mg/day are found. There is no evidence that people with such a low intake have any problems with bones or teeth. It seems likely that normal people can adapt to have a normal calcium balance on calcium intakes as low as 150-200 mg/day and that this adaptation is sufficient even in pregnancy and lactation. Inappropriate concern about calcium intake may divert attention and resources from more important nutritional problems."[5] And that is exactly what the talented marketing people in the dairy industry have done with the help of friendly government officials in the USDA: they have placed the spotlight on the nutrient, calcium, which is easily obtained in sufficient amounts from almost any diet—and at the same time, taken the beam of truth off of the

fat, cholesterol, and contamination—the life-threatening components of dairy foods. One of the ways this has been done is by sensationalizing rare cases of calcium deficiency in children on bizarre diets.

An Unnaturally Low Calcium Diet Can Cause Rickets

In the past I have said, "Calcium deficiency is unknown in human beings." In other words, there is no disease that has ever been reported as due to too little calcium in a person's diet. This statement was based on a comprehensive review of the scientific literature covering the various diets (with and without dairy foods) that people consume worldwide. However, if you look hard enough, exceptions to generalizations, such as the one I (and others) have made about the lack of calcium deficiency in people can be found—and exploited.

Rare cases of a calcium deficiency condition called "nutritional rickets" have been reported. Rickets is a condition of weakening of the bones of children, leading to fractures and deformity. Inadequate vitamin D due to insufficient exposure to sunlight is the recognized cause of almost all cases of rickets. However, at the extremes of low calcium intake, caused by consuming unusual diets, rickets can rarely occur even with adequate sunshine exposure.[6]

Reported examples of children suffering from "nutritional rickets" fall far outside what would be considered normal diets. For example, one case was described in a 16-month-old girl, who, because of allergy to formula, was raised on a mixture of applesauce and oatmeal—with no milk until after the age of one-year.[7] (She, of course, should have been on breast milk her first year of life.) The authors felt the high phytate content of the oatmeal impaired absorption of the calcium in her food, causing her disease. In another report, three children, aged 15-18 months developed rickets due to a diet of a commercial Soya-drink—not adapted for infants—as their main source of nutrition for at least 6 months. The Soya-drink was extremely low in calcium content.[8]

In rural Africa children ages 4-16 years have been found with active rickets believed to be due to diets high in phytate with calcium intakes estimated to be approximately 200 mg/day (a level significantly lower than other children living in the same community).[9] However, a study of one hundred and thirty Ethiopian children under five years old with rickets on a lower calcium diet showed this condition was always due to inadequate sunshine.[10]

So how have these rare cases of nutritional rickets from consuming bizarre diets changed my claim that, "disease due to calcium deficiency is unknown in humans?" I must now add to the end of the sentence this qualification: "on natural diets." Whole plant foods easily meet our needs for calcium after infancy. (Human milk is the necessary food during the beginning years.) Therefore, you can be reassured that you and your children cannot possibly fail to consume sufficient calcium for all of your needs from a natural plant-food-based diet, like the starch-based McDougall diet. If you do develop such a problem, then you will make national headlines as the first reported case—and you will become an important part of the dairy industry's advertising campaign—a shining example of what can happen when you fail to follow their advice.

Disease due to calcium deficiency is unknown in humans on natural diets.

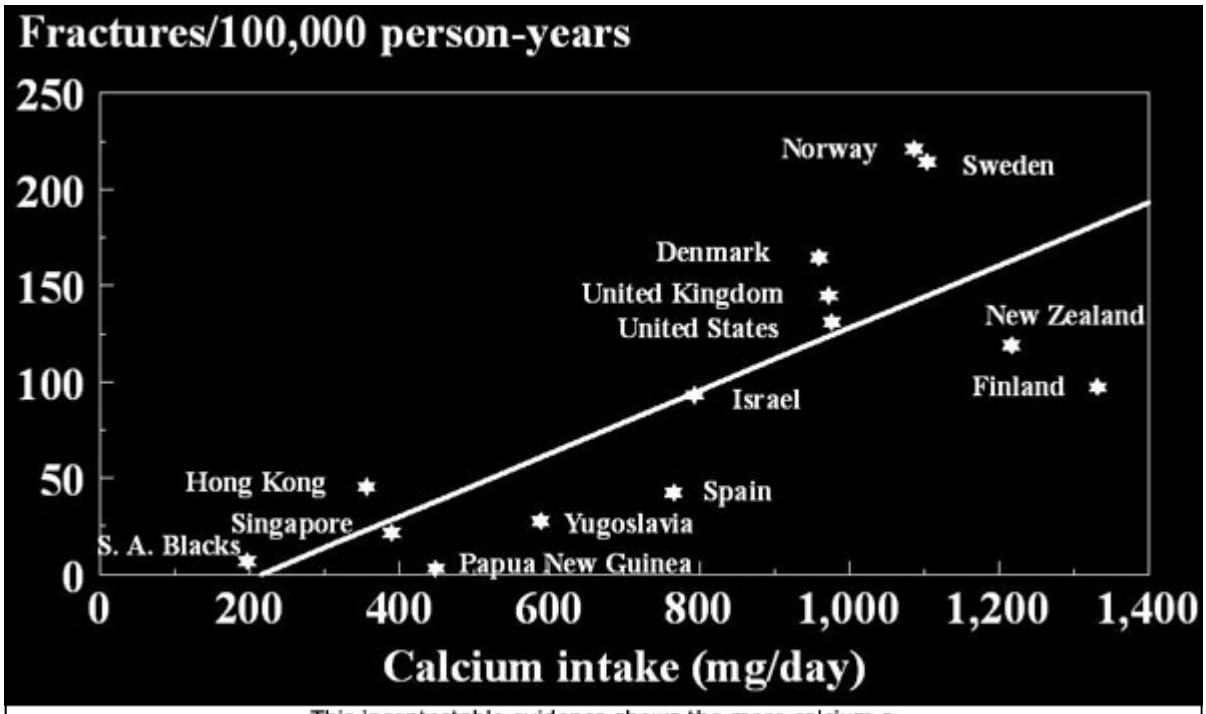
Dairy Foods Are Found Unnecessary for Children

Contrary to the dairy industries marketing campaign, reviews of the scientific literature have concluded extra dietary calcium during childhood does not build strong bones. A review published in the March 2005 issue of the *Journal of Pediatrics* focused on the benefits of dairy products on bone health and concluded, "Scant evidence supports nutrition guidelines focused specifically on increas-

ing milk or other dairy product intake for promoting child and adolescent bone mineralization."[11]

A recent metaanalysis 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."[12] 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 real-life bone-strengthening benefits. Even studies that used intakes of 1400 mg per day of calcium showed no benefit.

An editorial accompanying this metaanalysis pointed out, "Populations that consume the most cow's milk and other dairy products have among the highest rates of osteoporosis and hip fracture in later life."[13] So does this mean consuming dairy products will hurt your bones?



This incontestable evidence shows the more calcium a population consumes the greater their risk of hip fractures.14,15

Dairy-Industry Funded Research Shows Little Benefit for Adults

The National Dairy Council says, "Consuming an adequate intake of calcium reduces the risk of osteoporosis."[2] But is that true? A recent review published in the *American Journal of Clinical Nutrition* of the research on the effects of dairy products on bone health found 57 studies, and of these, 21 studies were considered to have stronger-evidence, worthy of inclusion in this review.[16] Of these better studies, 57% showed no significant benefit from dairy, 29% were favorable, and 14% were unfavorable. Not mentioned is the fact that most of these 57 studies were funded by the dairy industry, yet with all their influence on the research, they could not make a solid case for dairy benefiting the bones.

This review included seven randomized, controlled trials (a research design scientists consider most valuable)—six of these were identified in the papers as being funded by the dairy industry. Only one of these studies (which was funded by the National Dairy Council) looked at the effects of fluid milk on postmenopausal women.[17] The findings showed subjects who received the extra milk (three 8 ounce glasses of skimmed milk daily) for a year lost more bone than those who didn't drink the extra milk. The authors, Recker and Heaney, wrote, "The protein content of the milk supplement may

have a negative effect on calcium balance, possibly through an increase in kidney losses of calcium or through a direct effect on bone resorption…this may have been due to the average 30 percent increase in protein intake during milk supplementation." Because of research like this, largely funded through their own generosity, the people running the dairy industry know milk does not build strong bones and that the protein in the milk actually damages the bones.

They Are Just Doing Their Job—Selling Cow's Milk to People

The worldwide observation that billions of people grow normal adult skeletons without consuming cow's milk or calcium supplements should be enough to reassure everyone of the adequacy of a plant-food-based diet, and forever erase from people's minds the question, "where do you get your calcium on a vegan diet." This would be the case except for the billions of dollars that are at stake.

Even in the face of solid scientific evidence to the contrary, because in part of the annual $206.5 million advertising campaign of the dairy industry, mothers, doctors, and government officials have bought the dairy industries propaganda about calcium. Misleading marketing might be forgiven if the only consequences were wasted money and efforts; but the costs deepen. The result of selling dairy foods to correct a problem that does not exist—calcium deficiency—is that consumers buy foods that actually make them sick. Next month's newsletter will focus on the health consequences of believing the big fat lies from the dairy industry.

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Disease Mongering:
New Women's Guidelines for Heart Disease

The 2007 Guidelines for Preventing Cardiovascular Disease in Women were published February 20, 2007 in a special women's health issue of *Circulation*: Journal of the American Heart Association.[1]

According to this report as many women as men have heart disease and most women have risk factors that predict they are at high risk of a future cardiovascular tragedy. Regardless of the noble intentions of the American Heart Association and of the individual authors, one undeniable effect of these guidelines will be to bring more women into the heart disease businesses and will result in increased sales of medications and heart surgery.

Monger: derogatory term for dealer
Disease mongering: "... is the selling of sickness that widens the boundaries of illness and grows the markets for those who sell and deliver treatments. It is exemplified most explicitly by many pharmaceutical industry-funded disease-awareness campaigns...Disease mongering turns healthy people into patients..."

Ray Moynihan, *PLoS Med.* 2006 Apr;3(4):e191.

Undoubtedly, women could be in better health and that would be best accomplished by focusing on the real causes of their troubles: diet, exercise, and habits. Although the Heart Association's new guidelines have merit, I would like to put them into a useful perspective and weigh in with my opinion on several key recommendations.

Heart Disease

The guideline's recommendations are for women to keep their LDL "bad" cholesterol below 100 mg/dL and if they are at high risk of heart disease the LDL should be kept below 70 mg/dL. Since in the real world, few doctors sincerely recommend effective dietary changes to accomplish these goals, most women will be unable to lower their LDL without medication. Undoubtedly, the pharmaceutical compa-

nies are pleased with this recommendation which will boost the sales of popular statins substantially.

Although the statins will make the numbers (cholesterol and LDL) look better, the benefits in terms of what women really want—a longer, healthier life without heart disease and strokes—remain unproven. I do not use statins in otherwise healthy women simply to make their cholesterol numbers lower.

I asked our keynote speaker from the February 2007 McDougall Advanced Study Weekend, John Abramson, MD, for his thoughts on the guidelines. He wrote to me: "As amazing as it may seem, the new *Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women: 2007 Update* are, once again, not evidence-based. These guidelines call for primary prevention of heart disease in women (meaning for women at risk of, but who have not yet developed, heart disease) with cholesterol-lowering prescription drugs (typically statins) based on LDL (or bad) cholesterol levels, depending on their level of risk. What these guidelines don't say is that there *has never been a single randomized controlled clinical trial—the gold standard of evidence-based medicine—showing that statins are beneficial for women who don't have heart disease or diabetes. None.* It's not just that there aren't any studies showing benefit. As described in my recent (2007) article in *the Lancet*,[2] clinical trials have included more than 10,000 women for primary prevention. The women in these trials randomly assigned to take statins developed no less heart disease than the women who took placebos ("sugar pills"). So how, you may wonder, could these guidelines that claim to be evidence-based, mislead millions of women and their doctors into believing that statins will reduce their risk of heart disease, when the evidence from clinical trials shows the opposite? This gets at the critical issue facing Americans interested in optimizing their own and their families' health: medical knowledge itself has been turned into a commodity, produced mostly by the drug and other medical industries, for the primary purpose of maximizing corporate profits. What can you do to get good information? In this case, you can go to the *Therapeutics Initiative Letter on Statins*, and there you will find the best available information."

John Abramson, MD, author Overdo$ed America, clinical instructor Harvard Medical School.

I use statins in men and women who I "guess" are at high risk of cardiovascular disease. This guess is based on nearly 40 years of experience and what I believe the scientific research says. Unfortunately, much of that research has been heavily tainted by the pharmaceutical industries and is misleading. Thus, I retain the right to change my opinion on any drug therapy I may recommend.

When I am uncertain about my recommendations for the use of medications to lower cholesterol in one of my patients, I will sometimes order an ultrafast CT scan (Electron Beam Tomography-EBT) to add more information in order to help decide on treatment. If the scan shows a lot of calcium (indicating chronic inflammation from atherosclerosis), then I will tend to be more aggressive with medications (like statins or a combination of niacin and a cholesterol-binding agent—Colestid). If the calcium score is mild to moderate, I usually suggest a trial period of a couple of years with a good diet and then recheck the heart arteries with a repeat scan. If the heart arteries show no calcium, even with a high blood cholesterol level, then I feel comfortable that medication treatment can be postponed or avoided, since the elevated cholesterol seems to have been associated with little damage so far. My experience has been that with most cases of healthy women I have cared for, those with high cholesterol levels (250 to 350 mg/dl) almost always turn out to have clean-looking arteries on the heart scan—much to their relief, and mine. Hopefully, this "clean scan" result dose not cause them to become overconfident, and as a result, abandon their efforts to eat a healthy diet and exercise.

Hypertension

The 2007 guidelines recommend treating blood pressure more aggressively than I practice. They say, "Pharmacotherapy is indicated when blood pressure is equal to or greater than 140/90 mm Hg or at an even lower blood pressure in the setting of chronic kidney disease or diabetes (is equal to or greater than 130/80 mm Hg)." The 2004 British guidelines, which I follow, state, "Initiate antihypertensive drug therapy if sustained systolic blood pressure is equal to or greater than160 mm Hg or sustained diastolic blood pressure is equal to or greater than 100 mm Hg.[3]

The current Heart Association guidelines will cause doctors to overtreat hypertension and lower the patients' blood pressures to too low of levels with medications, and thus harms the patients. Research over the last 20 years clearly shows overaggressive treatment of blood pressure with medications kills. (See my Hot Topics, hypertension). 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 (when treated with medications to lower blood pressure).[4] When I treat high blood pressure with medications, I am careful to not lower the diastolic (bottom number) below 85 mmHg.

Aspirin

Possibly the most controversial recommendation in these guidelines is for the use of aspirin by all women for the prevention of stroke (not heart attacks). The 2007 guidelines state, "Of note is that aspirin therapy should be considered for all women for stroke prevention, depending on the balance of risks and benefits."

To have women of all ages take a baby aspirin daily to prevent stroke is too risky in my opinion. I recommend one baby aspirin daily for men and women who have a high risk of having a stroke or heart attack. These would include people with a past history of a thrombotic stroke, TIA (transient ischemic attack), carotid endarterectomy, heart attack, angioplasty, or bypass surgery. For people without these unhealthy past histories, the risks of the aspirin outweigh the benefits. The primary risk is bleeding, which can be lethal and/or require transfusions.

HRT and Supplements

With these updated guidelines, hormone replacement therapy, selective estrogen receptor modulators (SERMs—like Evista), antioxidant supplements (such as vitamins E, C, and beta-carotene), and folic acid are no longer recommended to prevent heart disease in women. I have held this view for a long time, since the science clearly says these treatments increase a woman's risks of troubles from heart disease to cancer, and even more death.

The guidelines do recommend fish oil, "As an adjunct to diet, omega-3 fatty acids in capsule form (approximately 850 to 1000 mg of EPA and DHA) may be considered in women with CHD, and higher doses (2 to 4 g) may be used for treatment of women with high triglyceride levels." I do not recommend these omega-3 fats because they have many adverse effects, such as weight gain, an increased risk of bleeding, and immune system suppression. Not to mention the hazards to the poor fish.

Exercise

The guidelines recommend that, "Women should accumulate a minimum of 30 minutes of moderate-intensity physical activity (eg, brisk walking) on most, and preferably all, days of the week. Women who need to lose weight or sustain weight loss should accumulate a minimum of 60 to 90 minutes of moderate-intensity physical activity (eg, brisk walking) on most, and preferably all, days of the week."

The reason for so much exercise is that the Heart Association recommends a diet too high in fat and calories—and as a result, the only way to lose weight is to exercise intensely. This much exercise takes a large amount of time and effort, and expectedly, compliance will be low. Following a low-fat diet such as the one I recommend (especially the McDougall Maximum Weight Loss Program) results in effective weight loss even with minimal to no exercise. Once the diet is learned, compliance is high—the foods taste great and the benefits are huge.

Diet

The guidelines recommend, "Women should consume a diet rich in fruits and vegetables; choose whole-grain, high-fiber foods; consume fish, especially oily fish, at least twice a week; limit intake of saturated

fat to less than10% of energy, and if possible to less than 7%, cholesterol to less than 300 mg/d, alcohol intake to no more than 1 drink per day, and sodium intake to less than 2.3 g/d (approximately 1 tsp salt). Consumption of *trans*-fatty acids should be as low as possible (eg, less than1% of energy)." With each new guideline the American Heart Association seems to be getting closer to what Nathan Pritikin tried to teach them more than 25 years ago—a plant-food-based diet is the foundation to preventing and reversing heart disease.

How could scientists understand that saturated (animal) fat and cholesterol cause heart disease and strokes, and then recommend that people simply reduce the amounts of these toxins? Don't they believe their own findings? Or do they not believe patients are capable of following a truly healthy diet—since they themselves can't?

As you know I have no hesitation about recommending a diet with no animal fat and no cholesterol—in fact, I eat that way myself. Fish is not health food. It is high in fat, cholesterol, and environmental contaminants and is also deficient in dietary fiber, carbohydrate, and vitamin C. The methylmercury content is so high in many kinds of fish that benefits for heart disease are entirely negated.

My Overall Conclusions about the Guidelines

The guidelines represent progress, but I do believe they are being influenced by the pharmaceutical industry to build their market share by making more women sick with their broader definitions of high cholesterol and high blood pressure. Treatments are the bread and butter of doctors, and of drug and device companies.

Money and the personal dietary habits of the advisory panel set aside, these guidelines would come down heavily on treating the cause of cardiovascular disease, rather than treating it with medications. Unfortunately, delays mean lives are spoiled and shortened. The divide between the potential benefits of following current scientific knowledge about a low-fat, no-cholesterol diet and what the American Heart Association Guidelines, and most practicing doctors, recommend remains costly for women, and men.

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Report on February 2007 Advanced Study Weekend

The most recent advanced study weekend, held February 2 to 4, 2007, was an outstanding success with more than 100 people enjoying each other's company, the fabulous food and the nation's top speakers on health. Our keynote speaker, John Abramson, MD gave three outstanding lectures on the pharmaceutical industry, and how to defend yourself, as a patient. The audience could not get enough of his presentations, keeping him well beyond his allotted time. I should also mention how much Dr. Abramson appreciated his warmly receptive audience—he became more relaxed and willing to passionately

express himself as his interaction with them continued throughout the weekend.

A Few Representative Comments about the February 2006 Weekend:

I wanted to say thank you for a wonderful weekend seminar! I came away with so much good information and a healthier outlook on life. You truly put on a magnificent event with excellent speakers, conveying extremely important information. Your seminars should be mandatory for everyone in the US!! Kate Oakland

Thanks again for another special weekend of information and remarkable people in the speakers and those attending. I truly enjoy catching up with folks I have seen before, and getting acquainted with new ones. Marsha Lang

We had a great time at your weekend program, thanks again for inviting us, the food and fellowship and speakers were great. We enjoyed very much seeing how you conduct your programs and enjoyed the food and hospitality and facilities. Wish that I had time to sample the exercise facilities. Clarence Ing, MD

After a day to decompress and let everything sink in, I can't begin to tell you how impressed I am with your program and all of the speakers at your seminar series this last weekend. Thank you so much for inviting me to attend. The speakers, the food, and all of the information presented were all fantastic and life changing to be sure. When I got home I immediately went through my refrigerator and cabinets and threw a bunch of stuff out. I am also faithfully continuing to follow the diet program and I really feel great. Paul Supplee

I wanted to thank you for an excellent "Advanced Study Weekend." We especially enjoyed Dr. Abramson, and it was good to see my friend, Howard Lyman, again. I plan to attend these events as often as I can. Stephen Mulder, M.D., Medical Director, New Choices Institute of Integrative Health.

Here are some animated pictures of our speakers:
Photos by Bill Lawton

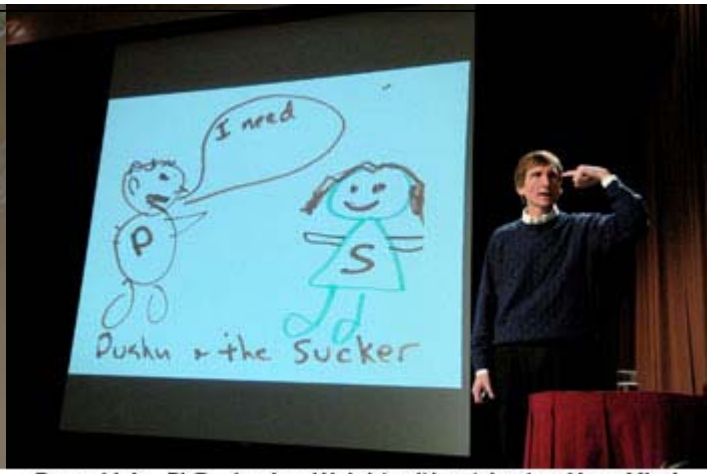
John Abramson, MD—Keynote Speaker—Overdo$ed America


Howard Lyman— The Journey of a Mad Cowboy

Clarence Ing, MD—Newstart Program Director

Andrew Wagner, MD—Guided Imagery

Lorna Sass—Great Vegetarian Cooking Under Pressure



Doug Lisle, PhD—Losing Weight without Losing Your Mind

John McDougall, MD—Soy: Miracle, Food, or Poison

The next advanced study weekend will be September 7-9, 2007—put this date on your calendar. Speakers so far are:

Brenda Davis, RD author of Becoming Vegetarian, The New Becoming Vegetarian, Defeating Diabetes, and Dairy-free and Delicious. See: http://www.brendadavisrd.com/.

Michael Greger, MD author of the highly acclaimed book, Bird Flu—A virus of our own hatching. See: http://www.BirdFluBook.org.

Also consider attending the **McDougall Maximum Weight Loss Weekend**, May 2 to 6, 2007 and the **Celebrity Chef Weekend**, June 15 to 17, 2007. This is the best money and time you will spend on your health.

For information on weekends, 10-day live-in programs, and adventure vacations please write Carol at carol@drmcdougall.com or talk to Carol at (800) 941-7111 or (616) 874-8155.

Featured Recipes

Gallo Pinto

We just returned from a fantastic McDougall Adventure trip to Costa Rica. The food was exceptionally delicious, with a wide variety of choices available at each meal. I will be sharing some of the favorite recipes in the newsletter over the next few months. One of the most common dishes in Costa Rica is Gallo Pinto, which is very often eaten for breakfast. This black bean and rice dish translates into "spotted rooster" and has many variations. It is served with either Salsa Lizano, a Costa Rican bottled sauce that is very popular, or with a fresh tomato salsa called Pico de Gallo. Serve it on a plate or rolled up in a fresh corn tortilla.

Preparation Time: 5 minutes (need cooked rice)
Cooking time: 15 minutes
Servings: 4

¼ cup vegetable broth or water
1 onion, chopped
2 cloves garlic, minced
2 cans black beans, drained (liquid reserved) and rinsed
3 cups cooked brown rice
1 teaspoon ground cumin
1 teaspoon ground coriander
½ teaspoon ground ginger
¼ teaspoon salt
freshly ground black pepper

Place the water in a large non-stick frying pan and add the onion and garlic. Cook, stirring frequently until onion softens and begins to stick to the bottom of the pan. Add a bit more water or broth and repeat until onion begins to stick again. Add remaining ingredients and mix well. Add a bit of the reserved liquid from the beans to make the rice look "dirty", if desired. Cook until heated through. Serve hot with salsa on top.

Hint: To be more authentic, you can cook dry black beans in water to cover until tender (about 3-4 hours). You will need about 3 cups of cooked black beans. Save some of the cooking liquid to mix with the beans and rice.

Fresh Corn Tortillas

We had fresh corn tortillas made for us at every meal during our recent McDougall Adventure to Costa

Rica. We all watched with amazement as the "tortilla lady" made perfectly round tortillas by hand all day long. The recipe is very simple, but the forming of the tortillas may take a bit of practice. A tortilla press may help in the process. Cook the tortillas one at a time in a non-stick frying pan.

Preparation Time: 30 minutes (includes resting time)
Cooking Time: 20 minutes (in batches)
Servings: makes 16 tortillas

2 cups masa harina
1 ¼ cups hot water

Combine the masa harina and water in a large bowl. Mix well and knead with your hands for several minutes until the dough is smooth and thick. Cover with plastic wrap and let rest for 20 minutes.

Heat a non-stick frying pan over medium heat until a drop of water bounces on it. Take a piece of the dough, about 1 ½ inches in size, and roll into a ball. Flatten the ball between two pieces of waxed paper using your hands, a tortilla press, or a small heavy frying pan until it is about 5 inches in diameter and about 1/16 inch thick. Peel off the waxed paper and place tortilla on the hot pan. Cook until lightly browned on each side. Place in a cloth covered basket. Repeat until all tortillas are done.

Hint: Masa Harina is corn flour made especially for tortillas. You may find it in some supermarkets, but most likely you will need to go to a Mexican or Latin American market to purchase this. Store any unused Masa Harina in the refrigerator or freezer to keep it fresh.

Pico de Gallo

This fresh tomato salsa is served at many Costa Rican meals. It translates into "rooster beak" in Spanish, and is quite spicy. The amount of jalapenos used may be varied to adjust the "heat" of the salsa.

Preparation Time: 15 minutes
Chilling time: 1 hour (optional)
Servings: variable

2 cups chopped tomato
½ cup finely chopped onion
1-2 jalapeno peppers, seeded and finely chopped
1 clove garlic, minced
¼ cup chopped fresh cilantro
2 tablespoons lime juice
dash salt

Combine all ingredients in a tightly covered bowl. Refrigerate for at least 1 hour turning the container over several times to allow flavors to blend. (This is an optional step. The salsa may be served immediately, if desired.)

Potato Pancakes

This is another of my family's favorites, which we have been enjoying for over 30 years. The starch from the freshly grated potatoes with the addition of the flour helps to hold these together. Do not grate the potatoes much before you are going to prepare the dish because the potatoes will tend to turn black if they sit too long before cooking.

Preparation Time: 20 minutes

Cooking Time: 30 minutes (in batches)
Servings: 6

½ medium sweet onion, grated
4-5 medium russet potatoes, grated
5 tablespoons white whole wheat flour
3 tablespoons water
3 tablespoons fresh parsley, chopped

Mix all ingredients in a bowl. Heat a non-stick griddle to medium heat. Ladle potato mixture on griddle, flattening slightly. Cook about 5-8 minutes on first side; turn and cook an additional 5-8 minutes.

Hints: Keep warm in a 200 degree oven until all are cooked. Grate potatoes and onions in a food processor to save time. For appearance sake, you may wish to peel the potatoes before grating, however it is not necessary to peel them, just scrub them well. Serve with applesauce, ketchup, barbecue sauce, gravy or Pico de Gallo.

Creamy Golden Gravy

This gravy is made with brown rice flour instead of wheat flour. The great thing about using rice flour instead of wheat flour for thickening is that it doesn't form lumps like wheat flour often does. You just sprinkle it over the top of a hot liquid, stir it in and it thickens nicely without any lumps.

Preparation Time: 5 minutes
Cooking Time: 10 minutes
Servings: makes 2 cups

1 ½ cups vegetable broth
½ cup water
3 tablespoons low sodium soy sauce
2 tablespoons tahini
¼ cup brown rice flour
freshly ground black pepper

Place the broth and water in a saucepan. Combine the soy sauce and tahini in a bowl and add to the liquid in the saucepan. Bring to a boil, stirring occasionally to smooth out the tahini. When mixture is simmering and smooth, sprinkle the brown rice flour over the top, about a tablespoon at a time, and stir in. Continue to add the rice flour, stirring until sauce becomes thickened. Season with freshly ground black pepper to taste. Serve at once.

Hints: This may be made ahead and refrigerated. It will thicken slightly more when refrigerated. To reheat, place in a saucepan, add a small amount of water, whisk to combine and then heat slowly, stirring occasionally, until hot.

Moroccan Red Lentil Soup

I recently bought a book called Arabesque, by Claudia Roden, about the tastes of Morocco, Turkey, and Lebanon. I am enjoying reading about the food from this region of the world and hope to share some of my discoveries with you over the next few months. Versions of this soup, called Harira, are served all over Morocco.

Preparaton Time: 15 minutes
Cooking time: 60 minutes
Servings: 6-8

½ cup water
1 onion, chopped
4 stalks celery, chopped
6 cups vegetable broth
1 ½ cups chopped tomatoes
1 cup red lentils
1 15 ounce can garbanzo beans, drained and rinsed
1 bay leaf
½ teaspoon ground cinnamon
½ teaspoon ground ginger
½ teaspoon ground turmeric
¼ teaspoon ground coriander
¼ teaspoon black pepper
½ cup orzo
½ cup chopped cilantro
2 tablespoons lemon juice

Place the water in a large soup pot with the onion and celery. Cook, stirring occasionally, until vegetables have softened slightly. Add broth, tomatoes, lentils, garbanzos, bay leaf, cinnamon, ginger, turmeric, coriander and black pepper. Bring to a boil reduce heat, cover and simmer until lentils are tender about 45 minutes. Add the orzo, cilantro and lemon juice. Continue to cook about 10 more minutes. Serve hot.

Hint: This is delicious served in a bowl, with some flat bread to scoop up the juices, or place a dollop or two of cooked rice in a bowl and ladle the soup over the rice.

Hearty Split Pea Vegetable Soup

This is a thick soup filled with chunky vegetables and it is very comforting on a cool, rainy day. Serve by itself in a bowl, or ladle over brown rice for a satisfying meal.

Preparation Time: 15 minutes
Cooking time: 1 hour 10 minutes
Servings: 6-8

2 cups dried split peas
8 cups water
1 large onion, chopped
3 stalks celery, chopped
2 carrots, chopped
2 cups chopped fingerling potatoes
2 cloves garlic, minced
2 tablespoons parsley flakes
2 bay leaves
1 teaspoon dry mustard
½ teaspoon smoked paprika
freshly ground white pepper
1 large tomato, chopped
½ cup chopped fresh cilantro or parsley

Place the peas and water in a large soup pot. Bring to a boil, reduce heat and simmer uncovered for 20 minutes. Add the remaining ingredients, except the tomato and fresh cilantro or parsley. Mix well, bring to a boil again, reduce heat, cover and simmer for about 45 minutes, until all vegetables are tender. Add the tomato and fresh cilantro or parsley. Season with a bit of sea salt, if desired. Mix well and let rest for 5 minutes before serving.