McDougall Newsletter

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Confessions of a Fish Killer

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Save Your Kidneys—Part 1
The Hard Way, with Medications

The prevalence of chronic kidney disease in the US adult population is estimated to be 10.8% (approximately 19.2 million people). In 1999 in the USA 357,000 people had end-stage kidney disease and the annual cost of dialysis and kidney transplant exceeded $15.6 billion. Almost 70% of new cases of end-stage kidney disease are due to hypertension, diabetes or glomerulonephritis—and these common conditions are in most cases a direct result of foods consumed on the Western diet. PAGE 11

"Death by Veganism" Begins Its Slow Demise

On June 24, 2007 the Public Editor for the New York Times started a long overdue correction of the public's misconceptions about a vegan diet. This came about largely because of the letters many of you wrote to the Public and Op-Ed editors of the New York Times about the Nina Planck article called "Death by Veganism." Consider these recent events as a good start for a diet revolution that will change everything. PAGE 15

Featured Recipes

- **Falafel Wraps**
- **Thai Green Curry Rice**
- **No-Bake Strawberry Pie with Chocolate Chunks**
- **Tomatillo and Avocado Salsa**
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- **Green Chili Orange Dressing**

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Confessions of a Fish Killer

I fell in love with the ocean at age 5 (in 1952) after watching a film in my kindergarten class about undersea life: fish, corals, giant clams, and hermit crabs. When I was 12, I became a SCUBA diver, but my underwater explorations were limited to the murky waters of Michigan lakes. During my early teens, our family vacations were to the Outer Banks of North Carolina, where we always included some deep sea fishing—catching and eating flounders, blues, and Dorado. My first ocean SCUBA diving experience at age 18 was at John Pennekamp National Underwater Park in the Florida Keys—here thousands of colorful fish swam through a forest of corals. I enjoyed this experience so much that Mary and I returned to the Keys and more diving for our honeymoon in 1972. That same year we moved to Hawaii. Here we collected small tropical fish for our saltwater aquariums from the shallow waters surrounding Oahu. Unfortunately, within a few days of being removed from their natural environment, most of them we found floating belly-up.

For the first time I realized I was living with a grim conflict: I was a fish lover and a fish killer. Once or twice a year for the next two decades, I captured large edible fish like mahi-mahi, tuna, and salmon with lines and spears in Hawaii and California. I considered it my right to eat them. The constant drone about their health benefits from doctors and dietitians helped me justify my slaughter of these amazing animals.

The oceans have changed over my sixty-year lifetime. Ninety percent of the large fish—the ones that make baby fish—are gone. Thirty-eight percent of all animal sea life, including bluefin tuna, Atlantic cod, Alaskan king crab, and Pacific salmon have had their populations cut by more than 90%, and seven percent of the fish species have become extinct.[1] Because of the rarity of blue fin tuna, the Japanese are now making some of their sushi with beef. The price of fresh wild salmon has increased to $11 a pound, when it's available, which is only a few times a year. Fishing industries have collapsed worldwide and many of coral reefs are now bleached and barren. Reliable predictions warn that by the middle of this century (2048) all fish and seafood species will have collapsed—they will be extinct or on the verge of extinction.[1]

The human demand for fish as food has been the major reason for the devastation of the oceans and part of that demand comes from the belief that fish-eating is essential for good health. This is not correct—in fact, in our polluted world, eating fish has become a well-established health hazard.

I Hated Fish Fridays

I grew up in the suburbs of Detroit, Michigan, in a neighborhood that was predominately Catholic. That meant every Friday fish was served for dinner. No matter how much it was breaded, salted, seasoned, and/or fried to disguise the taste; come dinner time, I dreaded Fridays.

When consumers have a choice—like they do at every fast food restaurant—between beef and chicken or fish—what do they choose? Considering fish's relative unpopularity, I would say most people don't like the

taste of fish. The word "fishy" connotes a message of a quite unpleasant-smelling sulphurous aroma that resembles fresh fish. Anchovies are synonymous with bad taste—unless you like salt.

The taste of the flesh of a fish depends to a large extent upon that fish's diet. Many of the most popular fish; tuna, swordfish, salmon, and rockfish, are carnivores, feeding off small unpleasant-tasting sea animals, like anchovies, herring, and squid. But people have the ability to adapt their taste buds and learn to like almost anything, even the repugnant odor of sulfur.

Sulfur compounds are another reason for fish's lack of gustatory appeal. Rotten eggs and spoiled fish are malodors because of the hydrogen sulfide gas that is released by bacterial actions. Sulfur also taints many well waters. Foul body odors (halitosis, and smelly flatus and perspiration) are primarily the result of sulfur compounds—the origin of this sulfur is our diet in the form of sulfur-containing amino acids, like methionine. The sulfur content of fish is particularly high, for example salmon has 12 times more methionine than do sweet potatoes.

Seasonings make fish- and seafood-eating more tolerable. Most people swallow these sea animals only after they are blackened on a barbecue, smothered with cocktail sauce, or blended with bisque.

Sulfur and Fish

Food	Methionine: mg/100 calories
Egg	251
Beef	147
Chicken	303
Pork	184
Bass	529
Cod	676
Crab	565
Mackerel	574
Salmon	500
Orange	48
Sweet Potato	42
Pinto Beans	90
Rice	66

The Health Claims Are Fishy

Consumers are taught fish are their only reliable sources of essential omega-3 fatty acids, called eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), and therefore they believe that by avoiding fish they would suffer serious malnutrition. Sellers of fish oil supplements go so far as to warn, "Supplementation with fish oils that are rich in EPA and DHA is necessary to ensure you are receiving adequate amounts of these nutritionally important fatty acids."

"Fishy," apart from meaning "like a fish," also means: Not as expected, inspiring doubt or suspicion, dubious, questionable, suspect, suspicious, shady, funny, odd, implausible, unlikely, not honest, and not legitimate.

Most health organizations worldwide, including the American Heart Association, the American Medical Association, the American Diabetic Association, the British Dietetic Association, and Australia's leading health research body, the National Health and Medical Research Council (NHMRC) (to name a few) also recommend that people eat fish, primarily for the omega-3 fats. These same groups also warn of the hazards of methylmercury and other environmental contaminants in the fish—appearing balanced.

Recommendations to eat fish are based on laboratory research, but originate primarily from observations of various populations of people worldwide. For example, the rate of heart disease among fish-eating populations, such as the Japanese, is very low, and this has been attributed to the so-called "good fats" they receive from eating fish. Researchers overlook the marked differences between overall Western and Japanese diets. The primary ingredient in the Japanese diet is rice and this is the reason they enjoy better health, are trimmer, and more active. The small amount of fish eaten daily is incidental.

But the "fish is health food" theory flourishes because, for many people this is the easy road—simply add a serving or two of fatty fish to their weekly diet—rather than giving up the real causes of heart disease. Don't think I overlooked the positive consequences of adding fish a couple of times a week—it does replace some of roast beef, pork, cheese, and chicken that would have otherwise been eaten.

Good Fats Are from Plants

The possibility of brain damage, especially to the unborn or young children, strokes the emotional cords of our hearts.[2] A number of writers claim that only a diet based on seafoods can provide the necessary quantity of essential fat (docosahexaenoic acid) to support the human brain and that a switch to such a diet early in human evolution was critical to human brain evolution.[2,3] However, a critical review of this claim by John Langdon of the departments of Biology and Anthropology of the University of Indianapolis came to this conclusion, "There is no evidence that human diets based on terrestrial food chains with traditional nursing practices fail to provide adequate levels of DHA or other n-3 fatty acids. Consequently, the hypothesis that DHA has been a limiting resource in human brain evolution must be considered to be unsupported."[3]

Only plants can make the omega-3 fats—fish don't; nor do cows or people. Alpha linolenic acid (ALA) is made by plants and converted into DHA by infants and adults in sufficient amounts to supply all of our needs including those for brain function and development. After all, the African elephant with a brain volume of 3000 to 4000 cm^3, compared to the human brain of 1400 cm^3, has no trouble making all the essential fats its brain, and the rest of its huge body, needs from plant foods.[3] You can safely assume a comparatively puny human being can do the same.

Do Fish Have a Metallic Taste? Or Has My Fish-eating Caused Me Brain Damage?

When discussing healthy brain development and fish, let's not forget mercury. It may be all in my mind, but I swear the last tuna I ate had a metallic taste. Mercury is a natural element found in the earth, and is released as industrial pollution during various manufacturing processes. Much of this metallic substance accumulates in the rivers, streams and oceans, and is converted in the environment into a highly toxic form called methylmercury. In this organic form mercury becomes concentrated in the food chain by processes referred to as bioaccumulation. Fish, especially those predatory species high on the food chain, like, fresh water pike, walleye and bass, and salt-water tuna, swordfish, and mackerel, become heavily

contaminated with mercury. The consumption of mercury-contaminated fish is the main exposure for people. Almost all of the mercury consumed is efficiently absorbed by the intestinal tract. Since our bodies have no way of excreting this toxin, mercury continues to accumulate throughout life, exerting its detrimental effects. Serious health risks include damage to the nervous system, heart, kidneys and immune system—particularly for young children and the developing fetus.

The results of mercury poisoning for the brain are motor dysfunction, memory loss, and learning disabilities; as well as depression-like behaviour.[4] The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish, and eat fish and shellfish that are lower in mercury.[5] Other toxic compounds, such as fat soluble dioxins, and polychlorinated biphenyls, are also found in fish and fish oils.[6]

Fish-Eating Does Not Decrease Heart Disease

Eating fish may be healthier for the heart for people in Western countries simply because it replaces some of the saturated fats that would otherwise be found in the livestock on their dinner plates. A study published in the May 2007 issue of the *American Journal of Cardiology* came to this very conclusion and reported, "The data supporting the inverse correlation of fish or omega-3 fatty acid (eicosapentaenoic acid plus docosahexaenoic acid) consumption and coronary heart disease are inconclusive and may be confounded by other dietary and lifestyle factors."[7]

The research published in our major medical journals, which says, "Fish are bad for the heart," somehow fails to influence doctors, dietitians, and health organizations who are telling us how to live healthfully. Therefore, the public rarely hears about the following dissenting research:

Two recent studies have shown that people with the higher amounts of mercury in their bodies, caused primarily by fish-eating, have more heart trouble. The first one, published in the *New England Journal of Medicine* in 2002, found that higher levels of mercury in toenail clippings predicted a greater chance of future heart attacks.[8] The next study looked at the mercury content of the hair and found, "High content of mercury in hair may be a risk factor for acute coronary events and CVD (coronary vascular disease), CHD (coronary heart disease), and all-cause mortality in middle-aged eastern Finnish men. Mercury may also attenuate the protective effects of fish on cardiovascular health."[9] More plainly, the authors of this study concluded the high mercury content negated the so-called protective effects of the "good" fish fats (like EPA and DHA) on the blood vessels and heart. Those people with the higher amounts of mercury in their hair (indicating more consumption of fish) also had higher total cholesterol and LDL "bad" cholesterol levels, and higher rates of hypertension and diabetes. Higher blood cholesterol levels for fish-eaters should not be surprising since fish has twice the amount of cholesterol as beef, chicken, and pork.

A recent study of a total of 3114 men under 70 years of age with angina (chest pain due to clogged heart arteries) who had been advised to eat two portions of oily fish each week or to take three fish oil capsules

Cholesterol and Fish	
Food	**Cholesterol: mg/100 calories**
Egg	271
Beef	24
Chicken	37
Pork	28
Bass	60
Cod	53
Crab	55
Mackerel	51
Salmon	40
Orange	0
Sweet Potato	0
Pinto Beans	0
Rice	0

daily were found to have a higher risk of cardiac death compared to men not given this advice.[10]

Patients with coronary heart disease documented by angiograms received either fish oil capsules or olive oil capsules for an average duration of 28 months.[11] Fish oil lowered triglyceride levels by 30%, but not these patients' cholesterol. The amount of closure (stenosis) increased by 2.4% and 2.6%, respectively. The authors concluded, "Fish oil treatment for 2 years does not promote major favorable changes in the diameter of atherosclerotic coronary arteries."[11]

A recent review of 48 randomized controlled trials involving 36,913 participants taking fish oils or eating oily fish, found no health benefits from these "healthy fats," and concluded, "Long chain and shorter chain omega 3 fats do not have a clear effect on total mortality, combined cardiovascular events, or cancer."[12]

The Underlying Reasons Fish Components May Cause Harm

The reason fish, high in omega-3 fats, are felt to protect people from heart disease is that this kind of fat "thins" the blood and thereby helps prevent a blood clot (thrombus) from forming in a heart artery and shutting off circulation to the heart muscle. However, "good fat" from eating fish, thus causing "good effects," is only a small part of the story.

Much attention has been focused on the artery-damaging effects of the environmental contaminant, mercury. Adverse effects of mercury on blood vessels are from oxidative stress (free radical formation), inflammation, thrombosis (blood clots), and muscle dysfunction of the blood vessel walls.[13] However, mercury contamination is not the whole story, and even if "clean" fish were available—and they are not—fish-eating would still not be heart healthy.

There are many qualities of fish which encourage heart disease. Fish are high in cholesterol which elevates blood cholesterol.[14] Even small doses of fish oils have been shown to raise the "bad" LDL-cholesterol.[15,16] Fish is also loaded with sulfur-containing amino acids (like methionine) which raise homocysteine levels in the body. Homocysteine is a well-accepted risk factor for heart disease and feeding people methionine will cause dysfunction of their arteries, which may promote blood vessel disease.[17] (Remember, salmon has 12 times more methionine than sweet potatoes.) Even fish oil alone can increase homocysteine levels.[18]

Fish Farming Is Not Guilt-free

The cost of fresh wild fish and concern for the oceans has caused many consumers to buy farmed fish—this may not be a wise decision. Farmed fish are loaded with toxins because they are fed a diet of fish oils and fish meal obtained from small pelagic fish which themselves contain high levels of environmental chemicals. Farmed salmon, for example, have higher contaminant loads than do wild caught salmon.[28]

Other Adverse Consequences from Consuming Fish:

1) Fish cause a rise in blood cholesterol levels similar to the rise caused by beef and pork.[13]

2) Their highly-acidic animal proteins accelerate calcium loss,[19] contributing to osteoporosis and kidney stones. The addition of 5 ounces of skipjack tuna (34 grams of animal protein) a day increases the loss of calcium from the bones, into the urine, by 23%.[20]

3) No dietary fiber or digestible carbohydrates are present in fish—thus having a negative impact on bowel function and physical endurance, like winning a foot race.

4) Although omega-3 fats "thin" the blood, preventing thrombus formation (heart attacks); this same anticoagulant activity can increase the risk of bleeding complications from other sources, like a hemorrhagic stroke or an auto accident.[21]

5) These good fats have antiinflammatory properties, which can be beneficial—
reducing arthritis pain, for example, as well as deleterious—causing immune suppression, increasing the risk of cancer and infection.[22,23] Omega-3 fish fats have been demonstrated to induce 10-fold more metastases in number and 1000-fold in volume in an animal model of colon cancer metastasis than does a low-fat diet.[24]

6) Fatty fish, commonly recommended salmon for example, is half fat and loaded with calories, adding to one's risk for developing obesity and type-2 diabetes.

7) Omega-3 fats inhibit the action of insulin, thereby increasing blood sugar levels and aggravating diabetes.[25]

8) Fish-eating prolongs gestation, increasing birth weight, and the possibility of birth injury and increased mortality.[26,27]

Because of the higher cost of meals made with so-called good fats, farmed fish are fed rations containing palm, linseed, rapeseed and other cheaper oils. The ultimate fat composition of fish depends upon what they are fed. Therefore, many farmed fish have a balance of fats that would not be considered "heart healthy."[29]

Other important issues that weigh heavily on the fish farming businesses are the environment and animal rights. Wastes from fish cages, including fecal matter and uneaten food, along with chemicals used in farming, such as pesticides, herbicides, and antibiotics, are dumped into the oceans. When fish and other organisms are kept in close proximity, they breed diseases. In most cases farmed fish are carnivores, and their feed comes from the ocean; for example, herring is used as salmon feed. Catching herring depletes the food supply for the native fish, including salmon, trout, tuna, grouper, and cod. And if you were wondering, fish do have feelings too[30]—and life in a fish farm must be like living in prison, on death row.

I Am No Longer Conflicted or Confused

I have lived long enough to have witnessed the first-hand destruction of our environment—it is real and now. I worry that in the very near future when I want to take my grandchildren to see the wonders of the ocean that I discovered in my youth, the sea life will be gone. By correcting misinformation, the downward spiral devastating our oceans can be reversed. The situation is not hopeless, not yet.

I know the truth about human nutritional needs. Therefore, I eat a diet of starches, vegetables, and fruits and enjoy excellent health. Fish are not health food. Every day I try to make choices that slow or reverse the loss of our oceans; for example, I eat tofu tacos (see the April 2006 McDougall newsletter)—they are far tastier and healthier than fish tacos.

By being informed, and making conscious choices, you can make a difference too.

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Save Your Kidneys—Part 1
The Hard Way, with Medications

(This is a technical article, but very important to anyone with kidney disease or taking any of the anti-angiotensin medications—ACE-I or ARB.)

The prevalence of chronic kidney disease in the US adult population is estimated to be 10.8% (approximately 19.2 million people). In 1999 in the USA 357,000 people had end-stage kidney disease and the annual cost of dialysis and kidney transplant exceeded $15.6 billion. Almost 70% of new cases of end-stage kidney disease are due to hypertension, diabetes or glomerulonephritis—and these common conditions are in most cases a direct result of foods consumed on the Western diet.

Protein found in the urine in amounts of 30 mg/day or greater, is the hallmark sign for the beginnings of chronic kidney disease. Over 300 mg/day is considered serious kidney disease. In general, the more protein in the urine, the worse the kidney disease. Not only does the protein in the urine reflect the health of the kidneys, but this is a reliable sign of the health of the rest of the body, including the blood vessels of the heart, brain, and eyes. Lowering the amount of protein in the urine in some cases reflects an improvement in the kidneys and a person's overall health.

Medications to Prevent Progressive Kidney Disease

There are four classes of medications that are believed to slow the progression of kidney disease: antihypertensive agents, drugs that have a blockade effect on the renin-angiotensin-aldosterone system, cholesterol-lowering agents (usually statins), and blood-sugar lowering medications.

Common recommendations are to reduce the blood pressure levels to 130/85 mmHg for people with high blood pressure and kidney disease from diabetes. However, blood pressures of 140/90 mmHg may be low enough and lowering the blood pressure too much is considered detrimental.[1] For example, in one recent study of patients with coronary heart disease treated with sustained-release verapamil (a calcium channel blocker) or atenolol to lower blood pressure, the risk of death and heart attack was increased when the diastolic pressure (the lower number) was reduced below 70 to 80 mm Hg.[2] The harmful effects of lowering blood pressure were greater for people with diabetes and/or elevated cholesterol. The incidence of heart attacks, death, and/or stroke was three times higher for patients treated with medications with a diastolic blood pressure (the lower number) of 60 mmHg compared to a person with a pressure of 80 to 90 mmHg.[2] (A lower blood pressure for people *not on medication* is, in contrast, healthy.)

Recommendations are to lower cholesterol levels with statins to below 150 mg/dl and LDL cholesterol below 77 mg/dl.[3] Decreases in blood sugars over the long-term (as measured by Hgb A1c levels) have also been shown to slow kidney disease in people with type-1 diabetes.

Renal Protective Anti-Angiotensin Drugs

Medications used to slow the progression of kidney disease are referred to as "renal-protective" (or renoprotective) and the most popular of these are a class of blood pressure lowering medications which inhibit the activity of an adrenal hormone called angiotensin. (I will refer to these as anti-angiotensin medications.)

Two Categories of Anti-angiotensin Medications
ACE-I: Accupril (quinapril), Aceon (perindopril), Altace (ramipril), Capoten (Captopril), Lotensin (benazepril), Mavik (trandolapril), Monopril (fosinopril), Prinivil (lisinopril), Univasc (moexipril), Vasotec (enalapril), Zestril (lisinopril)
ARB: Cozaar (losartan), Atacand (candesartan), Teveten (eprosartan), Avapro (irbesartan), Micardis (telmisartan), Benicar (olmesartan), Hyzaar (losartan) and Diovan (valsartan).

These medications fall into two general classes: The kinds that block the production of angiotensin by the adrenal gland are known as *angiotensin-converting enzyme inhibitors* (ACE-I) and those that block the activity of this hormone at the places where it works in the body (the receptor sites) are called *angiotensin receptor blockers (*ARB*).* Research has found the more severe the kidney damage, as reflected by a larger amount of protein in the patient's urine, the greater the benefits from these medications.

Disease Mongering with Proteinuria

The bulk of the research on the medications that modify the effects of angiotensin is funded by the pharmaceutical companies, so the real truths about the benefits of these drugs are hard to know for certain. The amount of protein in the patient's urine (proteinuria) is the "end point" most often measured to determine a drug's benefit. However, the "end points" most meaningful to the patient are staying alive, healthy, and off a dialysis machine. Research has clearly established that these medications will decrease the amount of protein in the urine, but their benefits for improved health are seriously questioned.

An example of the lack of a direct connection between reducing proteinuria with medication and a patient's improved health is the diabetic medication Avandia. (Avandia is also known as rosiglitazone.) Rosiglitazone combined with metformin has been proven to provide a greater reduction in proteinuria than other oral antidiabetic combinations.[4] Yet, the *New England Journal of Medicine* on June 2007 published the results of diabetics taking rosiglitazone—they found a 43% increased risk of a heart attack and a 64% increased risk of death from all cardiovascular causes.[5] Thus, diabetic patients using Avandia will be more likely to die, but they will die with less protein in their urine.

Renal-protective Effects of Anti-Angiotensin Drugs Questioned

A study recently published in the Lancet concluded, "…claims that ACE inhibitors and ARBs are renoprotective in diabetes seem to derive from small placebo-controlled trials that provide uncertain evidence of the existence of any true advantage over and above blood-pressure control… There seems to be little justification for ACE inhibitors or ARBs to be first-line choices for renoprotection in diabetes on the basis of efficacy, and re-

sidual uncertainty still exists about the inherent value of these drugs in other renal disorders. In view of the present analysis, treatment decisions for hypertension in renal disease should be based on the blood-pressure-lowering effect, comparative tolerability, and cost of antihypertensive treatment."[6]

Not only may these two categories of anti-angiotensin medications (ACE-I and ARB) have no special benefits, they may actually be more harmful than other antihypertensive medications. There is good evidence from one very large study that ACE-I drugs result in a higher risk of stroke and cardiovascular disease (like heart failure and heart surgery) when compared to the use of inexpensive diuretics (chlorthalidone) for the treatment of hypertension.[7]

Patients with Diabetes without Proteinuria

A common practice by almost all doctors these days is to treat all diabetics, with or without hypertension, with ACE-I and/or ARB drugs, even when they have no protein in their urine. The highly respected Cochrane review of diabetic patients, many with hypertension, but no protein in their urine, found the future development of protein in the urine was reduced by ACE-I medications, but this had no effect on progression of kidney disease or risk of death.[9] Another recent review of the current evidence concluded: "Until more evidence accumulates on the alleged renoprotection associated with RAS inhibition (inhibition of the renin-angiotensin system), it seems reasonable for clinicians to not use pharmacologic intervention with ACE inhibitors or ARBs in normotensive patients with diabetes. For hypertensive patients with diabetes, prescribing a thiazide diuretic would also seem to represent the practice of evidence-based medicine."[10] In addition, patients with kidney disease from causes other than diabetes with low levels of protein in their urine (500 mg/day or less) have not been shown to benefit from ACE-I or ARB medications.[11]

ARB Increase the Risk of Stroke and Heart Disease[8]

The VALUE trial showed the angiotensin receptor blocker valsartan produced a statistically significant 19% relative increase in myocardial infarction (fatal and non-fatal) compared with amlodipine and a 13% increase in the incidence of stroke in patients taking valsartan.

The CHARM-alternative trial showed a significant 36% increase in myocardial infarction with candesartan (versus placebo) despite a reduction in blood pressure (4.4 mm Hg systolic and 3.9 mm Hg diastolic) vs. placebo treatment.

The SCOPE study, candesartan was associated with a non-significant 10% increase in fatal plus non-fatal myocardial infarction despite lower blood pressure (3.2 mm Hg systolic and 1.6 mm Hg diastolic) for candesartan vs. placebo.

What To Do?

Kidney disease is a serious problem and people with diabetes are at especially high risk of losing the function of their kidneys. Treating high blood pressure, cholesterol, and blood sugar with medications will be of some benefit. However, these medications are associated with serious side effects and financial costs. ACE-I and ARB medications are highly profitable for the pharmaceutical industry and as a result they have spent billions of dollars for research that favors their products and marketing to their sales division, the medical doctors.

As discussed above, the real benefits for the patient of using these medications, over less expensive ones, are in doubt. Based on available research, a diuretic, such as chlorthalidone, would be the drug of first choice for treating hypertension in patients with kidney disease. People with diabetes and no protein in their urine should not routinely receive so-called "renal-protective" medications in the form of ACE-I or ARB. In addition, people with kidney disease from non-diabetic causes and no protein in their urine should not take these medications for "renal-protection." For people with diabetes and significant kidney disease, given a choice between use of an ACE-I and ARB, the ACE-I are more effective with fewer risks that the ARB.[12]

Hypertension, elevated cholesterol, and type-2 diabetes are due to the Western diet. Likewise, the health of the heart, kidneys, arteries, and the rest of the body is dependent on a healthy diet. What is missing in the current treatment of people with kidney disease is diet-therapy. For almost seventy years doctors have been aware of the profound effect that a healthy diet has on preserving kidney function, and even reversing some of the kidney damage. Next month's newsletter will continue with a discussion of the most effective form of renal-protection: a healthy, cost-free, low-protein vegan diet.

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"Death by Veganism" Begins Its Slow Demise

On June 24, 2007 the Public Editor for the New York Times started a long overdue correction of the public's misconceptions about a vegan diet. This came about largely because of the letters many of you wrote to the Public and Op-Ed editors of the New York Times about the Nina Planck article called "Death by Veganism." Consider these recent events as a good start for a diet revolution that will change everything.

(See the May 2007 McDougall Newsletter for the beginning of this story.)

Published: June 24, 2007

The Danger of the One-Sided Debate
By CLARK HOYT

"We look for opinions that are provocative," said Andrew Rosenthal, the editor of the editorial page. "Opinions that confirm what you already thought aren't that interesting."

But some opinions provoke more than others. Two very different columns by guest contributors, one last week and one last month, caused enormous reader outcries and raised important questions. Are there groups or causes so odious they should be ruled off the page? If The Times publishes a controversial opinion, does it owe readers another point of view immediately? And what is the obligation of editors to make sure that op-ed writers are not playing fast and loose with the facts?...(Deleted is a section on Ahmed Yousef, a spokesman for Hamas.)

Rosenthal and Shipley (the op-ed editor) said that, over time, they try to publish a variety of voices on the most important issues…This wasn't the case, however, with a May 21 op-ed by Nina Planck, an author who

writes about food and nutrition. Sensationally headlined “Death by Veganism,” Planck’s piece hit much closer to home than Yousef’s. It said in no uncertain terms that vegans — vegetarians who shun even eggs and dairy products — were endangering the health and even the lives of their children. A former vegan herself, Planck said she had concluded “a vegan pregnancy was irresponsible. You cannot create and nourish a robust baby merely on foods from plants.”

Her Exhibit A was a trial in Atlanta in which a vegan couple were convicted of murder, involuntary manslaughter and cruelty in the death of their 6-week-old son, who was fed mainly soy milk and apple juice and weighed only 3.5 pounds. The column set off a torrent of reader e-mail that is still coming in — much of it from vegans who send photos of their healthy children or complain bitterly of being harassed by friends and relatives using Planck’s column as proof that their diet is dangerous.

If there was another side, a legitimate argument that veganism isn’t harmful, Planck didn’t tell you — not her obligation, Rosenthal and Shipley say. But unlike the Middle East, The Times has not presented another view, or anything, on veganism on its op-ed pages for 16 years. There has been scant news coverage in the past five years.

There is another side.

Rachelle Leesen, a clinical nutritionist at the Children’s Hospital of Philadelphia, told me that Planck’s article “was extremely inflammatory and full of misinformation.” She and her colleague Brenda Waber pointed me to a 2003 paper by the American Dietetic Association, the nation’s largest organization for food and nutrition professionals. After reviewing the current science, the A.D.A., together with the Dietitians of Canada, declared, “Well-planned vegan and other types of vegetarian diets are appropriate for all stages of the life cycle, including during pregnancy, lactation, infancy, childhood and adolescence.”

Planck said she was aware of the A.D.A.’s position but regarded it as “pandering” to a politically active vegan community.

I won’t rehash the scientific dispute in a case in which Planck has her experts and the A.D.A. paper cited more than 250 studies, but I think The Times owes its readers the other side, published on the op-ed page, not just in five letters to the editor that briefly took issue with her.

I even question Planck’s Exhibit A, poor little Crown Shakur, who was so shriveled at his death that doctors could see the bones in his body. His death, she wrote, “may be largely due to ignorance. But it should prompt frank discussion about nutrition.”

Maybe, if by nutrition you mean a discussion about whether you feed a baby anything at all.

The prosecutor argued — and the jury believed — that Crown’s parents intentionally starved him to death. News coverage at the time said that the medical examiner, doctors at the hospital to which Crown’s body was taken and an expert nutritionist testified that the baby was not given enough food to survive, regardless

of what the food was.

Charles Boring, the Fulton County prosecutor who handled the case, told me it was “absolutely not” about veganism. Planck and Shipley said they were aware of the prosecutor’s contention. Shipley said, “We were also aware, though, that the convicted couple continues to insist that they were trying to raise their infant on a vegan diet.”

But the jury didn’t believe them, and leaving that out put Planck’s whole column on a shaky foundation.

Op-ed pages are for debate, but if you get only one side, that’s not debate. And that’s not healthy.

The public editor serves as the readers' representative. His opinions and conclusions are his own. His column appears at least twice monthly in this section.

You might write to Clark Hoyt, Public Editor, The New York Times and thank him for his attention to this matter: public@nytimes.com.

Featured Recipes

Falafel Wraps

In the past I have always made baked falafel in pita bread, and added all the toppings separately, similar to how you would layer the toppings on a burger. My daughter, Heather, recently experimented with combining all the ingredients together in a bowl, and then wrapping it all up in a large tortilla. This is so delicious that I’m sure we will never go back to our old way of eating falafel. This combination works well either stuffed into pita or wrapped up in a tortilla. This is a richer food because of the tahini sauce. However, this may also be made with hummus instead of tahini, which would be much lower in fat content, but still delicious!

Preparation Time: 30 minutes (need baked falafel)
Cooking Time: none
Servings: 6-8

Tahini Sauce:
1 cup roasted tahini
¾ cup water
¼ cup fresh lemon juice
2 cloves garlic, minced
1 teaspoon Sriracha Hot Chili Sauce (optional)
dash sea salt

Combine all ingredients listed above in a food processor and process until smooth. Place in a bowl.

Add:
1 tomato, chopped
1 cup cucumber, chopped
3 chopped green onions
1 cup chopped lettuce
3 cups chunked baked falafel (see hints below)

Mix the vegetables and falafel into the tahini sauce. Stuff into pita halves, or place a line of the mixture down the center of a tortilla, roll up and eat.

Hints: The easiest way to make the baked falafel is to purchase the falafel mix sold in the bulk section of most natural food stores and also in packages in some supermarkets. The dry powder is mixed with water, allowed to rest for about 10 minutes, then formed into patties that resemble burgers. The directions tell you to fry in oil, but the falafel should be placed on a dry non-stick griddle and cooked about 5 minutes on each side, until browned. They may also be baked in a 375 degree oven for about 10 minutes on each side, until browned. To reduce the fat content of the tahini slightly, be sure to pour off all the oil from the top of the jar before using. Other vegetables may be added to the sauce as desired. A chopped avocado is one nice addition.

Thai Green Curry Rice

This rice dish is made with a Thai green curry paste that is sold in Asian markets, natural food stores and some supermarkets. To vary this recipe, try making it with red curry paste instead of the green curry paste.

Preparation Time: 20 minutes (cooked rice needed)
Cooking Time: 12 minutes
Servings: 4

1/3 cup vegetable broth
1 onion, chopped
1 red bell pepper, chopped
1 yellow bell pepper, chopped
2 cloves garlic, minced
1-2 tablespoons green curry paste
2 cups chopped Napa cabbage
1 cup broccoli florets
1 cup cauliflower florets
1 cup snap peas
1 tablespoon soy sauce

4 cups cooked long grain brown rice
1 tomato, chopped
1 tablespoon chopped fresh Thai basil
1 tablespoon chopped fresh cilantro
1 cup almond milk or rice milk mixed with 1 teaspoon coconut extract

Place the broth in a large pot along with the onion, bell peppers and garlic. Cook, stirring occasionally, for 5 minutes. Stir in the curry paste. Add the cabbage, broccoli, cauliflower, peas and soy sauce. Mix well, cover and cook for about 5 minutes, until vegetables are tender. Add the remaining ingredients, mix well and cook until heated through, about 2-3 minutes.

Hint: Curry pastes are quite spicy so you may want to start out with the smaller amount and add more to taste. If you can't find fresh Thai basil, just use the fresh basil found in the produce department of your supermarket. For a very colorful variation, use cooked Thai purple rice in place of the cooked brown rice. Coconut extract in rice or almond milk makes a wonderful substitution for coconut milk in recipes.

No-Bake Strawberry Pie with Chocolate Chunks

By Colleen Patrick-Goudreau

Colleen prepared and served this fantastic dessert during our latest Celebrity Chef weekend.

This delicious, easy-to-prepare pie calls for the sweetest strawberries you can find. It is also best when served within an hour or two of preparing it, since it is at its most fresh then, but it holds up just fine in the fridge.

Preparation Time: 20 minutes
Chilling Time: 1 hour
Servings: 8-12

Crust:
2 cups raw almonds or pecans
¾ cup pitted dates, preferably Medjool

Filling:
5 cups sliced ripe strawberries
5 pitted dates, soaked 10 minutes in warm water and drained
2 teaspoons fresh lemon juice
Dark chocolate chunks, preferably from a good, organic, fair-trade bar (optional)

Place the nuts in a food processor and grind until they're a coarse meal. Add the ¾ cup of dates (for the crust) and process until thoroughly combined. Press the mixture into a non-stick or very lightly oiled pie plate or spring form pan.

Arrange 4 cups of the sliced strawberries on top of the crust and set aside.

In a food processor or blender, combine the remaining 1 cup of strawberries with the 5 soaked dates and lemon juice. Puree until smooth. Pour the sauce mixture over strawberries.

Arrange the chocolate chunks on the top of the sauce (optional), and refrigerate the pie for 1 hour before serving. This will help the pie set and will be perfect for slicing.

Serving Suggestions and Variations: This is a perfect summer pie when strawberries are at their most ripe.

Tomatillo and Avocado Salsa

By John Ash

John Ash was one of the chefs during our Celebrity Chef weekend. He prepared a variety of delicious sauces to serve over simple foods, such as grilled vegetables, pasta or grains. This salsa keeps its bright green color even when prepared ahead of time because of the tomatillos.

Often tomatillos are cooked when they are used in recipes. Cooking tones down their natural acidity and astringency. Here, however, it is used raw where it's a perfect foil for the buttery avocado. This is delicious on grilled vegetables, bean and vegetable salads or bean burritos. Feel free to add drops of lime juice if you like more acidity and chopped cilantro too.

Preparation Time: 15 minutes
Chilling Time: 1 hour (optional)
Servings: Makes 1 ½ cups

2 medium fresh tomatillos, husks removed, washed and coarsely chopped
1 teaspoon chopped garlic
1 teaspoon seeded and chopped fresh serrano chile, or to taste
2 tablespoons chopped scallion
2 large ripe avocados, peeled and pitted
Salt and freshly ground pepper to taste

In a food processor add the tomatillos, garlic, chile and scallions and pulse to finely chop. Coarsely chop the avocado, add to the processor and pulse until just blended. Salsa should still have some texture. Season to taste with salt and pepper. Store covered and refrigerated for up to 2 days.

Chu Visits the Southwest Soup

This variation on Chu's Corn Chowder was sent to me by Linda Vallin. It is a delicious and hearty soup, perfect for the summer months.

Preparation Time: 10 minutes
Cooking Time: 15 minutes
Servings: 2-3

1 16-oz. bag frozen corn
1/2 cup water
1 cup vegetable broth
1 4-oz. can roasted green chilies
1/2 cup red bell pepper, chopped fine
1 15-oz. can black beans, rinsed and drained (optional)
2 green onions, chopped
Cilantro, for garnish

Bring the corn and water to a boil. Reduce heat, cover, and cook 5 minutes. Let the corn cool a bit, then puree in a blender with the broth. Return the mixture to the saucepan. (I like to strain it at this point because I prefer the texture, but this step is entirely optional). Add the chilies, the bell pepper and the beans (if using). If it seems too thick for your taste, add a bit more water or broth. Simmer until heated through, 7-10 minutes. Stir in the green onions. Garnish with cilantro.

Hint: Makes a good "first course" soup without the beans, a "main dish" soup with them.

The following 2 salad dressings were developed by Richard Whipple, executive chef at the Flamingo Resort Hotel, for the McDougall program.

Yellow Bell Pepper Vinaigrette

Preparation Time: 5 minutes
Chilling Time: 2 hours
Servings: makes 3 cups

2 12 ounce jars roasted yellow bell peppers
2 tablespoons diced green chilies
1 cup water
4 tablespoons cider vinegar
Pinch of salt and pepper

Combine all ingredients in blender, and blend until smooth.

Green Chili Orange Dressing

Preparation Time: 5 minutes
Chilling Time: 2 hours

Servings: makes 2 cups

1 cup diced green chilies

1 cup orange juice

4 tablespoons cilantro, chopped

Pinch of black pepper

Combine all ingredients in blender, and blend until smooth.