



McDougall Newsletter

Volume 6 Issue 9

Fall 2007 Back to School

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Low Vitamin D: One Sign of Sunlight Deficiency

A low vitamin D level found in the blood is one sign of sunlight deficiency, just like high blood cholesterol is one sign of eating too much meat and cheese. A far-reaching campaign has been launched by doctors, health organizations, supplement companies, and pharmaceutical industries to fix the problem of sunlight deficiency with pills. Take vitamin D pills and the internal levels of this vitamin will increase, but 5 of 9 studies have shown no reduction in the risk of suffering from a fracture and 9 of 10 studies have shown no decrease in the most serious bone break—hip fractures.¹ **PAGE 2**

If I Could Be Your Doctor, I Would Love to Tell You How: To Lose Excess Weight Effortlessly, Painlessly, and Permanently

You need to believe that the only thing that matters is the composition of the foods on your plate. Do not focus on anything else. Don't think about how much you eat. Don't think about exercise. It does not matter if you are a nice person, or if you go to church, or if your classmates picked on you in high school. It's the food. All you have to do to permanently change your life—I sincerely mean this; to lose excess weight and regain your lost health—is to change the makeup of the meals you put into your mouth. **PAGE 8**

Advanced Study Weekend September 7 to 9, 2007

The Advanced Study Weekend held September 7 to 9, 2007 was an outstanding success with more than 160 people enjoying each other's company, fabulous food, and the nation's top speakers on nutrition, health and medicine. Dr. T. Colin Campbell, PhD, appeared as a national hero to his captivated audience. The presentations of Michael Greger, MD's were a work of art. Brenda Davis, RD provided the audience with basic lessons on nutrition and the story behind her personal campaign to save the people of the Marshall Islands from the ravages caused by the rich Western diet. Jason Wyrick, Master Chef, cooked soups of the world **PAGE 11**

FEATURED RECIPES

Almond French Toast

Spicy Moroccan Chickpeas

Sweet and Spicy Soba Noodle
Stir-Fry

Cranberry Cookies

20 Minute Chili with Glazed
Tempeh

Portabella Stack with Seared Oyster
Mushrooms

Susan's Lite Goddess
Dressing

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Low Vitamin D: One Sign of Sunlight Deficiency



A low vitamin D level found in the blood is one sign of sunlight deficiency, just like high blood cholesterol is one sign of eating too much meat and cheese. A far-reaching campaign has been launched by doctors, health organizations, supplement companies, and pharmaceutical industries to fix the problem of sunlight deficiency with pills. Take vitamin D pills and the internal levels of this vitamin will increase, but 5 of 9 studies have shown no reduction in the risk of suffering from a fracture and 9 of 10 studies have shown no decrease in the most serious bone break—hip fractures.¹ In addition, no reduction in deaths has been found with supplementation.¹ Any hope for benefit is limited to people with severe deficiency (levels below 25 nmol/L).^{*} These pills cost money and the patient becomes dependent on one more drug. This profile is analogous to taking “statin” cholesterol-lowering medications: the cholesterol plummets, but the risk of heart attacks in otherwise healthy people remains unchanged and some people are harmed by the medication’s side effects.² Any hope of benefit is limited to those at very high risk of heart disease.² Neither medication should have been unleashed on the public as a tonic for better health, yet both have been.^{1,2}

Exposure of the body to sunshine reduces the risk of cancer and heart disease, but the use of vitamin D supplements may increase the risk of both diseases. Scientific research has shown that supplements raise the vitamin D levels in a man’s blood, and increase his risk of prostate cancer.³ Vitamin D supplements given to women increase their “bad” LDL-cholesterol by 4.1%, and reduce their HDL/LDL ratio by 10.5%—changes in both risk factors reflect an increased risk for heart attack and stroke.⁴

Sunshine never causes a toxic overproduction of vitamin D in the body. However, like all other drugs, toxicity has been reported with the consumption of vitamin D supplements as pills and fortified foods, like cow’s milk.⁵ The first sign of toxicity is excess calcium appears in the urine (hypercalcuria) and then blood levels of calcium rise (hypercalcemia). Hypercalcemia over time results in bone loss, kidney stones, and calcification of organs, like the heart and kidneys.

Like proper food, sunshine is essential for life. But, wait a minute! Aren’t people supposed to stay out of the sun?

Consequences of “The No Sun Campaign”

For the past half century people have been warned to stay out of the sun—wear protective clothing and use sunscreens to reduce premature aging of the skin and prevent skin cancers. The irritating effects of the sun’s energy may also cause pterygia (superficial blood vessel tissue on the whites of the eye) and reactivation of viral infections, such as lip herpes. There is no question overexposure should be avoided. But, have we gone too far with sun avoidance? I, along with the vast majority of the informed scientific community, believe so.

The best recognized consequence of sunlight deficiency is the bone-deforming children’s disease known as rickets. This condition is corrected by sunshine and/or vitamin supplements. A similarly-caused softening of the bone materials in adults, accompanied by the loss of minerals, is called osteomalacia. In most cases, sunlight deficiency causes no symptoms, but it can present as diffuse muscle and bone pain, and weakness, which can be misdiagnosed as fibromyalgia.⁶

Sunshine Deficiency May Also Contribute To:

Increased risk of cancer

Poorer cancer survival

Type-1 diabetes

Decrease in insulin's responsiveness

Multiple Sclerosis

Osteoporosis

Decline in periodontal attachment (loose teeth)

Cardiovascular disease

The proposed benefits of sunlight overlap with those of diet and exercise. Traditionally, people living closer to the equator who are exposed to more sunlight also eat more plant foods; whereas those living at higher latitudes eat more meat and dairy products. Most exercise takes place outdoors (or at least it did until the recent popularity of health-clubs). Therefore, in general, more exercise also means more sunshine. In practical terms, separating the benefits of sunshine, a plant-food based diet, and moderate exercise is pointless mental gymnastics. A health-conscious person will choose all three.

Sunlight as Therapy

Sunshine costs nothing and is effortless. Drawings in ancient cave dwellings indicate that people understood the importance of the sun for health, as well as warmth. During World War I sunlight therapy was used to heal soldiers' wounds; and in the years that followed, hospitals and clinics were built for treating tuberculosis with sunshine.⁷ This phototherapy, also known as heliotherapy, was also prescribed during these times to treat chronic diseases, such as ulcers, leukemia, arthritis, gout, and diabetes.⁸

Ultraviolet light of the sun's spectrum has been used for centuries and is now standard medical therapy, most commonly prescribed for the debilitating skin condition psoriasis, and for chronic depression. Alone or in combination with medications, like vitamin D and Psoralen, ultraviolet-emitting artificial lightings clear the skin of psoriasis and relieve associated arthritis. Life-threatening depression, called seasonal affective disorder, is successfully treated by exposing patients to additional ultraviolet light by using "light boxes." The benefits of light therapy are temporary, stopping when the treatment is discontinued. Please note: the use of natural sunlight has been found to be superior to the use of light produced by artificial sources in both psoriasis and depression.^{14,15}

Sunlight and Cancer Prevention

Excess sunlight is a recognized carcinogen, resulting in precancerous actinic keratosis and squamous and basal cell skin cancers. More than 1.5 million skin cancers are diagnosed annually in the US. Fortunately, these cancers are easy to detect, are almost never fatal, and are effectively removed by simple therapies, such as Aldara cream, liquid nitrogen freezing, and laser treatments.

In 1936, Dr. Peller reported that among US Navy Personnel, those with frequent skin cancers seemed to possess immunity to more serious internal cancers, such as those of the breast, colon, and prostate.²⁰ Consequently, he recommended deliberate induction of (non-melanoma) skin cancers as a "vaccination" against life-threatening cancers. It is unlikely that skin cancer provides direct immunity to other cancers. Rather, the sunlight itself makes the body healthier and more cancer resistant.

Recognized Medical Uses of Sunlight:⁹⁻¹⁹

Systemic:

Rickets

Osteomalacia

Psoriasis

Hypertension

High pulse rate

Low HDL-cholesterol

Neonatal jaundice

Pruritis

Psychological:

Premenstrual syndrome

Sleep disorders

Jet-lag

Insomnia

Adult attention-deficit/hyperactivity disorder

Mental depression (Seasonal Affective Disorder)

Skin:

Acne

Alopecia

Atopic dermatitis

Contact dermatitis

Cutaneous T-cell lymphoma

Disseminated granuloma annulare

Localized scleroderma

Urticaria pigmentosa

Pityriasis lichenoides

Pityriasis rosea

Pityriasis rubra pilaris

Pruritis

Urticaria pigmentosum

Vitiligo

Worldwide, the incidence of serious cancers, such as those of the breast, colon, and prostate, occur less commonly in geographic latitudes where sun exposure is greater. Another intriguing finding is that increased exposure to sunshine improves survival for people who already have cancer, including, those of the breast, colon, prostate, and lung, and melanoma and lymphoma.²¹⁻²⁴

Vitamin D Is Only One Part of the Story

Rather than focusing on non-profit, self-administered, non-toxic, highly-effective sunlight, the money-making spotlight of the medical, research, and pharmaceutical industries has been on vitamin D pills. (Similar to the way that dietary diseases, such as type-2 diabetes and heart disease, are treated—drug-therapy is the only game in town.) Apart from vitamin D synthesis there are a number of known ways that sunlight can affect a person's health. Some of the discovered mechanisms involve the direct alterations of the immune system, locally and systemically; modulation of other hormones, like melatonin, calcitonin, and melanocyte stimulating hormone; and changing the number and function of cells present in the skin.^{8,9} Sunlight also establishes circadian rhythms. Undoubtedly, many important mechanisms for the benefit of natural sunlight remain to be discovered.

Vitamin D Is Really "Hormone D"

Vitamin D is known as the "sunshine vitamin," because it is made by the action of sunlight on the skin. Plant-derived sterols found in the skin are converted by ultraviolet sunlight into vitamin D. Two further steps occur in the liver and kidney in order to finalize the production of the physiologically active form of vitamin D. Its name comes from the fact that it was discovered after vitamins A, B, and C. Under usual circumstances, vitamin D is not a vitamin, defined as an organic substance which must be obtained in small amounts *from the diet* for growth and health. Rather, this substance is a hormone *made within the body*. This hormone has the rare property of being formed by ultraviolet light rather than by an enzyme, and should not be regarded as a nutrient. In real life, approximately 90% of the vitamin D that people use is formed within the skin through the action of sunlight—only 10% comes from diet and/or supplements.²⁰

The need for sun precautions these days is because populations have migrated from their natural environments. Light-skinned people vacation and live in places closer to the equator than their ancestors did—now the direct sunlight exposure is too intense for their fair skin-type. Dark skinned people now live in low-sunlight latitudes, wear cover-up clothing, and work all day inside; causing sunlight deficiency. The epidemic of obesity in people of all skin tones has added to the problem. Because vitamin D is fat soluble, excess body fat will pull vitamin D out of circulation thus contributing to deficiency.²⁵

Sunlight is Quick and Efficient

Most of the benefits of sunlight, like vitamin D production, occur within the first 20 minutes of exposure.¹

Applying sunscreen will increase the time requirement for exposure—but is almost never the cause of vitamin D deficiency.¹

Exposing the body in a bathing suit to enough sun to make the skin just begin to turn red (one minimal erythema dose) is equivalent to ingesting 250 µg of vitamin D orally.²⁰ (Recommended oral doses are 50 to 100 µg daily. For conversion purposes: 1 µg equals 40 IU.) Exposing the face, arms, and hands of a light-skinned person to 5 minutes of sun at noon two or three times a week at a latitude of Boston, MA in the spring, summer, or fall will cause the body to produce sufficient vitamin D to meet all of its needs.²⁰ This time limit is skin-pigment-dependent. Asian-Indians may require 3 times, and Blacks may require 10 times as much exposure, as Whites under the same sunlight conditions. During wintertime, people must rely on their fat stores.

Vitamin D is a fat soluble vitamin that is stored for long periods of time mainly in the liver and the fatty tissues. When a person is completely deprived of sunlight, such as occurs with people on submarine missions or people living in extreme northern and southern latitudes, more than 2 months must pass before half of the vitamin D is depleted from the fat stores.²⁶ A sufficiency of vitamin D throughout the year depends upon how much sunshine a person is exposed to on his or her summer vacation—summertime synthesized D being released from body fat throughout the winter months.²⁷

People who already have sun damaged areas of skin, such as on their arms or face, should keep these surfaces protected. Rather they should expose only undamaged areas, like their chest, back, abdomen and legs in order to collect the benefits of sunshine.

Food and Supplement Sources of Vitamin D

People following the typical Western diet and taking over-the-counter supplements consume less than 25 µg daily. Sufficient levels of oral vitamin D intake would require at least 50 µg daily. Therefore, without sunlight exposure, the amount of vitamin D in the diet and over-the-counter supplements is typically insufficient to produce optimal levels.²⁶

Fish, including salmon, eel, pike, tuna, cod, and herring, have the highest amounts of vitamin D in their tissues (averaging 8 µg per 3.5 ounce serving). This means eating 20 ounces of fish daily to meet needs—which would also mean eating about 900 calories of fish fat and protein. Farmed salmon has only 25% of the vitamin D of wild salmon.²⁸ Egg yolk, beef liver, and a few plant foods, like wild mushrooms, have very small amounts of vitamin D. Eight ounces of fortified cow's milk or orange juice contains 2.5 µg of added vitamin D. Some cereals and breads are fortified with vitamin D. A one-a-day vitamin may contain 10 µg and over-the-counter high potency supplements may contain 25 to 50 µg. Prescription vitamin D supplements are made from a much more potent form of vitamin D, with a greater risk of toxicity.

The expected consequences of eating foods high in calories, fat, and cholesterol like fish, eggs, beef liver, and milk would be obesity, type-2 diabetes, and even heart disease. Therefore, relying on foods for vitamin D runs the very real risk of making a person sick. Plus, non-white people who use lactose-containing dairy products can expect diarrhea, stomach cramps and gas, due to lactose intolerance.

Should Healthy People Take Supplements?

No, otherwise healthy people who can expose themselves to life-giving sunshine should not bother with supplements. In addition to missing many valuable benefits of sunlight, taking supplements leads to the delusion that "the problem is solved;" like when people take high blood pressure, cholesterol and diabetic pills; they think they are cured.

However, many people are unable or unwilling to get outdoors. Lack of information on the importance of sunlight and the unwillingness to leave their offices and homes will cause many otherwise healthy people to get inadequate sunlight. The elderly and infirm confined to nursing homes, long-term care facilities, and homes are at high risk of developing deficiencies. Living above latitudes of 35 degrees—New York, London, Moscow, as well as living under sunlight-blocking air pollution increases the risk of vitamin D deficiency, especially in the winter months and for darker-skinned people.

In the above instances, daily supplementation with 50 to 100 µg of over-the-counter vitamin D will correct the vitamin D blood level; which is good, but will not solve the real problem of sunlight deficiency.

* Circulating levels of an inactive stable form of vitamin D (25-OH vit D) measured in the blood is an accepted indicator of vitamin D status. Normal in various laboratories is considered 20 to 150 nmol/L. When the lower threshold of normal is set to 25 nmol/L then 12.2% of US African-American women are deficient; when the lower limit is 50 nmol/L then 42.4% are deficient.¹

References:

- 1) Wolpowitz D, Gilchrist BA. The vitamin D questions: how much do you need and how should you get it? *J Am Acad Dermatol*. 2006 Feb;54(2):301-17.
- 2) Abramson J, Wright JM. Are lipid-lowering guidelines evidence-based? *Lancet*. 2007 Jan 20;369(9557):168-9.
- 3) Tuohimaa P, Tenkanen L, Ahonen M, Lumme S, Jellum E, Hallmans G, Stattin P, Harvei S, Hakulinen T, Luostarinen T, Dillner . Both high and low levels of blood vitamin D are associated with a higher prostate cancer risk: a longitudinal, nested case-control study in the Nordic countries. *Int J Cancer*. 2004 Jan 1;108(1):104-8.

- 4) Heikkinen AM, Tuppurainen MT, Niskanen L, Komulainen M, Penttila I, Saarikoski S. Long-term vitamin D3 supplementation may have adverse effects on serum lipids during postmenopausal hormone replacement therapy. *Eur J Endocrinol.* 1997 Nov;137(5):495-502.
- 5) Jacobus CH, Holick MF, Shao Q, Chen TC, Holm IA, Kolodny JM, Fuleihan GE, Seely EW. Hypervitaminosis D associated with drinking milk. *N Engl J Med.* 1992 Apr 30;326(18):1173-7.
- 6) Holick MF. Vitamin D: importance in the prevention of cancers, type 1 diabetes, heart disease, and osteoporosis. *Am J Clin Nutr.* 2004 Mar;79(3):362-71.
- 7) Holubar K, Schmidt C. Historical, anthropological, and biological aspects of sun and the skin. *Clin Dermatol.* 1998 Jan-Feb;16(1):19-22.
- 8) Lucas RM, Repacholi MH, McMichael AJ. Is the current public health message on UV exposure correct? *Bull World Health Organ.* 2006 Jun;84(6):485-91
- 9) Wharton JR, Cockerell CJ. The sun: a friend and enemy. *Clin Dermatol.* 1998 Jul-Aug;16(4):415-9.
- 10) Rybak YE, McNeely HE, Mackenzie BE, Jain UR, Levitan RD. An open trial of light therapy in adult attention-deficit/hyperactivity disorder. *J Clin Psychiatry.* 2006 Oct;67(10):1527-35.
- 11) Partonen T, Appelberg B, Partinen M. Effects of light treatment on sleep structure in seasonal affective disorder. *Eur Arch Psychiatry Clin Neurosci.* 1993;242(5):310-3.
- 12) Boulos Z, Campbell SS, Lewy AJ, Terman M, Dijk DJ, Eastman CI. Light treatment for sleep disorders: consensus report. VII. Jet lag. *J Biol Rhythms.* 1995 Jun;10(2):167-76.
- 13) Parry BL, Berga SL, Mostofi N, Sependa PA, Kripke DF, Gillin JC. Morning versus evening bright light treatment of late luteal phase dysphoric disorder. *Am J Psychiatry.* 1989 Sep;146(9):1215-7.
- 14) Postolache TT, Hardin TA, Myers FS, Turner EH, Yi LY, Barnett RL, Matthews JR, Rosenthal NE. Greater improvement in summer than with light treatment in winter in patients with seasonal affective disorder. *Am J Psychiatry.* 1998 Nov;155(11):1614-6.
- 15) Snellman E. Comparison of the antipsoriatic efficacy of heliotherapy and ultraviolet B: a cross-over study. *Photodermatol Photoimmunol Photomed.* 1992 Apr;9(2):83-5.
- 16) Snellman E, Lauharanta J, Reunanen A, Jansen CT, Jyrkinen-Pakkasvirta T, Kallio M, Luoma J, Aromaa A, Waal J. Effect of heliotherapy on skin and joint symptoms in psoriasis: a 6-month follow-up study. *Br J Dermatol.* 1993 Feb;128(2):172-7.
- 17) Simon JC, Pfiieger D, Schopf E. Recent advances in phototherapy. *Eur J Dermatol.* 2000 Dec;10(8):642-5.
- 18) Krause R, Buhning M, Hopfenmuller W, Holick MF, Sharma AM Ultraviolet B and blood pressure. *Lancet.* 1998 Aug 29;352(9129):709-10.
- 19) Barth J, Kohl V, Hanefeld M. [Behavior of lipids, other serum parameters and cardiovascular functions in ultraviolet therapy] *Hautarzt.* 1994 Oct;45(10):702-7. German.
- 20) Reichrath J. The challenge resulting from positive and negative effects of sunlight: how much solar UV exposure is appropriate to balance between risks of vitamin D deficiency and skin cancer? *Prog Biophys Mol Biol.* 2006 Sep;92(1):9-16.
- 21) Porojnicu A, Robsahm TE, Berg JP, Moan J. Season of diagnosis is a predictor of cancer survival. Sun-

induced vitamin D may be involved: a possible role of sun-induced Vitamin D. *J Steroid Biochem Mol Biol.* 2007 Mar;103(3-5):675-8.

22) Robsahm TE, Tretli S, Dahlback A, Moan J. Vitamin D3 from sunlight may improve the prognosis of breast-, colon- and prostate cancer (Norway). *Cancer Causes Control.* 2004 Mar;15(2):149-58.

23) Zhou W, Suk R, Liu G, Park S, Neuberg DS, Wain JC, Lynch TJ, Giovannucci E, Christiani DC. Vitamin D is associated with improved survival in early-stage non-small cell lung cancer patients. *Cancer Epidemiol Biomarkers Prev.* 2005 Oct;14(10):2303-9.

24) Berwick M, Armstrong BK, Ben-Porat L, Fine J, Krickler A, Eberle C, Barnhill R. Sun exposure and mortality from melanoma. *J Natl Cancer Inst.* 2005 Feb 2;97(3):195-9.

Vieth R. What is the optimal vitamin D status for health? *Prog Biophys Mol Biol.* 2006 Sep;92(1):26-32.

25) Smotkin-Tangorra M, Purushothaman R, Gupta A, Nejati G, Anhalt H, Ten S. Prevalence of vitamin D insufficiency in obese children and adolescents. *J Pediatr Endocrinol Metab.* 2007 Jul;20(7):817-23.

26) Vieth R. What is the optimal vitamin D status for health? *Prog Biophys Mol Biol.* 2006 Sep;92(1):26-32.

27) Poskitt EM, Cole TJ, Lawson DE. Diet, sunlight, and 25-hydroxy vitamin D in healthy children and adults. *Br Med J.* 1979 Jan 27;1(6158):221-3.

28) Lu Z, Chen TC, Zhang A, Persons KS, Kohn N, Berkowitz R, Martinello S, Holick MF. An evaluation of the vitamin D3 content in fish: Is the vitamin D content adequate to satisfy the dietary requirement for vitamin D? *J Steroid Biochem Mol Biol.* 2007 Mar;103(3-5):642-4.



If I Could Be Your Doctor, I Would Love to Tell You How:

To Lose Excess Weight Effortlessly, Painlessly, and Permanently

1 You need to believe that the only thing that matters is the composition of the foods on your plate. Do not focus on anything else. Don't think about how much you eat. Don't think about exercise. It does not matter if you are a nice person, or if you go to church, or if your classmates picked on you in high school.

It's the food. All you have to do to permanently change your life—I sincerely mean this; to lose excess weight and regain your lost health—is to change the makeup of the meals you put into your mouth.



Can you appreciate the differences between the basic components of these two dishes? If so, then you know the secret to great health.

2 You can learn the truth about permanent weight loss by simply opening your eyes. Look around the world. Who are the millions of people who look trim, healthy and young—who have the physical shape that you want? Did you pick Japanese, Thai, Peruvians, and rural Mexicans? Did you also notice that all of these people follow diets based on starches: rice, potatoes, beans, and corn? They eat very little meat, dairy, and processed foods. They also avoid the diseases that are common to us. Change your meals to these comfort foods and solve your health and weight problems. Make this simple observation and you will never be fooled by fad diets again.



3A The more you eat, the thinner and healthier you will become. You have tried low-calorie diets in the past. Most of these kinds of diets are based on restricting how much you eat. Do you remember the agonizing pains from hunger? How could you expect your will power to win out? Each successive time you tried portion-controlled, calorie-restricted diets you did worse than with previous attempts. The pain of hunger is a powerful teacher.



3B Rather than semi-starvation, during your most desperate times you ate all you could stomach of meat, cheese, and eggs (a la Atkins). You became ill with ketosis, lost your appetite and some weight. Being sick is unpleasant, so you had to cease this foolishness and you regained your lost weight. Now you worry about the possible long-term consequences of eating all that fat and cholesterol—cancer, heart disease, hemorrhoids, etc.



4 If you have tried to follow a plant-food based diet in the past and got off track, don't be discouraged. Pleasure, too, is a powerful teacher, like hunger. Likely, you remember this experience as a time when you felt your best, you lost weight effortlessly, and you were never hungry. Your body was healing and your future was promising. Now is the time to give a diet based on starches another chance—and you will do better than you did the last time—you will follow this enlightened path more faithfully—and you will become stronger, trimmer, and handsomer as the months and years pass. To accelerate your weight loss, increase the quantity of green and yellow vegetables in your diet. But, don't overdo the low-calorie cauliflower and peapods. Starch must remain your source of clean, appetite-satisfying calories. Focus on whole grains; not refined flours, like those found in bagels and pretzels, and white breads and white pastas.



5 Your goal should be to find a few meals that you really enjoy and are willing to fix over and over again. Mary has published more than 2500 recipes. Your goal is to find one dish you like for breakfast, one for lunch and two or three for dinner. When someone asks: "what's for dinner?" You say, "Bean burritos, minestrone soup and bread, black bean chili, or pasta and marinara sauce." Think starch-centered meals.



6 The fat you eat is the fat you wear. You can expect that the fats from animal foods, such as meat, poultry, fish, milk, and cheese; as well as, those found in large amounts in some plant foods, such as nuts, seeds, avocados and olives, will be effortlessly moved into and stored in your body fat. The most harmful sources of fat are concentrated animal forms, such as lard and butter, and those extracted from plants, such as olive, corn, safflower, and flaxseed oils. When mixed into soups, stews, and bakery products they seem to disappear—only to reappear around your waistline.



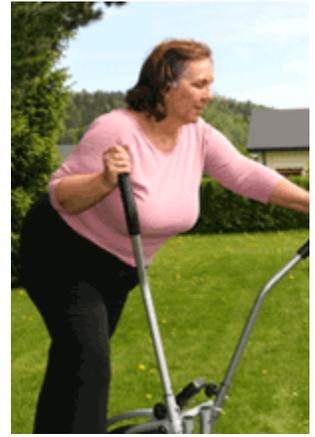
7 Under usual living situations carbohydrates do not turn into body fat. Rather than being stored, excess carbohydrate calories are burned off as body heat, eliminated through the lungs and skin. Only by consuming very large amounts of refined flours and simple sugars will the body resort to converting carbohydrate into fat, a process called de novo lipogenesis. Fructose, often present as high fructose corn syrup and found in sodas and candies, is an exception in that this one form of simple carbohydrate is easily converted into body fat. Otherwise, think: "Carbohydrates found in rice, potatoes, broccoli and bananas will keep me thin and healthy—just like they do for people living in Asia and Peru."



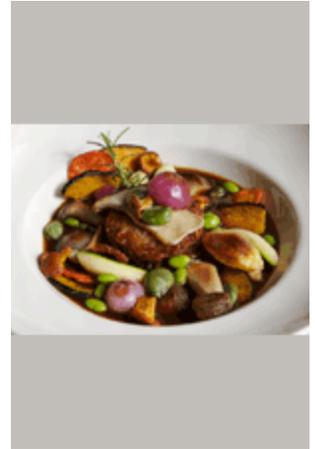
8 Alcohol does not turn into fat. Friends who brag about their "beer belly" are mistaken. This is really "a pizza-cheese and potato chip-fat belly." Excess alcohol calories are burned off as heat, not stored. Serious alcoholics are underweight. However, moderate drinking contributes to being overweight by providing readily-usable, alcohol-derived calories—the body burns alcohol and leaves fat stored in your buttocks. Plus, alcohol reduces self-control causing you to be unable "to eat just one" of anything.



9 Exercise helps but it cannot compensate for oil- and sugar-filled foods. First, manage every morsel that passes your lips, and then, start burning a few more calories with exercise. Find something you love to do so that this valuable time is long-awaited. I windsurf every time the wind blows, and I walk my grandson, Ben, in his backpack several times a week. I call these activities pure pleasure—not exercise. Isn't there something you love doing? Tennis, walking, bicycling, etc.?



10 Eating out is a major downfall for most people—do not make restaurants your chief cook. Even though you ask the waiter for “no-added-oil,” you will more often than not be served a meal glistening with grease. If you do have to eat out, keep it simple, like baked potatoes, sweet potatoes, whole beans and rice. Or pick one fine dining establishment and challenge the chef to make you an oil-free creation of unrefined whole starches, vegetables, and fruits.



The stock photos were all downloaded from dreamstime at <http://www.dreamstime.com>

Advanced Study Weekend September 7 to 9, 2007

The Advanced Study Weekend held September 7 to 9, 2007 was an outstanding success with more than 160 people enjoying each other's company, fabulous food, and the nation's top speakers on nutrition, health and medicine. Dr. T. Colin Campbell, PhD, appeared as a national hero to his captivated audience. The presentations of Michael Greger, MD's were a work of art. Brenda Davis, RD provided the audience with basic lessons on nutrition and the story behind her personal campaign to save the people of the Marshall Islands from the ravages caused by the rich Western diet. Jason Wyrick, Master Chef, cooked soups of the world for an excited crowd. Most people considered it the best health dollar they had ever spent and planned to return to the February 22 to 24, 2008 weekend. You had to have been there to fully appreciate the experience.

A Few Representative Comments from Attendees of the September 2007 Weekend

I just wanted to thank you and tell you what a great time I had at your advanced study weekend. My sister and I attended last year and decided then to make it our annual girls' weekend. We enjoyed it thoroughly. I was a little concerned that this year wouldn't be as good as last but the caliber of speakers you have each time is amazing. We were both educated and inspired. The speakers were so clear about what foods we should be eating for optimal health that I've recommitted and am feeling the benefits already. Even my three children ages 7 to 16 are excited about eating this way and looking forward to seeing the benefits in their school and sports performance. Lynette Mendoza

Thank you, your lovely wife Mary, Heather, and your growing staff for putting on another fantastic weekend of information and great food. All the speakers were great. René and I never get tired of attending as often as possible. Don Carrier

First, let me say once again how much Joyce and I enjoyed the advanced seminar weekend last week. We are always amazed at the quality of speakers you continue to find and the wealth of information imparted. Al & Joyce Viviani PS The food was really wonderful as usual!

First off let me affirm that what you are doing in the field of health is nothing short of fantastic. I thoroughly enjoyed the weekend seminar. Allen Appell, PhD

My husband and I just returned from a trip that included your Advanced Studies Weekend. It was great! We were inspired by all of the speakers and enjoyed meeting other people who are also on this journey. The food was wonderful and it is so helpful to have some simple, but delicious, recipes that I have tasted to help me stay on the diet. Please thank Mrs. McDougall for her work in this area. Peggy Henry

Thanks so much for an absolutely wonderful weekend. The speakers were wonderful (especially you as always) and Chef Jason was great. I just wanted to let you know that I made two of the dishes that he showed us yesterday for dinner tonight, the 20-minute chili and the blue corn chip salad. They both turned out great and my husband, Jeff, and my daughter really liked them. If I can continue to cook like that every night I can definitely get Jeff on the right track. Shirley Semel

I was just at your health weekend and had a great time and all your speakers were excellent - a better group one could not find. Ron Scheinberg

The speakers you had at your program this weekend were brilliant, humorous, compassionate and motivational. The food was outstanding as usual and my room was fabulous! I will certainly be at the next one. I can't stop talking about everything I have learned! Leslie Altier

I just wanted to say it was a fabulous weekend! Sincere thanks to you and your staff for putting together such a stellar program! Somehow, I always walk away with highly relevant, important knowledge. Sandy Ballinghoff

I just wanted to say thanks for another wonderful weekend! They just keep getting better. I don't know how you're going to top this one. Bill Lawton

What a FABULOUS WEEKEND that was! Thank you again for sharing your passion. We're all signed up for February. Sue Bagoye

[The next weekend will be February 22 to 24, 2008:](#)

Sign up now; the last weekend was sold out!

Confirmed speakers so far are:

Joseph Wu, MD, researcher from UC Irvine Department of Psychiatry and Human Behavior, Irvine, CA, who will be talking on controlling sleep as a means of treating depression and insomnia.

Dan Piraro, creator of *Bizarro* the daily comic-commentary strip.

Jeff Novick, RD, world-renowned nutrition expert and comic, and director of nutrition at the Pritikin Longevity Center & Spa.

Jay Gordon, MD, pediatrician, author of the well-received book, *Good Food Today, Great Kids Tomorrow*.

Meredith McCarty DC, NE author of three cookbooks, including the award-winning *Sweet and Natural*.

And, course, Doug Lisle, PhD and John McDougall, MD. And more speakers, to be announced.

The 10-day live-in program runs nearly every other month—this is the safest and most effective way to get off of all your unnecessary medications and get your life back under your control. [For more details.](#)

Two rooms are left for Costa Rica for February, 2008. We hope to repeat a similar experience in July of 2008.

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

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



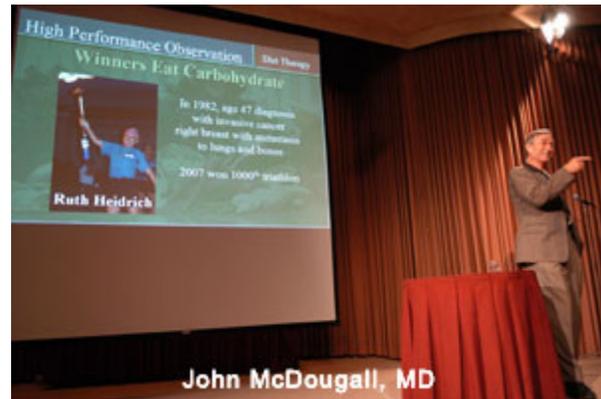
Brenda Davis, RD



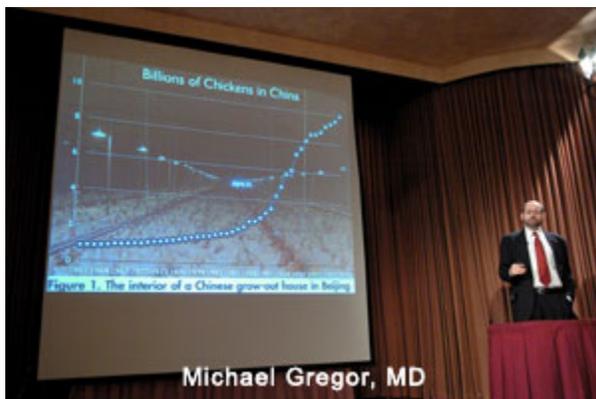
Doug Lisle, PhD



Jason Wyrick, Chef



John McDougall, MD



Michael Gregor, MD



T. Colin Campbell, PhD



Featured Recipes

Almond French Toast

This is a modified version of the French Toast that I have been making for many years. This one is even easier because you don't have to make the cashew milk first, you can buy almond milk in aseptic packages in most supermarkets and natural food stores.

Preparation Time: 5 minutes

Cooking Time: 15 minutes

Servings: 12

2 cups almond milk
 1 tablespoon brown sugar
 1/8 teaspoon cinnamon
 dash turmeric
 12 slices whole wheat bread

Combine the almond milk with the brown sugar, cinnamon and turmeric. (Place in a blender jar and process briefly, use an immersion blender in a deep bowl, or place in a covered jar and shake well.) Dip slices of the bread into this mixture and brown on a medium-hot non-stick griddle. Serve with warmed maple syrup.

Spicy Moroccan Chickpeas

Since I really love garbanzo beans, I am always looking for new ways to enjoy them. I have been experimenting a lot with Middle Eastern flavors lately and this delicious stew is a delightful result. Serve this over whole wheat couscous or in a bowl by itself.

Preparation Time: 10 minutes

Cooking Time: 55 minutes

Servings: 6

1 3/4 cups vegetable broth
 1 onion, chopped
 2 stalks celery, chopped
 1 carrot, chopped
 2 cloves garlic, minced
 2 teaspoons smoked paprika
 2 teaspoons ground cumin
 1 teaspoon ground ginger
 1/2 teaspoon turmeric
 1/4 teaspoon black pepper
 1/8 teaspoon cinnamon
 1/8 teaspoon cayenne pepper
 2 15 ounce cans garbanzo beans, drained and rinsed
 1 15 ounce can fire roasted chopped tomatoes
 1 tablespoon tomato paste
 2 tablespoons fresh chopped cilantro
 1 tablespoon lemon juice

Place 1/4 cup of the broth in a large pot. Add the onions, celery, carrots and garlic. Cook, stirring frequently, for 5 minutes, until vegetables soften slightly. Stir in the spices and mix well. Add the remaining vegetable broth, the garbanzos, the tomatoes and tomato paste. Mix well, bring to a boil, reduce heat to low, cover and cook for 45 minutes, stirring occasionally. Add cilantro and lemon juice and cook for another minute to allow flavors to blend.

Sweet and Spicy Soba Noodle Stir-Fry

By Heather McDougall

Heather makes this delicious, yet easy to prepare, dish often for her family. It is a favorite with Jaysen and Ben, our grandsons, aged 3 ½ & 1.

Preparation Time: 15 minutes

Cooking Time: 15 minutes

Servings: 4

4 tablespoons Hoisin Sauce

4 tablespoons soy sauce

1 tablespoon Agave Nectar

1-2 teaspoons Sriracha Hot Chile Sauce

3 cloves crushed garlic

1 20-ounce package firm tofu cut into ½-inch cubes

1 onion, coarsely chopped

3 cups chopped vegetables of your choice (carrots, broccoli, red cabbage, snow peas)

12 ounces cooked buckwheat soba noodles, cut into 2-inch pieces

Toasted Sesame Seeds for garnish, optional

Mix first 5 ingredients together and toss with tofu and onions. Set aside. In a wok, on medium-high heat, add tofu and onion mixture with marinade. Stir-fry for 5 minutes, stirring frequently. Add vegetables and stir-fry for another 10 minutes. Turn off wok and add noodles. Stir to combine. Garnish with sesame seeds.

Hint: Cooked buckwheat soba noodles are available in some markets and natural food stores. These are a real time-saver if you can find them. If they are unavailable, use dry buckwheat soba noodles, about 6 ounces, and cook according to package directions.

Cranberry Cookies

By Linda & Anne Mulder

When John gave a talk in the Paso Robles area a few months ago, there was a small gathering at the home of Dr. and Mrs. Mulder before the presentation. They served the most wonderful Cranberry cookies, and since I am always asked for cookie recipes, of course, I asked them for their recipe so I could share it with you. Remember, these are a rich food, don't eat the whole batch at one time!!

Preparation Time: 30 minutes

Baking Time: 9 minutes (convection)

Servings: Makes 50 cookies

1 cup finely ground walnuts

½ cup brown sugar

½ cup white sugar

2/3 cup applesauce

1 teaspoon vanilla

1 cup whole wheat flour

1 ¼ cup unbleached white flour

1 teaspoon baking soda

1 teaspoon salt

1 cup dried cranberries

Preheat oven to 350 degrees.

Combine the first 5 ingredients in a large bowl. Mix the flours, baking soda and salt in another bowl. Add

dry ingredients to the wet ingredients and mix together until it becomes a smooth brown dough. Add cranberries and mix well. Drop by spoonfuls onto non-stick baking sheets. Bake for 9 minutes, convection, and remove immediately.

Hints: Substitute raisins or dried blueberries for the cranberries, if you wish. To grind the walnuts, just place them in a food processor and process until they are very finely ground. Trader Joe's sells finely ground walnut meal that would also work in this recipe. Walnuts and walnut meal should be stored in the freezer to keep them fresh until using.

If you don't have a convection oven, the baking time will be a bit longer, probably about 12 minutes.

20 Minute Chili with Glazed Tempeh

By Jason Wyrick

During our last Advanced Study Weekend Chef Jason Wyrick entertained and wowed us with some of his inspired and tasty recipes. This is a flavorful, hearty meal that cooks in a short amount of time. This gets even better as it sits so you can prepare it ahead of time and reheat just before serving. Serve this with a hearty bread to dunk in the chili.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 4

¼ cup sliced yellow onion
¼ cup water
3 cloves garlic, minced
1 cup fire roasted chopped tomatoes
1 15 ounce can black beans, with liquid
1 tablespoon lime juice
2 tablespoons chopped cilantro leaves
1 teaspoon cumin
¼ cup mild chili powder
1 tablespoon chipotle powder
1 teaspoon Mexican oregano
½ teaspoon salt
16 ounces tempeh
1 tablespoon sweet agave nectar
⅛ teaspoon salt
chopped cilantro leaves for garnish (optional)

Place the onion in a large non-stick pot and sauté over medium high heat until it browns deeply. Stir in the water, add the garlic and cook for 3 minutes. Add the tomatoes, beans, lime juice, cilantro and spices. Reduce heat to medium and cook for 10 minutes.

While chili is simmering, cube the tempeh. Toss with the agave nectar and salt. Place in a large non-stick skillet and sauté on medium high heat until the agave nectar gums around the tempeh. Add to the finished chili. Sprinkle with fresh chopped cilantro before serving, if desired.

Hints: Browning the onions gives them a darker flavor and also makes them a little sweeter. Adding the water after they brown allows that dark sweetness to become a sauce, which then easily mingles with the tomatoes and other spices.

Portabella Stack with Seared Oyster Mushrooms

By Jason Wyrick

Jason demonstrated this gorgeous stacked dish during our last Advanced Study weekend. The presentation of this dish is so outstanding you'll want to make this the next time you have guests to impress. Even though it looks like you may have spent all day in the kitchen preparing, it doesn't take that much time, and much of the preparation can be done in advance. The taste is fantastic too!!

Preparation Time: 20 minutes

Cooking Time: 35 minutes

Servings: 2

¼ cup pearly barley
½ cup of water or vegetable broth
2 portabella mushrooms
¼ cup balsamic vinegar
1 cup oyster mushrooms, chopped
1 roasted red pepper
1 16 ounce can fire roasted chopped tomatoes
2 tablespoon lemon juice
½ teaspoon freshly ground black pepper
¼ teaspoon salt
2 cloves garlic, minced
1 teaspoon capers
2 green onions, sliced
2 tablespoons fresh tarragon leaves
½ teaspoon crushed red pepper (optional)

Place the water or broth in a small saucepan and bring to a boil. Add the barley, reduce heat, cover and cook until tender, about 35 minutes.

Meanwhile, remove the stems and gills from the portabella mushrooms. Set aside.

Place the roasted red pepper, tomatoes, lemon juice, pepper and salt in a food processor and process until smooth. Transfer to a saucepan and add the garlic, capers, green onions, tarragon and optional red pepper for more heat. Simmer over medium heat while cooking the mushrooms.

Place the oyster mushrooms in a large non-stick skillet and sear over medium heat until they brown. Remove and set aside. Reduce heat to medium, add the portabellas and the balsamic vinegar. Cook gently until the portabellas just begin to soften and sweat, adding tiny amounts of water to keep the vinegar from burning.

To serve, place the portabellas on individual plates, gill(less) side up. Divide the cooked barley into each mushroom, top with the seared oyster mushrooms, and ladle the sauce over the top.

Hints: This recipe may easily be doubled or tripled to serve more guests. The barley may be prepared ahead of time and reheated just before assembling. The sauce may also be prepared earlier and reheated. For presentation, sprinkle some extra fresh cut tarragon or chives over the top of the stack before serving. If you can't find oyster mushrooms, any other small mushroom will work.

Susan's Lite Goddess Dressing

By Susan Voisin

This delicious dressing is from the blog.fatfreevegan.com. It is written by Susan Voisin, and the home page is Fatfree Vegan Kitchen. I encourage you to visit the site. She has many fat free vegan recipes for you to enjoy. I make this in larger quantities than she does, since it keeps well in the refrigerator. I have adapted the recipe for these larger quantities.

Preparation Time: 10 minutes

Servings: makes 3 cups

1 package soft silken tofu
½ cup water
3 tablespoons cider vinegar
4 tablespoons lemon juice
1 ½ tablespoons soy sauce
¼ teaspoon sesame oil
2 tablespoons tahini
4 green onions, white parts removed, chopped
2 tablespoons chopped, packed, fresh parsley
2 cloves garlic, chopped

Place all ingredients in a blender jar and process until smooth.