



# McDougall Newsletter

Volume 7 Issue 03

**The McDougall  
Maximum Weight  
Loss Program**



**Next 5-day  
live in program  
April 23 to 27, 2008**

**Call Us  
800-941-7111**

**The McDougall  
10 Day Live-in  
Program  
May 16-25**



*Sign up today and  
change your life!*

**Call Us  
800-941-7111  
www.drmcDougall.com**

## Cutting Food Costs in These Times of Economic Downturn

People who embrace change are likely to thrive in the upcoming economy; those who fight to maintain their current comforts will suffer. With the housing market in a crisis, the US dollar's value falling, and gas prices going crazy, now, more than ever before, the time has come to make a committed decision to become healthy through proper nutrition. Over the past 35 years I have encouraged people to eat a starch-based diet—few have listened. Escalating costs of food, and medical care, as well as poor health, will force this long-overdue shift in people's food choices. If you have not done so already, I encourage you to get ahead of the crowd. Not only will you be more likely to survive financially (at least), but you will also help accelerate trends that will have a ripple effect benefitting everyone.

Page 2

## Favorite Five Articles from Recent Medical Journals

- Digoxin Is Best for Atrial Fibrillation
- Mad Cow Proteins Detected in Dairy Products
- Diet, Fertility and Birth Defects
- Antacids Reduce Vitamin B12
- You Can Control Your Future

Page 5

## Featured Recipes

Simple Split Pea Soup

Fried Rice

Dal

Garbanzo Stew

Stove-Top Stew

Potato Pancakes

Bean Soup

Mixed Bean Toppings

Page 17



# Cutting Food Costs in These Times of Economic Downturn

People who embrace change are likely to thrive in the upcoming economy; those who fight to maintain their current comforts will suffer. With the housing market in a crisis, the US dollar’s value falling, and gas prices going crazy, now, more than ever before, the time has come to make a committed decision to become healthy through proper nutrition. Over the past 35 years I have encouraged people to eat a starch-based diet—few have listened. Escalating costs of food, and medical care, as well as poor health, will force this long-overdue shift in people’s food choices. If you have not done so already, I encourage you to get ahead of the crowd. Not only will you be more likely to survive financially (at least), but you will also help accelerate trends that will have a ripple effect benefitting everyone.

The first step to surviving an economic crunch is to think, “How do I cut my expenses?” Focus on those things you can control. You have 100% control over the foods you buy and eat. Food is one of the largest single monthly purchases consumers make. According to Merrill Lynch, at the end of 2007, “36 percent of consumers’ disposable income went to food, energy, and medical care, a bigger chunk of income than at any time since records were first kept in 1960.” (<http://www.kansascity.com/449/story/543331.html>) In this newsletter I will address the costs of food, which are intimately related to costs of medical care—a subject of an upcoming newsletter.

## The Escalating Cost of Food

Food is one of our three basic needs for survival (air and water are the other two). Most people living in developed countries (US, Europe, Australia, New Zealand, etc.) have enjoyed a high standard of living and an abundance of relatively cheap food. However, the cost of food has been rising worldwide each year, and at a faster rate than ever before. Two major developments account for this:

People of underdeveloped countries, especially India and China, are prospering and can now purchase more food and more expensive foods, like meat and dairy products. Seems as if everyone wants to eat like Americans eat—more accurately described as “the diet of kings and queens.” Producing food-animals requires large amounts of grain. The second reason is that the production of biofuels made from all kinds crops, from corn to nuts, is taking away from the food supply. Worldwide demand is just beginning to deprive people in developed countries of their cheap foods. Plan on this trend accelerating.

## Animal Foods Are Expensive

Animal foods, like meat, poultry, fish, milk, and cheese, are expensive. Approximately one-third of the calories consumed by people living in developed nations are from animal sources. In the near future, the diet of the average Westerner will, of necessity, include more grains, legumes, tubers, fruits, and vegetables, and significantly fewer animal products.

On average, moderately active women consume about 2000 calories daily and men 2500 calories. You have a choice of which foods will provide for your energy needs. The cost of animal-food centered meals cooked at home for one person could easily be \$10 a day or more.

## Eating Out Is Expensive

People do not realize how much money they spend in restaurants, and on fast food. In the United States

Cost of Animal-derived Foods		
Consider the costs of these animal foods to provide for your daily calorie needs*:		
Food and weight	Unit Cost	Cost of 2500
1 lb. Rib Eye Beef	9.99	24.29
1 lb. Ground beef	2.99	6.55
1 lb. Chicken breast	3.99	13.72
1 lb. Salmon	9.99	30.60
1 lb. Cheddar Cheese	6.29	8.54
1/2 gallon milk	2.49	10.37
*Cooking costs not included; lb. = pound = .454 Kg; USD = United States Dollar; Prices in Northern California.		

**Cost of Fast Foods**

Consider the costs of these fast foods to provide for your daily calorie needs\*:

Food	Unit Cost (USD)	Cost of 2500 Calories (USD)
Taco Bell Taco	0.99	14.56
Taco Bell Steak Burrito	3.19	12.65
Taco Bell Chicken Salad	5.39	17.06
KFC Snacker	1.19	9.30
KFC Oven Roasted Twister	3.59	19.10
Burger King Whopper	2.99	11.12
Burger King Triple Whopper	4.99	11.03
BK Chicken Sandwich	3.99	12.62
BK Big Fish Sandwich	3.39	13.24
McDonalds Big Mac	3.19	14.77
McDonalds Large Fries	2.00	8.77
McDonalds Chicken Sandwich	3.49	20.77
McDonalds Fish Sandwich	3.19	20.98
Round Table Veggie Pizza	21.35	19.34
Round Table Ulti-meat Pizza	21.35	14.83

USD = United States Dollar; Prices in Northern California.

about half of the food dollar is spent eating out—with about 40% of that going to full-service restaurants and 40% to fast food <http://www.ers.usda.gov/publications/aer829/aer829.pdf>). At least one-third of American adults and children eat at a fast food restaurant daily. The expensive habit of eating out is already changing; the National Restaurant Association says 54 percent of restaurants reported declining traffic in January of 2008, and the government says eating at home increased last year for the first time since 2001 <http://www.kansascity.com/449/story/543331.html>. Spending \$14 for a full day's worth of fast food meals would not be unusual.

**Eat for Less than \$3 a Day on The McDougall Diet**

The McDougall Diet is based on starches—potatoes, grains, and legumes. These plant foods, which provide for the bulk of your calories, cut expenses in several important ways. Starches are inherently inexpensive—a full days supply of calories from starches will cost less than \$1.50. You can stockpile grains, potatoes and legumes, cutting costs of transportation to the market. These foods are easily stored for long periods of time without the energy costs associated with refrigeration. Since they do not easily spoil there is little wastage. Clean up after plant-based, low-fat meals is easy and cheap because there is no grease requiring expensive, environmentally toxic, cleansers. A simple rinse will often do.

The McDougall diet also includes some perishable fruits and green and yellow vegetables. These items are more expensive than starches; but they are consumed in small amounts; thus, adding relatively little to the food bill. Focusing on fruits and vegetables that are in season will also help keep your food budget affordable. With the starch component costing less than \$1.50 daily, this leaves an additional \$1.50 to spend on fruits and green and yellow vegetables; keeping the total food costs at \$3 a day per person on the McDougall Diet.

Mary provides several of our favorite inexpensive meals in her recipe section this month. For example, the ingredients for her Stove Top Stew cost \$1.40 (fills up four adults) and the Pea Soup ingredients cost \$1.80 (fills up 6 adults).

**Should You Store Food for an Emergency?**

Buying large amounts of food could be a sound financial investment considering the escalating costs of

**Cost of Common Starches**

Consider the costs of these tubers, legumes, and grains to provide for your daily calorie needs\*:

Food	Unit Cost (USD)	Cost of 2500 Calories
20 lb. White potatoes	6.99	1.75
10 lb. Sweet potatoes	5.99	3.00
25 lb. Pinto Beans	13.79	1.05
25 lb. Rice (brown)	24.75	1.52
50 lb. Rice (white)	14.99	0.44
120 Corn Tortillas	2.79	1.00
50 lb. Corn Grits	41.99	1.28
	6.99	
9 lb. Oatmeal		1.09

foods. Worries about worldwide catastrophe from epidemics of avian flu, nuclear war, financial depression, and devastations predicted from global warming, may cause some people to consider stocking up on food. The Latter Day Saints (Mormon) Church recommends storing a full year's supply of food. Their recommendations focus on a starch-based meal plan, because this is the only practical way such storage can be done. A family of four would store 1200 pounds of grains (corn, wheat, rice) and 250 pounds of legumes, plus additional canned and packaged fruits and vegetables in order to provide for one year. Recommendations for quantities and items to purchase (<http://lds.about.com/library/bl/fag/blcalculator.htm>) and effective means of storage

\*Cooking costs not included; lb. = pound = .454 Kg; USD = United States Dollar; Prices in Northern California.

(<http://www.fcs.uga.edu/pubs/current/FDNS-E-34-1.html>) can be found through the Internet. You will also be able to locate companies dedicated to providing survival foods. <http://survivalacres.com/>

**Cost Saving Tips**

- Buy large quantities of long-lasting products
- Buy unprocessed foods
- Buy in bulk from health-food stores, coops, and grocery stores
- Shop warehouse stores (wholesale clubs)
- Buy on-line by mail order
- Make food at home from basic ingredients; don't eat out
- Rely on starches for calories
- Buy fruits and vegetables that are in season
- Shop at farmers' markets
- Plant a garden
- Use a well-planned grocery list
- Shop after meals, not when you're hungry
- Shop efficiently to cut down on gasoline-consuming trips to the stores
- If going to a place nearby, walk or cycle instead of using the car.

**Winning in the New Economy**

Winning during an economic crunch involves behaviors not much different than those you should already be doing during good times. Plus, if you do these sensible things now you are less likely to find yourself enduring a financial crisis later. A person spending \$14 a day eating at fast food restaurants could be spending \$3 by eating a starch-based diet at home. This translates into \$11 per day savings. (This means \$330 a month and \$4015 per year saved, which happens to be enough to attend the McDougall 10-day live-in Program in Santa Rosa, CA—so you might consider the McDougall Program as a free program.) And think about the health benefits gained by avoiding all that fat and cholesterol. Money saved on food

can be put away and/or spent on everything else. But one thing you do not want to spend your money on is more medical care.

---

## Favorite Five Articles from Recent Medical Journals



### Digoxin Is Best for Atrial Fibrillation

An editorial, **Rate control in permanent atrial fibrillation**, in the November 23, 2007 issue of the *British Medical Journal* by Theodora Nikolaidou came to these important conclusions about the treatment of patients with atrial fibrillation:<sup>1</sup>

"In patients with chronic atrial fibrillation, digoxin has been the mainstay of treatment for many years, so new recommendations relegating digoxin should be evidence based and safe. We believe that little evidence exists that monotherapy with  $\beta$  blockers or calcium channel blockers improves exercise tolerance compared with digoxin. On the contrary, there is clear evidence that when  $\beta$  blockers are used alone, exercise capacity may worsen, especially in people with a history of heart failure... We believe that the combination of digoxin and a  $\beta$  blocker or calcium antagonist should be recommended as first line management. We would emphasise that it is safest to start treatment with digoxin first." (To relegate is to assign to an inferior position.)

### Comment:

Atrial fibrillation is the most common heart arrhythmia in Western countries and occurs mostly in the elderly. In this condition, the patient sometimes notices an irregular heartbeat that is also often faster than normal. An EKG is used to make the diagnosis. In most cases this arrhythmia does not debilitate the patient and their life goes on normally as before.

There are many controversies surrounding the proper treatment of people with atrial fibrillation. These controversies, like the one discussed in the above article, have their roots in the profits of the pharmaceutical companies. Digoxin is an inexpensive, highly effective, relatively safe, time-honored, generic medication. With the introduction of expensive beta-blockers and calcium antagonists over the past four decades, doctors were told digoxin was inferior for the treatment of atrial fibrillation. But as this article explains, based on the research, digoxin is the drug of choice for this common condition.

When the heart rate is already normal or slow, there is no need for any medication to regulate the heart rate. In most cases, when rate control is needed, I prescribe digoxin first to slow the heartbeat. If this medication alone is inadequate, then I will add a beta-blocker medication. I do not prescribe calcium channel blockers because they are dangerous. (See my November 2004 newsletter lead article.)

I usually do not recommend "cardioversion" with drugs or electric shocks to the heart because research shows this aggressive approach gives results that, at best, temporarily restore normal (sinus) rhythm, and there are significant risks and side effects from cardioversion. My position on this matter is the same as the one held by the vast majority of the published research papers, and used as the guidelines for physicians to practice. For example, the Clinical Practice Guideline from the American Academy of Family Physicians and the American College of Physicians recommends medications to control the heart rate, rather than cardioversion.<sup>2,3</sup> However, in everyday practice, cardioversion with drugs or shock is attempted shortly after diagnosis in most patients.

People with atrial fibrillation also have an increased risk of forming a blood clot in their heart, which can move to their brain and cause a stroke. Most physicians automatically prescribe a powerful blood thinner called Coumadin (warfarin). Coumadin is expensive—costing \$25 to \$50 for a month of pills, monthly blood tests, and frequent physician visits. The most important complication of this treatment is bleeding. I believe Coumadin therapy is too risky and inconvenient for many patients.



People with atrial fibrillation who are otherwise healthy, should not routinely be given Coumadin; for many, a baby aspirin daily may be a better choice.<sup>2,4</sup> Patients with atrial fibrillation and valvular heart disease, or risk factors such as stroke, TIA, hypertension, cardiovascular disease or age older than 75 years, have a slightly greater reduction in the risk of stroke with Coumadin, compared to aspirin.<sup>4</sup> The controversy surrounding the choice of aspirin over Coumadin can be especially important for elderly people who commonly fall, with resulting bleeding. Coumadin therapy also requires frequent monitoring of blood tests whereas aspirin therapy does not. Many doctors will prescribe both aspirin and Coumadin together for patients—this puts the patient at high risk of bleeding with no additional benefits from the combination.<sup>5</sup> Aspirin plus Plavix (clopidogrel) is no better than aspirin alone at preventing strokes.<sup>6</sup>

The underlying cause of most cases of atrial fibrillation is closure of the small arteries to the heart muscle and nervous tissues, due to the Western diet and lifestyle.<sup>7</sup> In addition to the judicious use of medications, I always recommend a healthy diet for someone with this condition in order to improve the overall health and reduce the risk for strokes and heart attacks. In most cases, once the rhythm of atrial fibrillation occurs it is permanent and a change in diet will not convert atrial fibrillation to normal rhythm.

1) Nikolaidou T, Channer KS. Rate control in permanent atrial fibrillation. *BMJ*. 2007 Nov 24;335(7629):1057-8.

2) Snow V, Weiss KB, LeFevre M, McNamara R, Bass E, Green LA, Michl K, Owens DK, Susman J, Allen DI, Mottur-Pilson C; AAFP Panel on Atrial Fibrillation; ACP Panel on Atrial Fibrillation. Management of newly detected atrial fibrillation: a clinical practice guideline from the American Academy of Family Physicians and the American College of Physicians. *Ann Intern Med*. 2003 Dec 16;139(12):1009-17.

3) Nattel S, Opie LH. Controversies in atrial fibrillation. *Lancet*. 2006 Jan 21;367(9506):262-72.

4) Stern S, Altkorn D, Levinson W. Anticoagulation for chronic atrial fibrillation. *JAMA*. 2000 Jun 14;283(22):2901-3.

5) Lip GY. Don't add aspirin for associated stable vascular disease in a patient with atrial fibrillation receiving anticoagulation. *BMJ*. 2008 Mar 15;336(7644):614-5.

6) Hart RG, Bhatt DL, Hacke W, Fox KA, Hankey GJ, Berger PB, Hu T, Topol EJ. Clopidogrel and Aspirin versus Aspirin Alone for the Prevention of Stroke in Patients with a History of Atrial Fibrillation: Subgroup Analysis of the CHARISMA Randomized Trial. *Cerebrovasc Dis*. 2008 Feb 27;25(4):344-347

7) Heeringa J, van der Kuip DA, Hofman A, Kors JA, van Rooij FJ, Lip GY, Witteman JC. Subclinical atherosclerosis and risk of atrial fibrillation: the rotterdam study. *Arch Intern Med*. 2007 Feb 26;167(4):382-7.

### Mad Cow Proteins Detected in Dairy Products

**Prion protein in milk** by Nicola Franscini published in the December 2006 issue of *PLoS ONE* (Public Library of Science) found prion proteins in Swiss off-the-shelf milk and fresh milk.<sup>1</sup> Prions are the cause of transmissible spongiform encephalopathies (TSE), such as bovine spongiform encephalopathy (BSE) in cattle and humans, and Creutzfeldt-Jakob disease (CJD) in humans. About the same concentration of prion protein was measured for organic farm milk and non-organic farm milk as well as for pasteurized (heating for 30 seconds to 72°C) and ultra-high temperature (UHT) treated (heating for 1–4 seconds to 135°C) milk.<sup>1</sup> Prions were also found in the milk of humans, sheep, and goats.

### Comment:

Prion protein is the agent that causes mad cow disease in cattle, people, deer, sheep, and many other animals. These infectious proteins accumulate for years before illness appears. Transmission from food to people is of great concern. Prior to the use of the latest technology, this infectious agent was hard to detect in milk. However, that changed with the use by these investigators of new methods employing the Alicon PrioTrap®. This technology is so effective that prion proteins can even be found in human milk.

A similar story can be told about bovine leukemia viruses found in cow's milk. This virus was discovered in cattle in 1969, but studies using older technology (agar gel immunodiffusion and complement fixation assays) failed to find antibodies to bovine leukemia viruses in people. As a result, the prevailing opinion was exposure of humans to bovine leukemia viruses by eating beef and drinking cow's milk was not important; therefore, the presence of this virus in our food supply was not a public health hazard.<sup>2</sup>



However, in 2003 researchers reported finding evidence of infection with bovine leukemia viruses in 74% of people tested by using more modern technology (immunoblotting).<sup>2</sup> Still, almost no one has heard that 9 out of 10 cattle herds in the US are infected with bovine leukemia viruses and that three-fourths of people show immunologic signs suggesting infection.<sup>2</sup>

You should assume cow's milk off-the-shelf contains infectious agents (prions, viruses, and microbes), which can impose a health risk to you and your family. Cow's milk is also high in saturated fat, cholesterol, and animal protein; factors known to cause serious human disease. There is no risk in avoiding cow's milk—it provides no nutrients, specifically calcium and protein, which could not be better obtained from plant sources. (See these recent newsletters for further information: February 2007: When Friends Ask: "Where Do You Get Your Calcium?"; March 2007: When Friends Ask: "Why Don't You Drink Milk?")

1) Franscini N, El Gedaily A, Matthey U, Franitza S, Sy MS, Bürkle A, Groschup M, Braun U, Zahn R. Prion protein in milk. *PLoS ONE*. 2006 Dec 20;1:e71.

2) Buehring GC, Philpott SM, Choi KY. Humans have antibodies reactive with Bovine leukemia virus. *AIDS Res Hum Retroviruses*. 2003 Dec;19(12):1105-13.

## Diet, Fertility and Birth Defects

**Protein intake and ovulatory infertility** by Jorge Chavarro published in the February 2008 issue of the *American Journal of Obstetrics and Gynecology* found, "Consuming 5% of total energy intake as vegetable protein rather than as animal protein was associated with a more than 50% lower risk of ovulatory infertility."<sup>1</sup> These results were based on a total of 18,555 married women without a history of infertility followed up as they attempted a pregnancy or became pregnant during an 8-year period.

**The association of folate, zinc and antioxidant intake with sperm aneuploidy in healthy non-smoking men** by S.S. Young reported in the March 2008 issue of *Human Reproduction* found, "Men with high folate intake had lower overall frequencies of several types of aneuploid sperm."<sup>2</sup>

Folate (folic acid) is made by plants. Aneuploidy is a condition where one or a few chromosomes are above or below the normal chromosome number, and is associated with birth defects, like Down syndrome. Decreased folate metabolism in mothers has also been associated with increased risk of having an infant with Down syndrome.<sup>2</sup> Chemotherapy treatment and exposure to certain pesticides, including organophosphates, have been associated with higher frequency of aneuploidy in human sperm.

## Comment:

Over my 35 years of practice I have had many apparently infertile women become pregnant after changing to the McDougall diet—they believed diet change was partially responsible. Infertility affects one in six couples in Western countries. Obesity associated with Polycystic Ovary Syndrome (PCOS) is the primary cause of infertility in women living in developed countries and both are caused by the Western diet. Weight loss will correct PCOS. The most effective way to permanently lose weight is to change the composition of the diet to low-fat, plant foods and add a regular exercise program. This research by Chavarro showed the source of dietary protein (vegetable vs. animal) has additional effects on infertility beyond body weight.

Many couples are delaying starting a family until later in life. Because of their advanced age they worry about an increased risk of birth defects, particularly Down syndrome. Normally, a woman's reproductive years last until about age 50. This was not a mistake of nature. Women should expect to be able to have normal babies during all of their reproductive years if they eat a healthy diet and follow a supportive life-

### Common Antacids

#### histamine2-receptor antagonists:

Cimetidine (Tagamet)

Ranitidine (Zantac)

Famotidine (Pepcid)

Nizatidine (Axid)

#### Proton pump inhibitors:

Lansoprazole (Prevacid, Zoton, Inhibitol)

Omeprazole (Losec, Prilosec, Zegerid)

Esomeprazole (Nexium)

Rabeprazole (Rabecid, Aciphex, Pariet)

style. The most important reason birth defects become more common as people get older is because of the damage to their bodies, and more specifically to their eggs and sperm, caused by unhealthy food choices. Animal foods lack folate, an essential ingredient for DNA (genetic) metabolism, and other nutrients needed for reproduction found in plants. Plus, because they are high on the food chain, meat and dairy products are contaminated with significant amounts of environmental chemicals, including organophosphate pesticides.

We communicate our state of health by our personal appearance, which gives strong signals about our ability to reproduce successfully. Being healthy makes a man or woman appear attractive. Thus, we are by design encouraged to mate—share our genetic materials—with those people who are most likely to produce the best children from this union. Sickness is unattractive—such recognition warns us that union with a sick person is unwise; resulting in greater risk of infertility and genetically defective children.

The Western diet causes people to become overweight with a sickly look, expressed in many subtle ways, such as a gray complexion and puffy skin. Body odor also communicates our state of health. Animal foods contain large amounts of foul-smelling sulfur and also

make us sick. The connection of health and attractiveness is important because ultimately, good health promotes preservation of the species. In order to clean up your appearance you need to eat a clean diet based on plant foods.

1) Chavarro JE, Rich-Edwards JW, Rosner BA, Willett WC. Protein intake and ovulatory infertility. *Am J Obstet Gynecol.* 2008 Feb;198(2):210.e1-7.

2) Young SS, Eskenazi B, Marchetti FM, Block G, Wyrobek AJ. The association of folate, zinc and antioxidant intake with sperm aneuploidy in healthy non-smoking men.

*Hum Reprod.* 2008 Mar 19; [Epub ahead of print]

### Antacids Reduce Vitamin B12

**Do Acid-lowering agents affect vitamin B12 status in older adults?** by T.S Dharmarajan, published in the March 2008 issue of the *Journal of the American Medical Directors Association* found, "B12 status declines during prolonged PPI (proton-pump inhibitors) use in older adults, but not with prolonged H2 blocker (histamine2-receptor antagonists) use; supplementation with RDA amounts of B12 do not prevent this decline." This report reinforces that B12 deficiency is common in the elderly and suggests that it is important to monitor B12 status periodically during prolonged PPI use. During digestion, B12 must be released from a protein-bound state, a process requiring the presence of gastric acid and gastric peptic activity. These pharmaceuticals block acid formation in the stomach.

#### Comment:

Vitamin B12 deficiency is a well-publicized concern for people following a vegan diet. I have addressed these issues thoroughly in my November 2007 newsletter. Knowing the effects of antacid medication on the risk of



B12 deficiency will help avoid further confusion and the risk of people developing B12 deficiency while on any diet.

Proton pump inhibitors are one of the most commonly prescribed drugs in the Western world—they are effective, well tolerated, and profitable. However, they do have serious side effects, including an increased risk of pneumonia, intestinal infections, kidney disease (nephritis), and osteoporosis.

---



## Featured Recipes

This month I am providing some of our favorite recipes that are inexpensive to prepare—my estimate is they will feed you for less than \$2.00 a day. These recipes use easy to find ingredients. The starch components should comprise most of your food. Grains, legumes, and potatoes can be bought in giant bags and stored for long periods of time in cool dry conditions. Canned beans, potatoes and corn can be replaced with less expensive bulk products. Potatoes, onions, celery and carrots are also very inexpensive, healthy food choices. Any leftovers from the dishes you make can be refrigerated or frozen for later use.

### Simple Split Pea Soup

You will likely have the ingredients for this tasty soup already in your cupboards and pantry, so no need for an extra trip to the market for supplies.

Preparation Time: 15 minutes

Cooking Time: 1 hour

Resting Time: 15 minutes (optional for thickening)

Servings: 10

2 cups green split peas  
8 cups water  
1 onion, chopped  
2 carrots, chopped  
2 stalks celery, chopped  
2-3 potatoes, chunked  
2 bay leaves  
2 tablespoons parsley flakes  
1 tablespoon Dijon-style mustard  
1 teaspoon basil  
1 teaspoon paprika  
¼ teaspoon black pepper

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, mix well and bring to a boil again. Reduce heat, cover and simmer for about 40 minutes, until vegetables are tender. Remove from heat and let rest for 15 minutes to thicken before serving, if desired. Season with a bit of sea salt before serving (optional).

Hints: This will thicken even more as it cools, and will be very thick if refrigerated until the next day. This is wonderful in a bowl with some fresh baked bread, or ladle it over baked potatoes or brown rice.

Variation: For a delicious Curried Split Pea Soup, leave out all of the seasonings in the above recipe and add 2-3 tablespoons curry powder and ¼ cup nutritional yeast.

**Dal**

This simple, economical spread of split peas or mung beans has been one of our favorites for more than thirty years.

Preparation Time: 2 minutes

Cooking Time: 1 hour

Resting Time: 15 minutes

Servings: 8-10

2 cups split mung beans, chana dal or yellow split peas

5 cups water

1 ½ tablespoons curry powder (sweet, mild or spicy)

Place the beans or peas and the water in a medium pot. Bring to a boil, reduce heat, cover and simmer for 30 minutes. Add the curry powder, mix well and cook uncovered for 30 minutes longer. Transfer to a serving bowl and let rest for about 15 minutes, to thicken slightly, before serving.

Hints: Serve rolled up in a corn or flour tortilla with toppings of your choice. I like them plain, while John usually tops his with some Sriracha sauce. Or try this Dal over baked potatoes or rice. It also makes a delicious sandwich spread when cold.

**Stove-Top Stew**

Serve this simple, hearty stew over a large mound of brown rice or any other choice of whole grains.

Preparation Time: 10 minutes

Cooking Time: 45 minutes

Servings 4

¼ cup water

1 onion, chopped

½ teaspoon minced garlic

2 carrots, sliced

2 stalks celery, sliced

2-3 potatoes, chunked

1 15 ounce can tomato sauce

1 tablespoon soy sauce

1 tablespoon parsley flakes

½ teaspoon paprika

½ teaspoon basil

½ teaspoon chili powder

¼ teaspoon dry mustard

¼ teaspoon ground cumin

¼ teaspoon black pepper

1 cup chopped spinach, kale or chard (optional)

Place the water in a pot with the onion, garlic, carrots, celery and potatoes. Cook, stirring occasionally, for 10 minutes. Add the remaining ingredients, except for the greens. Bring to a boil, reduce heat, cover and cook for 30 minutes, until all vegetables are tender. Stir in the greens, if desired, and cook until tender, between 2-5 minutes.

Hints: Other vegetables may be added as desired, such as zucchini and/or mushrooms. Add these with the remaining ingredients. If you use vegetables that are in season, and local, this stew is a very economical meal.

### **Bean Soup**

This is a basic soup recipe that can be made with any type of dried beans. I first started making it with Great Northern beans, but have used Soldier, Cranberry, Scarlet Runner, Red Calypso, Steuben Yellow Eyes, Ratlesnake, and Christmas as well as other heirloom beans in this recipe. Vary the seasonings to suit your own tastes. Beans and vegetables make this a stick-to-your-ribs meal

Preparation Time: 10 minutes

Cooking Time: 3-4 hours (Slow cooker: 8-10 hours)

Servings: 8

2 cups dried beans  
8 cups water  
2 onions, chopped  
2-4 stalks celery, chopped  
2 bay leaves  
½ teaspoon sage  
½ teaspoon oregano  
2 tablespoons low sodium soy sauce

Place all ingredients in a large pot and bring to a boil. Reduce heat, cover and simmer for 3-4 hours until beans are tender. (In a slow cooker, this will take about 8-10 hours on high.)

### **Fried Rice**

This is a delicious way to use leftover brown rice. Pick any vegetables that are in season and reasonably priced at the market.

Preparation Time: 15 minutes (need cooked rice)

Cooking Time: 15 minutes

Servings: 6

¼ cup water  
½-1 teaspoon crushed garlic  
½-1 teaspoon grated ginger  
6 cups mixed chopped vegetables  
4 cups cooked brown rice  
¼ cup low sodium soy sauce

Place the water in a wok or large non-stick frying pan. Add the garlic and ginger and heat until water boils. Add the vegetables and cook, stirring frequently, until vegetables are crisp tender. Stir in the rice and soy sauce. Cook until heated through, about 2 minutes.

Hints: Use a variety of vegetables for color and flavor. Some examples are: carrots, broccoli, red peppers, green onions, celery, snow peas, bok choy, etc. Cut them into uniform sizes so they all cook in about the same length of time.

### **Garbanzo Stew**

This is another of our old favorites, made with inexpensive pantry staples. Make it on the stove or in a slow cooker. Garbanzo beans require a long cooking time to be really tender, so plan accordingly.

Preparation Time: 15 minutes (overnight soaking needed)

Cooking Time: 4 hours (Slow cooker: 8-10 hours)

Servings: 10

2 cups uncooked garbanzo beans (chick peas)  
8-10 cups water  
2 potatoes, chunked  
2 carrots, thickly sliced  
2 stalks celery, thickly sliced  
2 onions, chopped  
2 tablespoons low sodium soy sauce

Soak the garbanzos overnight in water to cover. Drain. Place the garbanzos and 8 cups water in a large pot. Bring to a boil, reduce heat, cover and cook for 2 hours. Add remaining ingredients and cook an additional 2 hours, adding more water if necessary.

Hints: To make in a slow cooker, combine the soaked, drained beans with the remaining ingredients (use only 8 cups of water) and cook for 8-10 hours on high.

### **Potato Pancakes**

These are delicious plain, with applesauce or gravy, or with one of the bean toppings from this newsletter.

Preparation Time: 20 minutes  
Cooking Time: 30 minutes, in batches  
Servings: 8

4-5 medium russet potatoes  
½ sweet onion  
¼ cup water  
5 tablespoons white whole wheat flour  
¼ cup chopped fresh parsley (optional)

Scrub the potatoes and peel the onion. Grate the potatoes and onion together in a food processor. (Or use a box grater, large holes.) Place in a bowl and add the remaining ingredients, mixing well. Preheat oven to 200 degrees. Heat a non-stick griddle until a drop of water bounces off of it. Ladle about 1/3 cup of the potato mixture onto the griddle in batches, flattening slightly. Cook about 5-8 minutes on the first side, then turn and cook an additional 5-8 minutes until golden brown on both sides. Remove to an ovenproof platter and keep warm in the oven until all are cooked. Repeat until all batter is used.

Hint: Unbleached white flour may be substituted for the white whole wheat flour, if desired.

### **Mixed Bean Toppings**

Serve these simple, delicious, dried bean preparations in a variety of ways. They may be cooked on the stove or in a slow cooker, no presoaking is necessary.

Preparation Time: 5 minutes  
Cooking Time: 3-4 hours (Slow cooker: 8-10 hours)  
Servings: 8

Topping 1:  
1 cup split peas  
½ cup baby lima beans  
½ cup cannellini beans  
4 cups water  
1 onion, chopped  
2 teaspoons basil  
1 bay leaf

## Topping 2:

1 cup kidney beans  
½ cup pinto beans  
½ cup cannellini beans  
4 cups water  
1 onion, chopped  
½ teaspoon chili powder  
½ teaspoon ground cumin  
¼ teaspoon ground oregano

Place all ingredients from either 1 or 2 in a large pot. Bring to a boil, reduce heat, cover and cook for 3-4 hours until beans are tender. (In a slow cooker, add all ingredients from either 1 or 2 and cook on high for 8-10 hours.) Serve over brown rice, other whole grains, potatoes, or toast.

Hints: Other beans and/or peas may be substituted for the ones suggested here. These topping can be different each time you make them by using different combinations of beans and seasonings.