Volume 8 Issue 4

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Part 2 - Diabetes

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3) The public receives almost no education about the role of the rich Western diet in the cause of type-2 diabetes and about the right way to eat to prevent this disease.

4) Patients are rarely told that changing to a healthy, low-fat, plant-food based diet, exercise, and associated weight loss will improve their health and often cure their type-2 diabetes. PAGE 5

Featured Recipes

- Garbanzo Spinach Salad
- Asian Vegetable Noodle Toss
- Peanutty Tofu Lettuce Cups
- Peanut Dressing
- Roasted Pepper Pasta
- Green Papaya Salad
- Chu's Salad Dressing

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My medical education began in October of 1965, at age 18, when I suffered a massive stroke that left me completely paralyzed on the left side of my body for 2 weeks, and I remain noticeably physically weakened 44 years later. This was my first real contact with the businesses of medicine, and without this opportunity I would have never become a physician. I was raised in a lower middle class family in the suburbs of Detroit, Michigan. My parents worshipped medical doctors as if they were exceptional beings possessing near God-like qualities. I was an ordinary person, at best; therefore, I never even dreamed of aspiring to such heights—that is, before my fateful hospitalization.

My exalted view of doctors changed during my 2-week stay at Grace Hospital. As "a medical curiosity"—suffering a stroke at such a young age—I attracted some of Detroit's finest medical specialists. After examining me, I asked each new doctor: "What caused my stroke?" "What are you going to do for me?" "How are you going to make me better?" "When can I go home?" The typical response was nonverbal; shaking their heads from side to side, they walked out of my room. I figured I could do that. After 2 weeks of the "best care" modern medicine had to offer, I left the hospital AMA (against medical advice) and returned to my undergraduate college studies at Michigan State University. Soon my learning was on a track straight to medical school. Looking back at my diet, I can give credit to eggs, double cheese pizzas, and hot dogs for my brain damage, and my good fortune.

After three years of undergraduate work I entered the College of Human Medicine at Michigan State University. Medical school was fun and easy for me. During my senior year I met Mary, a surgical nurse, while helping with a hip operation. After a short courtship we married and planned our escape to Hawaii. In 1972, I started my internship at Queens Medical Center in Honolulu on Oahu. We fell in love with those exotic islands, and then destiny took us to the Big Island of Hawaii the next year to work and live. As one of four medical doctors at the Hamakua Sugar Plantation, I had responsibility for 5000 people—laborers and their families. I did everything medical for them from delivering their babies to signing their death certificates. This responsibility forced me to become the best doctor I could be; after all, I was "it;" the nearest specialist was 42 miles south in the small town of Hilo.

Lessons about Medical Practice

Under my care my patients with chronic problems seemed to never get well. I used to play a game with many of these fine people (unbeknownst to them): "Who has the most patience?" They would come to my office with a complaint for which I would prescribe a pill. On the way out of my office I would say, "If this pill doesn't work, come back and I will try another one." Upon their return the scenario would be repeated. Soon they would tire of the experience and stop coming, but I never ran out of pills. Consistent failures led to me to the conclusion that the fault was mine: "I was a bad doctor." Had I not learned my medical school lessons? Maybe I had spent too much time at the beach during my Hawaiian internship?

In an effort to remedy my apparent lack of medical competence, after three years as a sugar plantation doctor, I moved back to Oahu, with Mary and my two young children, and entered the University of Hawaii Medical Residency Program. Now I would learn effective ways to help my patients. Unfortunately, more than two years of intense training under the guidance of some of the best professors in the world left me still seeking the secrets to health and healing. These special doctors obtained no better results with their prescriptions than I had—the patients stayed ill. In 1978, I passed the American Board of Internal Medicine, certifying my competence in orthodox medical knowledge. Even though I was now a board certified Internist, I had to look back to my days on the sugar plantation for the solutions I was seeking.

Basic Nutrition from My Plantation Patients

From my patients at the Hamakua Sugar Plantation, between 1973 and 1976, I had learned the cause of over 80% of the diseases afflicting people in North America and the rest of the Western world. My elderly patients had immigrated to Hawaii from China, Japan, Korea, and the Philippines, where rice was food. They brought their culture with them. Their children, tempted by Western foods, slowly changed. The third generation, had essentially given up rice and vegetables for meat, dairy, and junk. For all three generations, their health reflected their diet. The first generation immigrants were trim, active, and medication-free into their 90s. They had no diabetes, heart disease, arthritis, or cancers of the breast, prostate, or colon. Their children became a little fatter and sicker, and most of their grandchildren had lost all of their immunity to obesity and common diseases—in every way of appearance and health, they were full-fledged Americans.

My observations contradicted two basic beliefs I had held since childhood. The first was that as we age, we naturally become fatter and sicker. The second was that a well-balanced diet was best. Before my own eyes I saw fully functioning elders thriving on grains and fruits and vegetables. With the inclusion of the two other basic food groups—meat and dairy—the progeny failed.

The most impressive example of the potential for extraordinary health provided by a starch (rice) based diet came from some special Filipinos—specifically, family units consisting of an elderly man, a very young wife, and their children. After saving for years and then retiring, single men traveled to the Philippines in search of a young bride. In my office every day I witnessed what can best be described as "natural Viagra." Men in their 70s and 80s were starting new families and demonstrating physical functions many American men only fantasize about after their 50s. These Filipino septuagenarians also expected to see their young children grow into adults, and they did. This virility and optimism was from their simple diets.

My Hawaii Library Experience

My plantation days left me with a clear understanding of the power of a healthy diet to prevent disease, but the full potential of diet-therapy only became apparent after my research began at the Hawaii Medical Library in 1976. Reading through the scientific journals I learned that many other doctors before me had made the same discoveries as I had: Diets of common starches, such as rice and potatoes, resulted in robust health, and meat and dairy destroyed people's physical condition. Then an even more important breakthrough was revealed to me. These pioneer scientists reported that once people stopped eating the foods that made them sick, they recovered. They described weight loss, relief of chest pains, headaches, and arthritis. Kidney and heart failure, diabetes, and many more troubles were reversed. Volumes of research written over the previous 50 years in these library journal pages showed me how my patients could be cured with one big simple solution: a starch-based diet.

Challenging the System—Asbestos in the Rice

My first experience with fighting big business came after newspaper headlines in 1978 warned the citizens of Hawaii about cancer risks from asbestos exposure—a common occurrence for shipyard workers and for children because of schools built with these materials. I wrote a letter to the editor of the *Honolulu Advertiser* asking: why worry about these minor sources of exposure when our citizens are eating hundreds of millions of tons of asbestos-coated rice annually? After milling brown rice to white, the kernel is exposed and easily spoils. To prevent this spoilage the rice was coated with talc powder. Talc is an amorphous form of magnesium silicate. Asbestos is the same material in a fibrous form. You cannot mine talc without the asbestos. After a yearlong fight with the rice companies, I won and talc was removed from the rice sold in Hawaii, California, and Puerto Rico, and replaced with a coating of glucose. No personal repercussions followed for me.

Challenging the System—Informed Consent for Breast Cancer

In 1980, I was approached by a citizen-group in Honolulu, which was trying to get an informed consent law passed, requiring doctors to tell women their surgical options when faced with breast cancer. Massachusetts and California had already passed similar laws. The reason such laws were needed is that doctors were not telling women that surgery did not improve survival; because the disease has already spread to the rest of a woman's body in most cases, long before the discovery of the tumor in her breast (even with a mammogram). Simply put: a lumpectomy or a mastectomy made no difference in her day of death—the choice was to live with or without her breast. I thought a woman should know the facts in case she might want to choose less mutilating surgery.

The fight took two years in the state legislature. My final faceoff in front of the Hawaii lawmakers was with members of the Hawaii Cancer Society and the University of Hawaii Medical School. They lost and the nations

third informed consent law for breast cancer was passed. (There are now 18 states with similar laws.) The personal repercussion for me was that I could no longer buy malpractice insurance. At that time physicians controlled the only two doctors' liability insurance companies in the state. Losing my malpractice insurance meant I lost my hospital privileges. I practiced "bare" (without insurance) for the next two years. Until this writing I have not told this final chapter of the story—I never wanted others to know that my colleagues retaliated against me for making them tell women the truth about breast cancer.

My St. Helena Hospital Experience

In 1986 I was invited by the administration of the Seventh Day Adventist St. Helena Hospital in Napa Valley, California to run the McDougall Program as their lifestyle residential program. This was a good match because their founding religion believes in a vegetarian diet and a healthy lifestyle. (I am not an Adventist.) This hospital was also considered one of the best heart surgery centers in the country. Even then it seemed odd to me to invite a doctor who is against most heart surgeries to work at a hospital that makes 80% of its income from heart disease.

Now that I was working at a respected hospital, I figured, I might be able to get medical insurance to pay for patients to attend my program. I approached several well-known companies. I argued that our program could treat heart patients at a fraction of the cost of bypass surgery ($4,000 vs. $100,000). No matter how hard I tried to convince them, the sale was impossible. A representative from one large insurer told me that they were not interested in my approach because it required the cooperation of the patient, and all the bypass surgeon had to do to relieve chest pain was to get the patient to willingly lie down on the table. They apparently had little faith in patients' judgment and willpower. I countered, "But, some patients will change their diet and they deserve this alternative." After some contesting I finally got the real answer, "McDougall you just don't get it. As an insurance company we take a piece of the pie and the bigger the pie the more we get."

Working at a heart surgery center I had many chances to talk to surgeons and cardiologists—some of them actually became my friends. I told these heart doctors on several occasions that I would send all of my patients to them for a second opinion if they would return the favor. I got no takers. My kindest feedback came from the radiologists. They would tell me, "McDougall, we know your diet works. We see the repeat angiograms of their heart arteries showing reversal." During my sixteen years at St. Helena Hospital, I sent many patients to other doctors for a second opinion and treatments, but I did not receive a single referral from a local doctor in return. How unique, that the population served by this hospital seemed to have no need for instruction on healthier eating (from me or anyone else). On many occasions I did, however, care for the physicians at St. Helena Hospital, their spouses, and their children.

My Departure from St. Helena Hospital in 2002

I have fond memories of those years working at the hospital. Thousands of people were helped with the aid of the talented and caring professional staff working for St. Helena Hospital. But, the program never seemed to grow in numbers in this setting. Maybe people saw a contradiction of health (my program) and medical treatment (the hospital). Even though I was a national figure appearing at that time on most of the top TV and radio shows nationwide with my bestselling books, our census was far lower than it should have been.

In 2002 an opportunity arose to enlarge the McDougall Program and to help many more people. Dr. Roy Swank, the inventor for the dietary treatment of multiple sclerosis, offered me the opportunity to open my live-in program to treat his patients with MS. This was a win-win opportunity for everyone and I expected an enthusiastic welcome from the hospital administration. After lengthy discussions they told me that they did not want to be associated with MS patients, as if this would be a stigma. The real reason may have been that treating MS patients for any hospital would be very low-profit. I explained that we are: a hospital and our primary purpose is to treat the sick, a special hospital because of the religious foundation, and even more exceptional because of the Adventists' belief in diet therapy. I concluded no better match could have been made. They were steadfast. My contract renewal was due for signature in five days. I turned it in with "VOID" written over the front page. I was told later that they had thought I would never leave them because without the organization they provided the McDougall Program could not exist.

Other McDougall Programs

But, I had run the McDougall Program many times without them. Between 1999 and 2001 I ran my program in Minneapolis, Minnesota for Blue Cross Blue Shield—the medical insurance company. During this three-year period, with three different groups of their employees, I was able to show the same remarkable health benefits we were getting at St. Helena Hospital: weight loss, reduction in cholesterol, blood pressure, and sugars;

relief of indigestion, constipation, arthritis, etc. This time I was also able to document a 44% reduction in healthcare costs for each of the three groups based on the insurance company's own claims data. I had had a similar experience in Lakeland, Florida caring for some of the employees of Publix Supermarkets. Both of these remote programs were run out of local hotels. I can set up a 10-day McDougall Program in any city in the US within 72 hours. I still can't understand why anyone would think the McDougall Program would depend upon anything other than sensible people looking to regain their lost health and appearance.

The Santa Rosa Clinic and Our Future

In May of 2002 we began our first McDougall Program at the Flamingo Resort in Santa Rosa, California. Our yearly census quadrupled in no time. The food now tastes as if Mary made it at home. Like many things in life, we have asked ourselves why we waited so long to take over complete control of our program. Our non-profit foundation has raised money and has begun a study with Oregon Health & Science University on the dietary treatment of Multiple Sclerosis. The web site, www.drmcdougall.com, is receiving 7 to 8 million hits a month. The McDougall, MD TV show is playing in 95% of households worldwide. Dr. McDougall's Right Foods are in nearly 4000 stores. Our free newsletter is going out to 30,000 people monthly. We make new friends every month at our sessions: 10-day medical live-in programs, 5-day programs, Advanced Study Weekends, Celebrity Chef Weekends, and Adventure Trips. Seems like we're on a productive track.

I have just co-authored AB 1478, a bill asking for even more informed consent for the people of the state of California. One part of this bill requires doctors to tell patients that heart surgery does not save lives in most cases and that diet is a real answer. The second part requires doctors to tell patients that common medications for type-2 diabetes increase their risk of dying and that diet will help them greatly. The bill is in committee now. I wonder if there will be any negative repercussions for me from my colleagues when AB 1478 is passed into law? I can't change, my parents taught me to tell the truth, always, and my life is guided by my passions. Medical care is changing for the better because millions of informed people are demanding improved health, rather than more treatments. I am optimistic and so should you be. To believe this is unfixable is unthinkable.

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2) Patients are told that their blood sugars (and hemoglobin A1c levels) must be lowered as close to normal levels as possible. However, all six major studies show intensive therapy increases the risk of heart disease, death, and serious side effects.

3) The public receives almost no education about the role of the rich Western diet in the cause of type-2 diabetes and about the right way to eat to prevent this disease.

4) Patients are rarely told that changing to a healthy, low-fat, plant-food based diet, exercise, and associated weight loss will improve their health and often cure their type-2 diabetes.

Assembly Bill 1478 has been introduced by California state assembly member Tom Ammiano, representing the 13th District, to require that a physician obtain a patient's written acknowledgment confirming the receipt of information, as specified, regarding treatment through medical nutrition therapy prior to delivering nonemergency treatment for type-2 diabetes. My supporting letter on this matter is provided below. Last month's newsletter (March 2009) has a similar letter from me about heart disease treatments and a request for your

New Fax numbers for Assembly Members: Write to these policy-makers about the need for change for both heart disease and diabetes treatments.

Please send letters to members of the Business & Professions Committee (who are initially reviewing this bill) asking them for their support of AB 1478. Send a CC to jimlaw@jps.net for an additional hand delivery of your letter to committee members. A sample letter is provided at the end of this article. Here are their e-mail addresses and faxes:

B&P consultants to the Assembly member:

Member	Fax#
For Mary Hayashi:	916 319 2118
For Bill Emmerson:	916 319 2163
For Connie Conway:	916 319 2134
For Mike Eng:	916 319 2149
For Ed Hernandez:	916 319 2157
For Pedro Nava:	916 319 2135
For Roger Niello:	916 319 2105
For John Perez:	916 319 2146
For Curran Price:	916 319 2151
For Ira Ruskin:	916 319 2121
For Cameron Smyth:	916 319 2138
For Sarah Huchel B&P Consultant:	916 319 3306

support.

Dr. McDougall's Letter of Support for AB 1478:

Requirement to Inform Patients in Writing about the Adverse Effects of Pharmaceutical Treatments and the Benefits of Nutritional Therapies for Type-2 Diabetes.

The Patients' Right to Informed Consent

Informed consent is a patient right guaranteed by the bylaws of most hospitals. California law requires that a patient's consent be obtained in writing for several specific procedures and treatments, including: sterilizations, hysterectomy, breast cancer, prostate cancer, gynecological cancers, psychosurgery, and electroconvulsive therapy, but not for type-2 diabetes treatments.[1] California patients with type-2 diabetes need to be informed in writing about the lack of benefits and the real harms of current therapies with oral and injectable medications. They also need to be told that the cause of their diabetes is the rich Western diet and associated weight gain, and that their condition is reversible with a change in diet, exercise, and weight loss.

The Diabetes Epidemic

According to the National Institutes of Health (NIH) in 2007 a total of 23.5 million, or 10.7 percent, of all people aged 20 years or older in the US have diabetes at a cost of $174 billion.[1a] The vast majority of this diabetes is type-2 diabetes, caused by over-nutrition from the rich Western diet, and the associated weight gain. Eighty-four percent of diabetics are on medications (insulin and/or oral).[1a] Born in the year 2000, a male child's lifetime risk of developing type-2 diabetes is nearly 33%, and a female's risk will be 39% when following the Western diet.[2] The escalating incidence of type-2 diabetes clearly indicates that current efforts at prevention and treatment are failing. The reason for this failure is the almost exclusive emphasis on drug therapies, and the lack of efforts to address the dietary and lifestyle causes and treatments of type-2 diabetes.

The Failure of Non-emergency Diabetic Medications

Diabetic medications are approved by the FDA for market based upon their ability to lower blood sugar levels, not based on any improvements in the quality or quantity of the patients' lives.[3] In a major study, a popular diabetic medication, Avandia (rosiglitazone), given at a dosage of 4 mg twice daily, on average, decreased hemoglobin A1c levels by 1.5 percentage points, reduced fasting plasma sugar by 76 mg/dL (4.22

mmol/L), and reduced insulin resistance by 25%.[4] These improved numbers should have meant healthier patients, but they didn't. On May 21, 2007 the *New York Times* reported, "…patients taking Avandia had 66 percent more heart attacks, 39 percent more strokes and 20 percent more deaths from cardiovascular-related problems."[5,6] Since 1972, the *Physicians Desk Reference* (PDR) descriptions of most diabetic pills have included two paragraphs in heavy black print that begin with: **"Special Warning on Increased Risk of Cardiovascular Mortality."** This warning is because a very commonly prescribed oral medication, called sulfonylurea, increases the risk of cardiovascular death by 2½ times compared to diet treatment alone.

Mediations (oral and injectable) for type-2 diabetes are prescribed aggressively by physicians with the unfounded belief that better control of blood sugar will result in better long-term outcomes for the patients. All six major studies published over the past 13 years have shown otherwise. Three major studies published between 1996 and 2000 found more weight gain, higher cholesterol, triglycerides, and blood pressure; and more heart disease, stroke, and/or death with "aggressive" treatment compared to less treatment.[7-9]

This past year, 2008, three landmark studies, ACCORD, ADVANCE, and VADT, were published in the *New England Journal of Medicine.* All three showed aggressive treatment does more harm than good.[10-12] On February 6, 2008 the National Heart, Lung, and Blood Institute (NHLBI), stopped the ACCORD study (Action to Control Cardiovascular Risk in Diabetes) when results showed that intensive treatment of diabetics increases the risk of dying compared to those patients treated less aggressively.[13] Patients in the intensive group were oftentimes taking four shots of insulin and three pills daily, and checking their blood-sugar levels four times a day.[10]

The Veterans Affairs Diabetes Trial (VADT) was based on 1791 military veterans with type-2 diabetes.[12] Patients were assigned to receive either intensive- or standard-glucose control and studied for 5.6 years. The intensive-therapy reduced their hemoglobin A1c levels to 6.9%; compared to 8.4% in the standard-therapy group. A weight gain of 18 pounds occurred with the intensive-treatment, compared to 9 pounds with standard-therapy. There were 95 deaths from any cause in the standard-therapy group and 102 in the intensive-therapy group. In the intensive-therapy group, the number of sudden deaths was nearly three times the number of those in the standard-therapy group (11 vs. 4). More patients in the intensive-therapy group had at least one serious adverse event, predominantly hypoglycemia, than in the standard-therapy group.

The Efficacy of Diet-therapy

Drug therapy has consistently failed patients with type-2 diabetes, making search for an alternative treatment imperative. Since the rich Western diet is agreed to be the cause of this epidemic, should diet not be the first place to look for the prevention and the cure?[14] Studies on the benefits of a low-fat, high-carbohydrate, plant-food-based diet on type-2 diabetes date back to 1930.[15] Several published studies demonstrate how type-2 diabetics can stop insulin and get off oral diabetic medications with a change in diet.[16-18] Heart disease accounts for 70% of the deaths in diabetics. By great fortune, this same low-fat, low-cholesterol diet (successfully used for diabetes therapy) has been shown to prevent and treat heart and kidney disease, and prevent many common forms of cancer.

A study recently published in *Diabetes Care* found a low-fat, plant-food-based diet improved the health of people with type-2 diabetes even more than the American Diabetes Association (ADA) Diet did.[19] Forty-three percent of the plant-food group and 26% of the ADA group participants reduced their diabetes medications. Reductions of hemoglobin A1c, LDL "bad" cholesterol, and urine protein were greater in the plant-food group, than those on the ADA diet. People following the plant-based diet could eat unlimited amounts of food, while those on the ADA diet were required to control their portion sizes—and compliance was better on with the plant-food-based diet. Exercise did not play a role in this study.[20]

Low-carbohydrate, high-protein diets have also been shown to cause people to lose weight and reduce their blood sugar levels.[21] However, these kinds of diets are also high in fat, high in cholesterol, and very low in dietary fiber; therefore, they cannot be recommended. The American Heart Association, because of their disease-causing effects, has condemned low-carbohydrate diets.[22]

Cost Savings to the State of California

Over 2 million Californians currently have diabetes, and the number of Californians with diabetes is expected

to double by 2025.[23] In California in 2003, the total direct and indirect costs of diabetes were estimated to be more than $17.9 billion per year.[24] Obesity threatens to surpass tobacco as the leading cause of preventable death among Californians and obesity costs the state $28.5 billion in health care expenses, lost productivity, and workers' compensation.[23] A cost-benefit analysis published in the October-December 2006 issue of the University of California's *California Agriculture* journal has determined that every dollar spent on nutrition education in California saves between $3.67 and $8.34 in future medical costs.[25] The current drug therapies for type-2 diabetes promote both obesity and heart disease—widespread utilization of diet-therapy will reduce the costs and incidence of all three epidemics (diabetes, obesity, and heart disease), saving California billions of dollars.

Sample Letter to Assembly Member

Dear Assembly Member (their name):

I am writing to ask you to vote for AB 1478. Chronic diseases like heart disease and diabetes are epidemic in America and California. From my personal experience I know that while drug medication can be of value in emergency situations, drugs ultimately never cure the disease – they only suppress the symptoms of the disease. This is an expensive way to treat diseases. Our state cannot anymore afford the high cost of treating patients with drugs and surgery alone. Diet and lifestyle changes have been found to be helpful in arresting and even curing heart disease and diabetes, and are very inexpensive compared to drugs and surgery. I feel doctors should give their patients the option to be referred out for diet advice and nutrition therapy for their non-emergency heart disease or diabetic condition. Doctors also must be required by law to tell the truth about the limitations of current treatments.

Thank you very much for your support for AB 1478.

Sincerely,
Your name, address, and e-mail

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25) http://news.ucanr.org/newsstorymain.cfm?story=875

Featured Recipes

Garbanzo Spinach Salad

This is one of my favorite salads and very often I eat this right after putting it together. It keeps well in the refrigerator for several days.

Preparation Time: 15 minutes
Chilling Time: 1-2 hours
Servings: 4-6

3 15 ounce cans garbanzo beans, drained and rinsed
2 cups loosely packed chopped fresh spinach
½ cup chopped red bell pepper
½ cup chopped yellow bell pepper
3 green onions, finely chopped
½ cup oil-free Italian or Oriental dressing
several twists fresh ground pepper

Combine beans and vegetables in a bowl. Pour dressing over and toss to mix. Season with fresh ground pepper. Refrigerate for 1-2 hours for best flavor.

Hints: The recipe for Oriental dressing is found in the April 2008 newsletter. Oil-free Italian dressings can be purchased in most markets.

Asian Vegetable Noodle Toss

Preparation Time: 30 minutes
Cooking Time: 20 minutes
Servings: 3-4

Marinated tofu:
1 10 ounce package extra firm tofu (not silken)
2 tablespoons soy sauce
1 tablespoon Agave nectar
Dash sesame oil

Vegetables:
1 pound asparagus, trimmed and cut into 1 inch pieces
1 ½ cups trimmed and halved snow peas

Asian Sauce:
2 tablespoons soy sauce
1 tablespoon mirin
½ tablespoon Agave nectar
½ tablespoon rice vinegar
1 clove garlic, crushed
2 teaspoons cornstarch mixed in 1 tablespoon cold water
Dash sesame oil or chili oil (optional)
Pinch of crushed red pepper (optional)

Noodles:
9.5 ounces buckwheat soba noodles
1 tablespoon soy sauce

Put a large pot of water on to boil.

Drain the tofu well, cut into cubes and place in a large bowl. Mix the soy sauce, Agave nectar and sesame oil together. Pour over the tofu cubes and stir well to mix. Let rest for about 10 minutes, stirring occasionally to make sure tofu cubes are well coated with the marinade. Remove tofu from the marinade with a slotted spoon (reserving the remaining marinade) and dry-fry in a non- stick skillet until nicely browned on all sides, turning occasionally with a spatula. Turn off heat and set aside.

Add the vegetables to the boiling water and cook for about 2 minutes. Remove from water with a strainer and add to the tofu. Mix well.

Bring water back to a boil. Add the soba noodles and cook for about 4-5 minutes until tender.

Meanwhile, pour the remaining tofu marinade into a small saucepan. Add all the ingredients for the Asian sauce to the saucepan. Slowly bring to a boil, stirring constantly until thickened and clear. Remove from heat and pour over the tofu and vegetables, mixing well.

Remove soba noodles from water and place in a large bowl. Toss with the soy sauce to separate the noodles. Pour the vegetable mixture over the noodles and toss well to mix. Serve warm or at room temperature, with Sriracha hot sauce as a condiment, if desired, for more heat.

Hints: This is a very flavorful and easy way to dry-fry tofu, resulting in slightly crispy cubes that can be used in a variety of dishes. See recipe below for another use.

Peanutty Tofu Lettuce Cups

This recipe is a bit higher in fat because of the peanut dressing. This also makes a nice appetizer before an Asian-style meal which would yield more servings.

Preparation Time: 30 minutes
Cooking Time: 10 minutes
Servings: 3-4

Salad topping:
1 cup peeled, seeded and chopped cucumber
4 green onions, chopped
½ cup shredded carrot
¼ cup rice vinegar
2 tablespoons chopped cilantro
¼ to ½ teaspoon red pepper flakes

Marinated tofu:
1 10 ounce package extra firm tofu (not silken)
2 tablespoons soy sauce
1 tablespoon Agave nectar
Dash sesame oil

Dressing:
1/3 cup peanut dressing (recipe follows)

1 bunch romaine, butter or leaf lettuce

Hot sauce for garnish, if desired

Combine all ingredients for the salad topping in a bowl. Mix well, cover and refrigerate until ready to use.

Drain the tofu well, cut into cubes and place in a large bowl. Mix the soy sauce, Agave nectar and sesame oil together. Pour over the tofu cubes and stir well to mix. Let rest for about 10 minutes, stirring occasionally to make sure tofu cubes are well coated with the marinade. Remove tofu from the marinade with a slotted spoon (discard the remaining marinade) and dry-fry in a non- stick skillet until nicely browned on all sides, turning occasionally with a spatula. Place tofu in a bowl and toss with 1/3 cup of the peanut dressing.

To serve, place some of the tofu in a lettuce leaf, top with some of the salad, garnish with a bit of Sriracha hot sauce, if desired, roll up and eat.

Peanut Dressing

Makes about 1 1/3 cups

½ cup peanut butter
½ cup water
¼ cup rice vinegar
1 tablespoon soy sauce
1 teaspoon grated fresh ginger
1 teaspoon crushed garlic
1-2 teaspoons Sambal chili paste (optional)

Combine all ingredients in a blender jar and process until very smooth. Store in a covered container in the refrigerator.

Roasted Pepper Pasta

Preparation Time: 15 minutes
Cooking Time: 10 minutes
Servings: 4

1 pound Tinkyada brown rice spiral pasta
1 bunch green onions, chopped
¼ cup vegetable broth
1 15 ounce can garbanzo beans
1 10 ounce jar roasted red peppers, chopped
1/3 cup slivered fresh basil leaves
1 tablespoon drained capers
¼ to ½ teaspoon crushed red pepper

Place a large pot of water on to boil. Drop the pasta into boiling water and cook according to package directions.

Meanwhile, place the green onions and broth into a non-stick sauté pan. Cook for 2 minutes, stirring frequently. Add the remaining ingredients and cook, stirring frequently for 5 more minutes.

Drain the pasta and place in a bowl. Pour the vegetable mixture over the pasta and toss well to mix. Serve at once.

Green Papaya Salad

During the McDougall 10 Day Program all the participants go out for lunch at one of my favorite Thai restaurants, California Thai. They serve us a delicious Green Papaya Salad that is always a requested recipe. The original recipe for this salad appeared in The New McDougall Cookbook many years ago. I have updated the recipe slightly for even more flavor. This may be eaten like a regular salad with a fork, or rolled up in the Romaine leaves and eaten with your fingers. This salad is best served fresh, shortly after putting it together.

Preparation Time: 30 minutes
Servings: 6-8

2 cloves garlic, coarsely chopped
2-4 serrano chili peppers, cut into pieces, seeds and ribs removed
6 ½ tablespoons fresh lime juice
4 tablespoons soy sauce
1 tablespoon organic sugar
1 large green papaya
1 carrot
6 green beans
6 cherry tomatoes
2 tablespoons chopped fresh cilantro
Romaine lettuce leaves

Grind the garlic and chilies in a small food processor or use a mortar and pestle to pound into a paste. Place the lime juice, soy sauce and sugar in a small jar. Shake well to mix, then add the garlic-chili paste and shake again until well mixed. Set aside.

Peel the papaya and clean out the seeds. Shred the papaya in a food processor or use a hand grater. Place in a large bowl. Shred the carrot and add to the bowl. Cut the green beans in half, then slice into thin strips. Quarter the cherry tomatoes. Add both of these to the bowl. Pour the dressing over and toss well to mix. Serve on the Romaine lettuce leaves with the cilantro sprinkled over the top.

Hints: Green papaya is unripe papaya. The skin is a very dark green and the flesh is a very pale green color to almost white. It is not sweet and tastes much like a mild summer squash. You can usually find green papayas in Asian markets because they are used often in Asian cuisine. Serrano chili peppers are very hot. Wear rubber gloves when removing seeds and ribs and keep hands away from eyes and nose.

Chu's Salad Dressing

During the McDougall 10 Day Program all the participants go out to lunch on the first weekend at Gary Chu's Chinese Restaurant. This salad dressing is such a favorite and I always get so many requests for this dressing recipe, that finally Gary was kind enough to share it with me. The restaurant makes this in 7 quart amounts so I have cut it down to a reasonable size for your kitchen. This will keep in the refrigerator for several weeks.

Preparation Time: 5 minutes
Servings: makes about 1 cup

¼ cup soy sauce
2 ½ tablespoons rice vinegar
1 tablespoon sugar
1 teaspoon crushed garlic
1 teaspoon grated ginger
½ cup water

Combine all ingredients in a jar with a lid and shake until well mixed. Refrigerate until needed and shake before each use.