



**Advanced Study
Weekend
February 20-22**

**Featured
Speakers:**

Colin Campbell PhD,
author of
The China Study

Neil Nedley, MD,
Director of
**Depression Recovery
Programs**

John McDougall, MD

800-941-7111



**Depending On
Good Luck for
Optimum Health?**



**The McDougall
Program Shows
You How to
Regain Lost
Health**

Next
10 Day Live-In Program
March 27-April 5

INFORMATION

www.drmcDougall.com

The Multiple Sclerosis and Diet Saga

People often ask me: Why are you spending \$750,000 from the McDougall Research and Education Foundation to study the treatment of multiple sclerosis (MS) with your diet? Why not carry out research on a more common problem, like obesity, heart disease, or diabetes?

Most people can't even pronounce "multiple sclerosis"—so they just call it MS. It is likely you don't personally know anyone with this disease; after all, only 350,000 people in the United States and one million worldwide have it. You may have heard of it because a few famous people have made their disease [public](#), like: lead anchor on Fox News Channel Neil Cavuto, former Mouseketeer Annette Funicello, singer Lena Horne, comedian Richard Pryor, and talk show host Montel Williams. Only 10,000 new cases are diagnosed in the United States annually, compared to half a million new major cancers and 1.25 million fresh heart attacks. So why pick MS?

For me, stopping multiple sclerosis with the cost-free, side-effect-free McDougall Diet is equivalent to *throwing the biggest rock I can find at the biggest picture window in town*. The shatter will be heard around the world. If diet can effectively treat a disease as mysterious and deadly as MS, then diet has to be a medical miracle—and could easily be capable of bringing to an end diseases long accepted as due to diet, like type-2 diabetes, heart disease, and common cancers. A simple cure for MS would startle even the most unconscious medical doctors into awakening. Plus, I owe this study, and much more, to my mentor Roy Swank, MD for his friendship, guidance, and pioneering work.

Page 2

A Personal Profile

by Jeff Novick, Registered Dietitian at the McDougall Program

I have been interested in food and fitness for as long as I can remember. Some of my earliest childhood memories involve helping my grandmother prepare food from scratch, and learning about wrestling from my grandfather. As a child my two favorite TV shows were *Jack LaLanne* and *The Galloping Gourmet* with Graham Kerr. When I was in grade school, I petitioned my school to let me become the first male to take Home Economics instead of Industrial Arts (or "Shop" as it was called). I wanted to learn about food and cooking, not metal and woodworking. Sports, specifically gymnastics, wrestling, and soccer were also my interests.

Page

Featured Recipes

- Butternut Squash and Bean Soup
- Corn Chowder
- Kim Chi Noodle Soup
- One Pot Pasta Jumble
- Ribollita
- Potato and Broccoli Soup
- Spanish Beans and Greens
- Squash and Peanut Soup



The Multiple Sclerosis and Diet Saga

The End and a New Beginning

People often ask me: Why are you spending \$750,000 from the McDougall Research and Education Foundation to study the treatment of multiple sclerosis (MS) with your diet? Why not carry out research on a more common problem, like obesity, heart disease, or diabetes?

Most people can't even pronounce "multiple sclerosis"—so they just call it MS. It is likely you don't personally know anyone with this disease; after all, only 350,000 people in the United States and one million worldwide have it. You may have heard of it because a few famous people have made their disease [public](#), like: lead anchor on Fox News Channel Neil Cavuto, former Mouseketeer Annette Funicello, singer Lena Horne, comedian Richard Pryor, and talk show host Montel Williams. Only 10,000 new cases are diagnosed in the United States annually, compared to half a million new major cancers and 1.25 million fresh heart attacks. So why pick MS?

For me, stopping multiple sclerosis with the cost-free, side-effect-free McDougall Diet is equivalent to *throwing the biggest rock I can find at the biggest picture window in town*. The shatter will be heard around the world. If diet can effectively treat a disease as mysterious and deadly as MS, then diet has to be a medical miracle—and could easily be capable of bringing to an end diseases long accepted as due to diet, like type-2 diabetes, heart disease, and common cancers. A simple cure for MS would startle even the most unconscious medical doctors into awakening. Plus, I owe this study, and much more, to my mentor Roy Swank, MD for his friendship, guidance, and pioneering work.

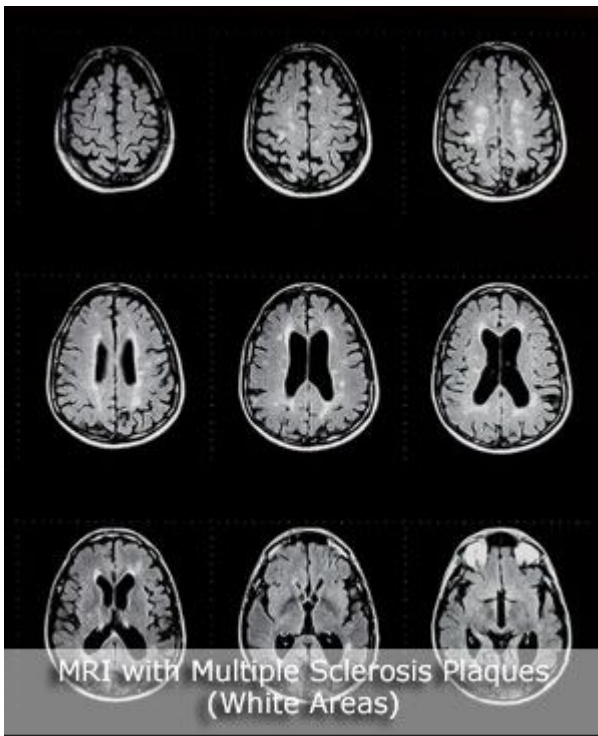


The first part of the saga of the treatment of MS with a low-fat diet ended less than 2 months ago on November 16, 2008 with the [death of Dr. Swank](#) at age 99. The saga begins anew with the approval of "A randomized, controlled study of diet and multiple sclerosis" by the Oregon Health & Science University Research Integrity Office on January 15, 2009. This landmark approval only happened after years of hard work by many of us. You have made important financial contributions to the McDougall Research and Education Foundation (a nonprofit, 501(c)(3) corporation) over the past 5½ years. Raising sufficient funds allowed me to make my first contact with the Neurology Department of the medical school at the University of Oregon on September 15, 2007. After nearly a year and a half of working with a few of the top people at the medical school, especially Vijayshree Yadav, MD, we are ready to begin.

The Disease

MS is an *autoimmune disease*—one in which the body attacks itself—in this case the immune system attacks the tissues of the brain and spinal cord (more specifically, the myelin sheaths surrounding the nerve fibers). Isolated areas become intensely inflamed with sores. In time, the damaged tissues heal, but often leave thickened, fibrous scars (scleroses), which doctors commonly call "plaques."

The diagnosis is most often made between the ages of 15 and 50, with women three times more likely than men to develop MS. The initial and subsequent attacks can last one to three months. During an attack the patient experiences visual disturbances, weakness, clumsiness, spasticity, fatigue, numbness, tingling, problems with thinking, slurred speech, pain, depression, difficulty swallowing, bladder and bowel incontinence, and/or sexual difficulties. Rather than on any fancy tests, the diagnosis is based upon a patient's history and the physician's examination. Apparently random damage to the nervous system—as if an inexperienced marksman shot bullets at the brain and spine—is the hallmark of MS. Sophisticated technologies, like magnetic resonance imaging (MRI) of the brain and associated areas, can help with the diagnosis and show the size and location of active lesions and plaques.



Patients are most often classified as having one of two forms of MS: “relapsing-remitting” characterized by intermittent attacks; and “primary-progressive” with a steady, but usually slow, decline. Actually these “doctor-invented” subtypes are just different stages of the same disease. Usually (80% of the time) at the beginning of the disease the attacks seem to come and go, but in time most cases become progressive. Those patients who appear to start with a progressive decline (20%) have simply skipped the more common initial appearance of relapse and remittance.¹ These artificial categories can be counterproductive, leading to false reassurance and unwarranted despair, and do not predict the prognosis or improve the chances of an effective treatment for the patient.^{1,2} Even with the use of the most modern medications, costing \$20,000 a year, the future prospect is dismal with half of those people afflicted with MS unable to walk unassisted, bedridden, wheelchair bound, or dead within 10 years of diagnosis.²⁻⁶ The absolute advantage for slowing disability with the use of the most popular medications (interferon beta) is clinically small (8%), and the costs and side effects are huge.^{7,8} The lack of substantial benefits from current drug therapies is one more important reason I picked MS to study.

The Cause

Worldwide, multiple sclerosis is common in Canada, the United States and northern Europe; and rare in Africa, Japan, and other Asian countries. This difference most likely reflects the populations’ different diets (animal- vs. starch-based). Scientists have found a very strong positive correlation when consumption of cow’s milk is compared with the incidence of MS worldwide.^{9,10} One theory proposes that cow’s milk consumed in infancy lays the foundation for injuries to the nervous system that appear later in life.¹¹ Cow’s milk contains one fifth as much of an essential fat, called linoleic acid, as does human mother’s milk. Children raised on a linoleic acid-deficient, high-animal fat diet—as are most kids in our modern affluent society—are quite possibly starting life out with a damaged nervous system, susceptible to insults and injuries in later life. The possible sources of injury that can precipitate the attacks of multiple sclerosis in mid-life are suspected to be viruses, allergic reactions, and/or disturbances of the flow of blood to the brain caused by a high-fat diet.

The most commonly held theory these days proposes an autoimmune basis for this disease. MS has much in common with autoimmune type-1 diabetes mellitus, including nearly-identical ethnic and geographic distribution, and genetic factors.^{12,13} The damage to the nervous system may occur through a process known as *molecular mimicry*. In susceptible people, cow’s milk protein may enter the bloodstream from the intestine. The body recognizes this as a foreign protein, like a virus or bacteria, and makes antibodies against it. Unfortunately, these antibodies are not specific only to the cow’s milk protein; they find similar proteins in the nervous system (the myelin). The antibodies attach to these nerve tissues and destroy them. In the case of diabetes, the antibodies looking for cow’s milk protein attack the insulin-producing cells of the pancreas.

Roy Swank, MD—My Mentor

There are many people whose shoulders I stand on and the founder of the Swank Diet for MS was one of my most important teachers. In 1977, I was on my neurology rotation for my Internal Medicine Residency at the University of Hawaii. I was given an assignment to present a conference to fellow doctors on any subject of my choosing. My trip to the library that afternoon led me to the discovery of Dr. Swank’s work.

Swank devised his low-fat diet and began treating MS patients at Montreal Neurological Institute in

1948. He recommended not more than 40 to 50 grams of total fat (compared to 150 to 175 grams in the American/Canadian diet) and 0 to 15 grams of saturated fat (compared to 140 to 165 grams). There was no limit on the amount of carbohydrate from starches, vegetables, and fruits. Polyunsaturated fats were increased a little (from 15 to 25 to 20 to 35 grams). Dr. Swank believed MS patients were unique in that they had a heightened sensitivity to saturated fats.

His research soon showed that with adherence to the diet relapses decreased by about 70 percent in the first year of treatment (from 1 relapse per year to 0.2 per year). Then after the first year there were continued improvements (about 5% fewer relapses per year for the next 2 years). For the first 16 years of treatment with a low-fat diet the rate of exacerbation (new attacks and/or decline) was decreased by 95%. (Compare this to the dismal results of drug therapy, mentioned above, where half of patients are in serious trouble within 10 years.)

For outstanding results, patients have to follow the Swank Diet strictly because even small amounts of fat make a huge difference. In the study he published in the medical journal, the *Lancet*, in 1990, Dr. Swank found that a difference of eight grams of saturated fat intake daily resulted in a threefold increased chance of dying from multiple sclerosis.¹⁴ (That means daily consumption of as little as one ounce of pork sausage at 10 grams, one medium cooked hamburger at 14 grams, an additional three ounces of porterhouse steak, or two ounces of cheddar cheese at 12 grams, significantly increases the risk of dying.)



Dr. Swank and Dr. McDougall

Early cases are expected to do especially well on the diet.¹⁴⁻¹⁷ As the years with the disease accumulate then the response to diet is expected to be less dramatic, but there are exceptions with some advanced cases responding very well. If a person begins the program with limited disability and follows the Swank Diet carefully he or she has less than a 5% chance of dying from MS over the next 34 years—those who do not follow the diet have an 80% chance of dying.¹⁴ If patients go off of the diet for a month or so they will get into trouble. Dr. Swank states, “Our figures show that at least 95% of people with MS that follow a low-fat diet show no progression of disease.” However, with normal aging there is deterioration of the nervous system even when the MS disease is not active.

According to Dr. Swank, about one in 500 people will have a downhill course even when they follow the diet strictly. About 50% of his patients followed the Swank Diet really well, whereas 25% were a little over on fat intake and another 25% were a lot over. Dr. Swank said to me, “I tell people that they have to have persistence and a real desire to get well or be well or there is no point on going on this (the diet). If they are not devoted to taking care of their health then they are going to have trouble; and finally, I tell them to be optimistic, it’s very helpful.”

You can listen to a free [podcast](#) of a radio interview I did with Roy Swank in 1995.

The Swank vs. The McDougall Diet

The Swank Diet focuses on drastically reducing saturated fats, which are abundant in red meats and high-fat dairy products. Included in his diet are low-fat dairy foods (skim milk, fat-free cheese, fat-free ice cream, etc.), egg whites, skinned white-meat chicken, white fish and shellfish. Meats with significant amounts of saturated fats are allowed only in very small amounts.

Dr. Swank also included additional vegetable and fish oils in his diet. He explained to me that he did this mostly because he believed that this addition would make the diet easier to follow. He found that when people ate more polyunsaturated oil they then ate less saturated fat. He also felt the patients’ skin was better with a little oil added, and that they felt more energetic. As far as the fundamental

course of the disease was concerned, he did not believe adding the vegetable or fish oil made any real difference—as he explains, “It just makes it easier to follow the diet.”

Dr. Swank approved of The McDougall Diet for the treatment of MS, and said so many times. The McDougall diet is very low in saturated fats. As an internist concerned about all aspects of a patient's health I prescribe a stricter and, I believe, a much more effective (and tastier) diet. Even low-fat dairy and meat products are a health hazard causing infectious diseases, allergic reactions, as well as delivering high loads of animal protein (causing osteoporosis, kidney stones, liver, and kidney damage) and environmental chemicals. These animal foods are completely deficient in dietary fiber and low in carbohydrate. Although lower in fat and cholesterol, low-fat meats and dairy products can still contain substantial amounts of both harmful ingredients.

The dairy proteins are of particular concern to me because they are the leading cause of autoimmune diseases. As I mentioned above, MS is an autoimmune disease and has substantial similarities to another autoimmune disease, type-1 diabetes, which an abundance of scientific research says is caused by dairy protein.¹⁸

I do not add “free” vegetable or fish oils because they are, at best, medicines, and at worst, toxins. At the very least they can produce weight gain—“the fat you eat is the fat you wear.” These polyunsaturated oils “thin the blood,” contributing to the risk of bleeding, say, following an auto accident. These fats also suppress our immune system—we need our immune system functioning at full capacity to fight off infections and cancer.¹⁹

Why Is Diet-therapy for MS Virtually Unknown?

Dr. Swank told me, “One problem is culture: we are a meat and potatoes society. Most importantly there is an economic problem, there is really not much money in a diet. Nutrition has not been taught in medical school for many years now.”

More than 20 years ago, during one of my many visits with Dr. Swank at his Oregon medical school office, I asked him, “Why is it that when MS patients ask their doctors about changing their diet, they are told this is quackery? And why does the MS Society offer a similar message? You have published in the world's most respected scientific journals that a simple, cost-free diet can stop this disease. Yet, they summarily dismiss you and your work.”

He leaned back in his chair, took a moment for thought, and then explained, “You know, most people in this country expect to be cured by a pill, and to have a cure that is almost instantaneous. With the low-fat diet, the people actually have to work to get better, and have to cure themselves. And as far as the MS Society is concerned, John, they don't mention it because they didn't discover it. It wasn't their research dollars that found this treatment. So they're not going to tell anybody. I discovered it in my small office here, in the basement of the University of Oregon Medical School.”

So it is not just money that keeps people from highly effective dietary cures; egos are also involved—the well-known business doctrine, “Not Invented Here,” is working to keep you and your family sick. Self-centered people think, “If I didn't invent it then there is no real reason for me to promote it, especially when there is no fame or fortune in it for me.”

Learn more by reading [articles](#) and [Star McDougallers](#) found on my web site.

Would you like to help MS patients?

We can change medical practice. Donations are almost painless when made by PayPal to The [McDougall Research & Education Foundation](#) A Tax Deductible Corporation

References:

1) Confavreux C, Vukusic S. Natural history of multiple sclerosis: a unifying concept. *Brain*. 2006 Mar; 129(Pt 3):606-16.

- 2) Andersson PB, Waubant E, Gee L, Goodkin DE. Multiple sclerosis that is progressive from the time of onset: clinical characteristics and progression of disability. *Arch Neurol*. 1999 Sep;56(9):1138-42.
- 3) Myhr KM, Riise T, Vedeler C, Nortvedt MW, Grønning R, Midgard R, Nyland HI. Disability and prognosis in multiple sclerosis: demographic and clinical variables important for the ability to walk and awarding of disability pension. *Mult Scler*. 2001 Feb;7(1):59-65.
- 4) Kremenchutzky M, Cottrell D, Rice G, Hader W, Baskerville J, Koopman W, Ebers GC. The natural history of multiple sclerosis: a geographically based study. 7. Progressive-relapsing and relapsing-progressive multiple sclerosis: a re-evaluation. *Brain*. 1999 Oct;122 (Pt 10):1941-50.
- 5) Bergamaschi R, Montomoli C, Candeloro E, Fratti C, Citterio A, Cosi V. Disability and mortality in a cohort of multiple sclerosis patients: a reappraisal. *Neuroepidemiology*. 2005;25(1):15-8.
- 6) Cottrell DA, Kremenchutzky M, Rice GP, Koopman WJ, Hader W, Baskerville J, Ebers GC. The natural history of multiple sclerosis: a geographically based study. 5. The clinical features and natural history of primary progressive multiple sclerosis. *Brain*. 1999 Apr;122 (Pt 4):625-39.
- 7) Pittock SJ. Interferon beta in multiple sclerosis: how much BENEFIT? *Lancet*. 2007 Aug 4;370(9585):363-4.
- 8) Kappos L, Freedman MS, Polman CH, Edan G, Hartung HP, Miller DH, Montalbán X, Barkhof F, Radü EW, Bauer L, Dahms S, Lanius V, Pohl C, Sandbrink R; BENEFIT Study Group. Effect of early versus delayed interferon beta-1b treatment on disability after a first clinical event suggestive of multiple sclerosis: a 3-year follow-up analysis of the BENEFIT study. *Lancet*. 2007 Aug 4;370(9585):389-97.
- 9) Butcher J. The distribution of multiple sclerosis in relation to the dairy industry and milk consumption. *N Z Med J*. 1976 Jun 23;83(566):427-30.
- 10) Malosse D. Correlation between milk and dairy product consumption and multiple sclerosis prevalence: a worldwide study. *Neuroepidemiology*. 1992;11(4-6):304-12.
- 11) Agranoff BW. Diet and the geographical distribution of multiple sclerosis. *Lancet*. 1974 Nov 2;2(7888):1061-6.
- 12) Winer S. T cells of multiple sclerosis patients target a common environmental peptide that causes encephalitis in mice. *J Immunol*. 2001 Apr 1;166(7):4751-6.
- 13) Lauer K. Diet and multiple sclerosis. *Neurology*. 1997 Aug;49(2 Suppl 2):S55-61.
- 14) Swank R. Effect of low saturated fat diet in early and late cases of multiple sclerosis. *Lancet*. 1990 Jul 7;336(8706):37-9.
- 15) Swank R. Multiple sclerosis: fat-oil relationship. *Nutrition*. 1991 Sep-Oct;7(5):368-76.
- 16) Swank R. Multiple sclerosis: the lipid relationship. *Am J Clin Nutr*. 1988 Dec;48(6):1387-93.
- 17) Swank R. Multiple sclerosis: twenty years on low fat diet. *Arch Neurol*. 1970, Nov;23(5):460-74.
- 18) Guggenmos J, Schubart AS, Ogg S, Andersson M, Olsson T, Mather IH, Linington C. Antibody cross-reactivity between myelin oligodendrocyte glycoprotein and the milk protein butyrophilin in multiple sclerosis. *J Immunol*. 2004 Jan 1;172(1): 661-8.
- 19) The August 2007 McDougall Newsletter article: [When Friends Ask: Why Do You Avoid Adding Vegetable Oils?](#)

A Personal Profile

by Jeff Novick, Registered Dietitian at the McDougall Program



I have been interested in food and fitness for as long as I can remember. Some of my earliest childhood memories involve helping my grandmother prepare food from scratch, and learning about wrestling from my grandfather. As a child my two favorite TV shows were *Jack LaLanne* and *The Galloping Gourmet* with Graham Kerr. When I was in grade school, I petitioned my school to let me become the first male to take Home Economics instead of Industrial Arts (or “Shop” as it was called). I wanted to learn about food and cooking, not metal and woodworking. Sports, specifically gymnastics, wrestling, and soccer were also my interests.

In 1973, I had my first experience with vegetarianism from the book *Love Your Body* by Viktoras P. Kulvinskis. He recommended a raw food vegan diet. My neighbor and I tore up a section of my parent’s backyard to plant an organic garden, started growing sprouts, turned my father’s garage into a gym, and went on a vegan diet. While we didn’t stay with the diet for long; this was a jumping off point for me to begin to explore ideas about vegetarianism, meditation, yoga, and other alternative approaches to health.

Eventually, my interests led me to culinary school in 1981 where I received a degree in Culinary Arts and Food Service management from the State University of New York. Over the next few years, I worked in many restaurants

around the country including as a Pastry Chef in a gourmet French restaurant in Grand Junction, Colorado, and as the chef of a natural foods restaurant in Syosset, New York.

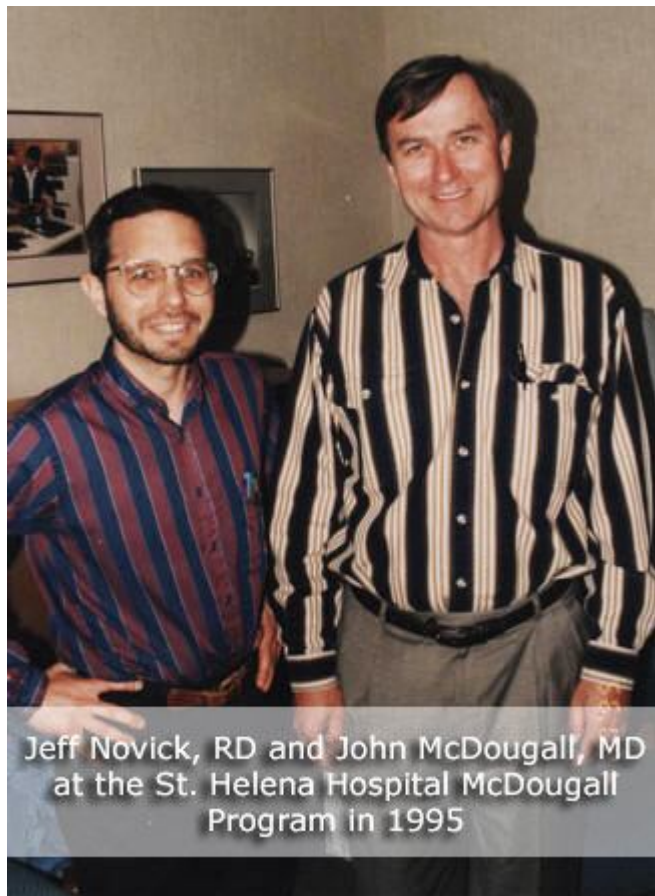
My father was a butcher, as was his father, so my new ideas about vegetarianism early in my life were a real shock for my parents. They were concerned that these ideas were not safe and healthy. They wanted some “proof,” but at that time most of the “science” was poorly written, and too many articles were from Eastern writers with hard to pronounce names. “Real evidence” on the safety and benefits of a vegan diet was lacking. (Time spent working in the butcher business with my father was eye opening, especially in terms of where food comes from and what can legally be put into food.)

The real evidence finally arrived for me in 1983 with the publication of *The McDougall Plan*. Dr. McDougall’s clear explanations of the science and exhaustive documentation were career changing. He uncovered many nutritional myths, including those persuasive ones about protein and calcium. After reading *The McDougall Plan* everything I had once been confused about nutrition and health made sense—I was freed to move forward, having both the knowledge of and the confidence in a properly designed vegan diet. I understood this was not an “alternative” approach, but rather a rational, safe, and sane way of eating to regain health. Of course, the first people I gave copies to were my parents.

In 1985, I left the restaurant industry and went to work as a Major Account Manager for Kraft Foods; eventually becoming a Supplemental Distribution Manager. At the same time, I was trying to spread the message about healthy eating. I wrote letters to the editors of the local papers and articles for the local co-op. I started teaching adult education classes and at the local community university program. In my spare time, I was running an organic food co-op out of my house, counseling clients, and

taking several distance learning courses to further my education. Dr. McDougall was a real inspiration to me at all times and I not only read all of his material, but attended conferences where he spoke. I was especially impressed with how he went back into the medical/health system to try to change it, instead of just criticizing it from the outside.

Soon, I realized that while my career with Kraft was financially successful for me, I was not happy. I was in conflict by working for a company that sold the same products that were causing most of America's health and weight problems. The enjoyment and self-satisfaction I received from helping others to change their diets made me realize my real passion. I decided to go back to school for a formal education in nutrition. In 1992 I left Kraft Foods to get university training—my goal was to get a degree.



Jeff Novick, RD and John McDougall, MD
at the St. Helena Hospital McDougall
Program in 1995

As part of my senior year in undergraduate training at Indiana State University, I had to choose a "specialized" internship experience. When I submitted my proposal for the McDougall Program at St Helena Hospital in the Napa Valley, the internship supervisor asked if he was a "real doctor." Of course he was! Not only did I get to go, but also the University awarded me a scholarship to help with the expenses. In April/May of 1995 my dream to work with Dr. McDougall at his program came true. There I got to see for the first time the full implementation of proper nutrition in a clinical setting. I saw participants' blood pressures and cholesterol drop, and their health dramatically improve in less than 12 days. It was during these sessions that Dr. McDougall's study on his patients was accepted for publication. I remember feeling hope that finally the tide was changing. I applied for a position with Dr. McDougall, but none was available—so back to Indiana State University I went to pursue my graduate degree. Upon return, I was chosen to present the data I had collected to the Indiana State University graduate research conference.

As a graduate student, I continued my community support groups and had the fortunate opportunity to meet the associate director of a local hospital. As a result of our meeting, and our shared interests in natural health

and living, I was asked to create a nutrition curriculum for the family practice residents program which became my Masters Thesis. The project, known as *The Nutrition Education Initiative*, was a wellness-based curriculum for the medical doctors, family practice residents, and medical students in the community, and featured vegan meals at each of the educational sessions. The project ran for almost 3 years. As a result of this project, and my other academic, professional, and community work, the Governor of Indiana awarded me the *Indiana State Public Health Excellence in Health Science Award* in 1997, and in 2003, Indiana State University awarded me the *Graduate-of-the-Last-Decade Award*.

In 1998 I received my graduate degree in Dietetics with a minor in exercise physiology. My first job was at the Pritikin Longevity Center in Florida. As the Director of Nutrition for Pritikin, over the next 10 years I was able to see first hand the impact of diet and lifestyle on thousands of people each year in a controlled residential setting. While the program was not vegetarian, the principles and guidelines were very similar to the McDougall Program. People threw away their medications and were cured of chronic ailments. In addition, the center was actively involved in documenting and publishing the results of their program and I was able to participate in both their ongoing research and their science advisory committee.

In 2005, Dr McDougall and I met up again at the annual North American Vegetarian Society meeting and discussed again the possibility of working together in the near future. In 2006 I spoke at the

McDougall Advanced Study Weekend program in Santa Rosa, California. The setting was impressive, but what moved me most was the intimacy and family feel of the program. With John, his wife and daughter, Mary and Heather McDougall, working together this was truly the McDougall Program.

In November of 2007, after almost 10 rewarding years with the Pritikin Program, I decided to seek other opportunities. In January of 2008 I formally joined the McDougall Program as their dietitian. I have never been more pleased with a career decision. In addition to my work with the McDougalls, I continue to speak and teach regularly. For example, this past year I lectured for the Florida Academy of Family Physicians, the Florida Cardiology Group, the University of Alabama Medical School, as well as many vegetarian groups and conferences around the United States. I also teach online classes in nutrition for the School of Health Sciences at Kaplan University (Online Learning). I serve as Director of Education for the Natural Health Association and maintain my own website and private practice, where I do nutrition and lifestyle coaching and medical nutrition therapy.

I facilitate a discussion forum at Dr McDougall's website, www.drmcDougall.com. Here anyone can ask questions and discuss health and nutrition issues. It is a very active forum with over 800 topics—I have personally made over 1700 posts.

I also facilitate a regular blog, free newsletter, and support forum at my own website at www.JeffNovick.com. People can also contact me at the National Health Association website at www.healthscience.org. I do personal consultations and coaching and am available for public speaking. Contact me jeff@jeffnovick.com

Featured Recipes



Butternut Squash and Bean Soup

At this time of year I usually have 1 or 2 butternut squash in my pantry to add to a wide variety of winter soups. It cooks quite quickly when chopped and adds a delicious flavor to soups.

Preparation Time: 15 minutes

Cooking Time: 30 minutes

Servings: 4-6

1 onion, chopped
5 cups water
4 cups peeled and chopped butternut squash
2 15 ounce cans cannellini beans, drained and rinsed
1 14.5 ounce can chopped tomatoes
1 tablespoon soy sauce
1 teaspoon basil
4 cups chopped fresh spinach
Freshly ground black pepper to taste

Place the onion in a large pot with 2 tablespoons of the water. Cook, stirring frequently until onion softens. Add the remaining water, the squash, beans, tomatoes, soy sauce and basil. Bring to a boil, reduce heat, cover and simmer for 20 minutes until squash is tender. Add the spinach and cook about 5 minutes longer until spinach has wilted. Season with freshly ground pepper to taste.

Corn Chowder

Preparation Time: 10 minutes

Cooking Time: 40 minutes

Servings: 6-8

1 large onion, chopped
5 ½ cups vegetable broth
5 cups frozen corn
1 red pepper, chopped
1/8 teaspoon curry powder
1/8 teaspoon turmeric
1/8 teaspoon cayenne pepper
1/8 teaspoon freshly ground black pepper

Place ½ cup of the vegetable broth in a large pot. Add the onion and cook, stirring occasionally until onion softens slightly, about 3-4 minutes. Add the corn and continue to cook until corn softens slightly about 5 minutes. Add 3 cups of the vegetable broth, bring to a boil, reduce heat, cover and cook for about 15 minutes. Transfer about half of the corn mixture to a blender and blend until smooth. Return to pan. Add the remaining vegetable broth as well as the remaining ingredients. Bring back to a boil, reduce heat, cover and simmer for about 10 minutes longer.

Kim Chi Noodle Soup

We enjoyed a bowl of this soup at a local restaurant and the next day I was in the kitchen trying out my own adaptation. We like this one much better than the restaurant version. It can be quite spicy, so cut down on the amount of hot sauce for a bit less heat.

Preparation Time: 15 minutes

Cooking Time: 12 minutes

Servings: 4

1 8.8 ounce package of thin rice noodles or bean thread noodles
8 cups vegetable broth
1 15 ounce jar fresh Kim Chi
1 bunch green onions, cut in 1 inch pieces
1 cup sliced oyster mushrooms
1 cup cut snow peas
1 cup cubed firm tofu (optional)
1 tablespoon soy sauce
1-2 teaspoons Sambal Oelek (chili paste)
Fresh chopped cilantro for garnish (optional)

Bring a large pot of water to a boil. Add the rice or bean thread noodles, turn off heat and let rest for 8 -10 minutes until noodles are soft, but still firm. Drain, rinse with cold water and set aside.

Meanwhile, place the vegetable broth in another large pot. Add the remaining ingredients (except cilantro) and bring to a boil. Reduce heat and simmer for about 10 minutes. Add the softened noodles, heat for about 2 minutes, garnish with chopped cilantro and serve.

Hints: Kim Chi is a Korean pickled napa cabbage that is usually sold in the refrigerated section of markets. Instead of the Sambal Oelek chili paste, try some Tongarashi, a Japanese red pepper condiment. This reheats well so it's great for lunch the next day.

One Pot Pasta Jumble

This is a quick and easy dinner that the whole family will enjoy.

Preparation Time: 10 minutes

Cooking Time: 20 minutes

Servings: 4

8 ounces whole wheat or brown rice spaghetti
3 cups broccoli florets
1 cup red or orange bell pepper strips
1 14.5 ounce can chopped tomatoes, drained
1 15 ounce can cannellini beans, drained and rinsed
2 tablespoons chopped fresh flat-leafed parsley
2 tablespoons tomato paste
1 teaspoon minced garlic
Dash sea salt
Freshly ground black pepper to taste

Place a large pot of water on to boil. Cook spaghetti according to package directions adding the broccoli and peppers for the last 4 minutes of cooking time. Drain and return to pan. Add the remaining ingredients, mix well and cook, stirring frequently, until heated through, about 5 minutes.

Ribollita

A delicious and hearty Italian-style tomato, bean and bread soup.

Preparation Time: 20 minutes

Cooking Time: 50 minutes

Servings: 6

6 cups vegetable broth
1 onion, chopped
1 teaspoon minced fresh garlic
2 carrots, chopped
2 stalks celery, chopped
1 15 ounce can cannellini beans, drained and rinsed
6 Roma tomatoes, chopped
2 cups chopped Swiss chard
1 cup chunked potatoes
2 tablespoons chopped fresh basil
2 tablespoons chopped fresh parsley or cilantro
Freshly ground black pepper to taste
Dash sea salt
3-4 cups coarsely chopped stale bread

Put about ½ cup of the vegetable broth in a large pot. Add the onion and garlic and cook until fairly soft, stirring frequently, for about 5 minutes. Add carrots and celery and continue to cook, stirring frequently for another 5 minutes. Add the remaining broth, the beans and tomatoes. Bring to a boil, reduce heat, cover and simmer for 15 minutes. Add chard and potatoes, and simmer for another 15 minutes. Season with basil, parsley or cilantro, pepper, and salt just before serving. To serve, place some of the bread cubes in the bottom of each bowl and ladle the soup over the bread.

Potato and Broccoli Soup

This recipe came from the McDougall Discussion Board a while ago and it is so good and easy that I wanted to share it with all of you.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 2-3

2 cups frozen hash brown potato chunks

3 cups vegetable broth or water
1 15 ounce can white beans, drained and rinsed
½ cup nutritional yeast flakes
1 teaspoon onion powder
¼ teaspoon garlic powder
2 cups small broccoli florets

Place the potatoes and broth in a large pot. Cook for about 10 minutes until potatoes are tender. Place in a blender jar with all the remaining ingredients except the broccoli. Blend until smooth. Return to pan, add the broccoli and cook until tender, about 10 minutes.

Hints: Fresh potatoes that have been peeled and cut into chunks may also be used, but since I usually have the frozen chunks in my freezer, I saved time by using those. Frozen broccoli florets may also be used in place of the fresh broccoli.

Spanish Beans and Greens

I still have some Dinosaur kale growing in my garden, so for lunch today we had this healthy and flavorful Spanish-style soup.

Preparation Time: 20 minutes
Cooking Time: 45 minutes
Servings: 6-8

6 cups vegetable broth
1 onion, chopped
2 carrots, chopped
2 teaspoons fresh minced garlic
1 teaspoon ground cumin
½ teaspoon ground cinnamon
½ teaspoon Spanish paprika
½ teaspoon ground ginger
¼ teaspoon ground coriander
¼ teaspoon powdered saffron
1/8 teaspoon cayenne pepper
1 bay leaf
2 15 ounce cans garbanzo beans, drained and rinsed
1 14.5 ounce can chopped tomatoes
4 cups packed, chopped Dinosaur kale

Place about ¼ cup of the vegetable broth in a large pot. Add the onion, carrots and garlic. Cook, stirring occasionally, for about 5 minutes, until onion and carrots soften slightly. Stir in all the seasonings, then add the beans and mix well. Add the remaining vegetable broth and the tomatoes. Bring to a boil, reduce heat, cover and simmer for 20 minutes. Add the kale, mix in well and continue to cook for an additional 15 minutes until kale is tender.

Hints: Regular kale may be used in place of the Dinosaur kale, just be sure to strip the leaves from the stalks before chopping. Add about 5 minutes to the final cooking time.

Squash and Peanut Soup

Here is another recipe using butternut squash. This is a bit richer because of the peanut butter.

Preparation Time: 15 minutes
Cooking Time: 20 minutes

Servings: 4-6

- ¼ cup water
- 1 onion, chopped
- 2 teaspoons minced fresh garlic
- 4 cups peeled and chopped butternut squash
- ½ teaspoon ground cumin
- ¼ teaspoon ground coriander
- 4 cups vegetable broth
- ½ cup peanut butter
- 2 tablespoons tomato paste
- 1 tablespoon soy sauce
- ½ teaspoon crushed red pepper
- ¼ cup chopped fresh cilantro

Place the water in a large pot. Add the onion and garlic, and cook stirring frequently for about 2 minutes. Add the squash, cumin and coriander. Cook stirring frequently for another 2-3 minutes. Add the remaining ingredients, except the cilantro. Bring to a boil, reduce heat, cover and simmer for about 15 minutes until squash is tender, stirring occasionally to make sure ingredients are well combined. Garnish with cilantro before serving.