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Real Healthcare Reform Has Health As the Primary Goal

In 1986, shortly after starting my 12-day live-in program at St. Helena Hospital, I had several meetings with representatives from major medical insurance companies with the intention of having my treatment, called The McDougall Program, paid for by a patient's medical insurance. I prepared portfolios with scientific articles showing how a low-fat, starch-based diet worked better than traditional treatments for most chronic ailments. For example, I provided research on how diet would stop chest pain (angina) in people with coronary artery disease and reverse their underlying atherosclerosis. Also included were multiple studies demonstrating the failure of bypass surgery to save lives in the vast majority of people. The financial figures showed diet-therapy in our residential program would cost \$5000 versus bypass surgery at \$45,000 (if all went well). I expected a favorable response from the representatives of these companies. PAGE 2

Favorite Five Articles from Recent Medical Journals

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- Red Yeast Rice Is an Alternative to Statins for Cholesterol-Lowering
- Meat Kills People and Planet Earth
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- A Vegan (No Milk) Diet Is Healthy for Bones

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The first reply was from a claims manager, "We're not interested; this is not the kind of program we can include in our coverage." I asked, "Why?" He said, "In order to stop the chest pains by your methods you have to get the patients' cooperation; patients must change their diets, and I don't believe they will. For the bypass surgeon to stop the chest pains all he has to do is get the patient to lie down on the operating room table. No will power necessary."

I pressed on with my arguments. "But there are some patients who would much rather eat oatmeal, minestrone soup, and bean burritos and go for a daily walk, than expose the inside of their chest to stale operating room air, and risk death and brain damage. Don't you think they should be given an option, especially with the savings for your company?"

We went back and forth for a few more minutes and then he made his position irrefutably clear to me. Obviously frustrated by my persistence he said, "You don't get it, McDougall, you don't understand the business. We take a piece of the pie and the bigger the pie the more we get." An estimated 30% of the premiums collected from the insured, their employers, and the taxpayers go to administrative costs, including the salary of these insurance company employees who were denying payment for the McDougall Program.

Partial Solutions: Single Payer vs. Obamacare vs. Private Insurance Companies

There are several proposed solutions for this mess. The [Physicians for a National Health Program](#) support a single payer national health insurance. They are essentially recommending an expanded and improved version of traditional Medicare. Benefits would primarily be from cutting the huge administrative costs of private medical insurance companies. President Obama is proposing many healthcare reforms and one of the more controversial is a "public option"—a government-run program for people unhappy with private insurers. The major insurance companies are fighting all plans that would cause drastic changes, and believe the forces of the marketplace will solve current problems, as long as they don't have to compete with a "public option." A government-run medical insurance plan seems to be very popular with the public.

Each faction talks about cutting administrative costs, electronic records, more preventative care, supporting more research for comparing treatments, and spending more money on cancer research and other special interests. These are tried and failed methods, and/or band-aids, at best. Serious savings, prevention, and the curing of disease will only be accomplished when an insurance company, private or public, makes its primary battlefield the major cause of people's illnesses: the food.

A Medical Insurance Option Based on McDougall's Medicine

Twenty-five years ago I met Conrad Schmitt, the founder of Medmark Health Plan in Phoenix, Arizona. This medical insurance company was focused on cutting healthcare costs by providing alternative care, including diet-therapy. Unfortunately, the community physicians who were providing the patient care for Mr. Schmitt's company undermined the intentions of its founder. These traditionally trained doctors continued to use very expensive, high-tech examinations and ineffective treatments (medications, radiotherapy, and surgery) for chronic diseases, rather than simpler, less harmful, and often more effective, approaches that Mr. Schmitt was proposing to cut costs and to return people to better health.

Our work together eventually led to a 3-year trial at Blue Cross/Blue Shield of Minnesota. Between 1999 and 2001 we were able to show remarkable health benefits for their employees: weight loss, reduction in cholesterol, blood pressure, and sugars; relief of indigestion, constipation, arthritis, etc. We were also able to document a 44% reduction in healthcare costs after one year based on the insurance company's own claims data. After these extraordinary results we expected Blue Cross/Blue Shield to get solidly behind us and to begin reforming healthcare. I had forgotten my earlier lesson: they take a piece of the pie—there was no real incentive to slow the growth of medical care—at least by the methods we were offering. Over the past decade the business of Blue Cross/Blue Shield, and all other private insurance companies, has skyrocketed. Along with their growth, their subscribers have grown too: fatter and sicker with bigger bags filled with more pills and potions.

The McDougall Private Healthcare Plan

The McDougall Healthcare Plan lives up to its name. The focus: making subscribers healthier. Key elements include:

- 1) **The Marketing Program:** Business will be solicited from the public—the ones really interested in their health. Employees will be able to select this plan among the many traditional ones offered by their employers. The McDougall advantage: real health through diet and lifestyle medicine, and conservative medical care.
- 2) **The Doctors Program:** Medical care will be provided by primary care physicians trained and employed fulltime by the McDougall Healthcare Plan. In this way physicians will be “onboard” with the Plan and not be undermining the Plan's efforts to provide effective therapies at reasonable costs (as happened with Medmark). The fundamental efforts of all the professionals will be directed toward diet change, because food is

the major health problem in the US.

3) **The Behavior Programs:** Trained primary care doctors, psychologists, dietitians, nurses, chefs, personal trainers, counselors, and many other experts will focus on correcting people's destructive food, smoking, alcohol, illicit and prescription drug habits with rehabilitation programs. Several levels of health education will be offered from outpatient cooking classes to intensive medically supervised, live-in programs. When appropriate, cooks will prepare and provide meals to sick people. (It could be cheaper than an ambulance ride to the hospital—\$500 to \$1000.)

4) **The Eating Out Program:** Most people eat out these days. The McDougall Healthcare Plan will make contracts with restaurants and grocery markets all over the country to prepare delicious McDougall-style starch-based meals.

5) **The Exercise Program:** Personal trainers in private athletic clubs across the country will evaluate people and then teach and supervise their exercise sessions. The McDougall Healthcare Plan will pay for this service. Only trainers supporting the nutritional principles of a starch-based diet will be hired.

6) **The Real Head Start Program:** Women will be taught to follow a starch-based diet for the healthiest pregnancy. Every effort will be made to have babies breastfed exclusively for six months and then partially breastfed for two years. Lactation consultants will be full time employees of the McDougall Healthcare Plan. McDougall-trained dietitians will consult with daycare centers and local schools.

7) **The Rewards Program:** The financial return is hard evidence the McDougall Healthcare Plan works:

- a) People in good health, based on various risk factors, eating habits, exercise habits, personal habits, and also those people making serious efforts to improve their health by attending educational programs, exercising, reforming bad habits, and eating McDougall meals will be rewarded by
- b) Physicians will be paid bonuses based on results of improving the health of their patients, and secondarily by reducing their prescriptions for useless tests and ineffective treatments.
- c) Principals, administrators, other employees, and shareholders will share in the profits.
- d) Employers providing the Plan to their employees will reduce the cost of their healthcare benefits package by 25% the first year they are with the McDougall Healthcare Plan and even more in future years based on their utilization of medical services and employee health.

8) **The Medication and Surgery Programs:** As the last resort, McDougall-trained primary care doctors will prescribe medications and surgeries proved worthwhile. Most of these prescriptions will be able to be administered "within house."

9) **The Specialist Care Program:** Any specialist services (like cardiologists, neurologists, nephrologists, surgeons, etc.) will be contracted from outside the McDougall Healthcare Plan. When such services are required then a McDougall-trained primary care doctor will remain closely involved in order to protect the patient from unnecessary, potentially harmful treatments, such as unwarranted heart surgery and aggressive medication usage in type-2 diabetes.

10) **The Emergency Care Program:** Non-emergency, but urgent, care will be managed by McDougall Healthcare Plan doctors at their office facilities. Real emergencies will be handled by local hospital-based emergency rooms.

11) **The Hospital Care Program:** When necessary members of the McDougall Healthcare Plan will be admitted to designated hospitals that have a working relationship with the Plan. A McDougall-trained primary care doctor will remain closely involved in order to protect the patient from unnecessary, potentially harmful treatments while hospitalized.

12) **The Research Program:** Comparative effectiveness research will be ongoing in order to document the value of the McDougall Healthcare Plan.

Why Isn't Kaiser Permanente Already On Board?

The first lecture I ever gave to a meeting of medical doctors was at Kaiser Hospital in Honolulu in 1978. I began by saying, "You people have more to gain financially by what I have to say in the next hour than any other medical business. You get to collect the premiums and keep the money by making your patients healthier." Their response was overwhelming. They invited me back for many more presentations.

[Kaiser Permanente](#), located in several regions of the US is the most progressive of all insurers. Their own doctors in their own medical offices and hospitals provide their healthcare. The Oakland California hospital has a health food store called the Food Mill-Food Farm'acy store.

Kaiser Permanente focuses on prevention, patient education, and cost control. In my area, Northern California, using their progressive approaches, they have captured 70% of the market. However, as a company they have still failed to seriously address the country's biggest healthcare problem: the food. I know of no Kaiser doctors who seriously use diet-therapy; rather they remain focused on treating risk factors (cholesterol, blood pressure, blood sugar, etc.) with pharmaceuticals, and prescribing ineffective surgeries (angioplasty and bypass being the most common and expensive examples) for chronic dietary diseases.

Change is difficult for everyone, and especially for physicians, who are known for their conservative natures. We were trained to use treatments that have been proven to not work and to hurt patients. This medical school education sticks firmly in our brain matter. We have received no instruction in diet-therapy and we were never taught to refer patients to a lifestyle medicine program. Physicians are afraid to be criticized by our colleagues for doing anything different. The best way to avoid a successful lawsuit by a patient is to perform "the community standard of practice." Right or wrong, the best defense is to treat your patients like every other doctor treats them. One of the greatest barriers is personal habits, the best educated doctors, with access to the most reliable scientific research, cannot see beyond their own dinner plates.

The Last Corner In Town: The McDougall Healthcare Plan

In 1978, the day after my graduation from my internal medicine residency at the University of Hawaii, I told

my former boss, Irwin Schatz, MD, that 80% of the disease I care for is caused by the rich Western diet and most of that sickness can be greatly benefited and/or cured with a change to a starch-based diet. The disgruntled look on his face made me think he would have torn up my diploma if he had had the chance. More than 30 years have passed. President Obama now warns, "The greatest threat to America's fiscal health is not Social Security. It's not the investments that we've made to rescue our economy during this crisis. By a wide margin, the biggest threat to our nation's balance sheet is the skyrocketing cost of health care. It's not even close."

I have learned much over these years and I am ready to try again. I am just waiting for the phone to ring from President Obama, any one of the over-bloated private medial insurance companies, or a large self-insured company (like Ford Motor, Cisco Systems, IBM, Safeway, or Whole Foods Markets). Anything short of real healthcare reform will mean financial failure for the country and worsening health for the people of our nation, at least.



Favorite Five Articles from Recent Medical Journals

Swine Flu Alert: Do Not Take Aspirin or Other NSAIDs

Two letters to the editor in the June 17, 2009 issue of the *British Medical Journal* warned of an increased risk of death with influenza from taking non-steroidal anti-inflammatory drugs (NSAIDs), which include aspirin (Bufferin, Bayer, Excedrin), ibuprofen (Advil, Motrin, Nuprin), ketoprofen (Actron, Orudis), and naproxen (Aleve). Death from influenza is from multi-organ failure (liver and kidney failure) and brain involvement (encephalopathy). In the first letter, Rokuro Hama, points out NSAIDs are well known to aggravate organ failure and there is evidence that the restriction of use of these medications is associated with a reduction of death from the flu.¹ In the second letter, Tsunetoshi Shimazu, reminds the reader that during the 18 months of the 1918-9 influenza pandemic, 27 million people died worldwide.² When treated with a homoeopathic medicine (without aspirin), mortality was 1% or less, but 5-30% of patients treated with aspirin in hospitals or in the armed forces died.

Comment: I have always recommended (and personally used) aspirin during bouts of influenza for symptom relief (fever, chills, body aches, and headaches.). However, with the appearance of more virulent viral strains, such as the swine flu, which in many ways resembles the flu of 1918, I am changing my recommendation.* **Do Not Use NSAIDs (including aspirin)** with influenza infections. For three decades doctors have known that when aspirin is given to children with viral infections they have an increased chance of developing an often-fatal condition of multi-organ failure called Reyes Syndrome. (I saw two young boys die from this condition during my early training.) With the restriction of aspirin use in children, Reyes Syndrome has become very rare.

So, what can be done for the flu? Not much. I hesitate to recommend any medications because they all have

side effects and risks. Tylenol (acetaminophen) is likely the safest symptom reliever, but this medication is also not without risks. The safest advice would be to suffer through the flu rather than risk the medications. Antibiotics do not fight off viruses and should not be given unless there are bacteria-caused complications. Antiviral drugs, such as Tamiflu and Relenza, are of limited value because resistance has developed to them. The body has many ways of fighting off the invading viruses and repairing damage on its own. "Fluids and food" as needed is my conservative advice. Your thirst drive and appetite will take proper care of your needs. If you become very ill you will need medical care. Advice on preventing infection is offered in my May 2009 [newsletter](#).

A healthy person will be much more likely to survive the flu than someone burdened with chronic illnesses, like obesity, heart failure, and diabetes. So now is the time to prepare for your future and the future of your family. Get as much health stored up as you can by following a starch-based diet, moderately exercising, and getting adequate sunshine.

* I reserve the right to change my recommendations on any drug or surgical therapy, because the "facts" are always changing and the limited data available on these treatments are heavily tainted by money from special interests. However, you will never find me changing my recommendations on diet, exercise, sunshine, clean air, clean water, and rest.

- 1) Hama R. NSAIDs and flu. *BMJ*. 2009 Jun 15;338:b2345.
- 2) Shimazu T. Aspirin in the 1918 pandemic. *BMJ*. 2009 Jun 15;338:b2398.

Red Yeast Rice Is an Alternative to Statins for Cholesterol-Lowering

Red yeast rice for dyslipidemia in statin-intolerant patients: a randomized trial by David J. Becker published in June 2009 issue of the *Annals of Internal Medicine* found, "Red yeast rice and therapeutic lifestyle change decrease LDL cholesterol level without increasing CPK or pain levels and may be a treatment option for dyslipidemic patients who cannot tolerate statin therapy."¹ In this study, 62 patients with elevated cholesterol and a history of discontinuing statin therapy because of muscle pains (myalgias) were assigned to receive red yeast rice, 1800 mg, or placebo, twice daily for 24 weeks. All patients were also enrolled in a 12-week therapeutic lifestyle change program. In the red yeast rice group, the total cholesterol decreased from 245 mg/dL to 209 /dL and LDL "bad" cholesterol decreased from 163 mg/dL to 128 mg/dL in 24 weeks. In the placebo group the change was less (246 to 230 mg/dL and 165 to 150 mg/dL, respectively). There were no adverse effects, such as a rise in liver or muscle enzymes (CPK) indicating tissue damage, and no increase in muscle pain with the red yeast rice regime compared to placebo. Due to the diet and exercise program both groups attained and maintained a weight loss of about 8 pounds (3.6 Kg) over 24 weeks.

Comment: Red yeast rice is the product of a yeast (*Monascus purpureus*) grown on rice, which contains several active compounds. One of these, monacolin K, is a potent inhibitor of cholesterol synthesis in the

liver, and is also known as mevinolin or the prescription drug, lovastatin (Mevacor®). One month's supply of red yeast rice (1800 mg twice daily) can cost \$20 to \$30.

The Mediterranean style diet taught to both groups lowered the cholesterol by an average of 16 mg/dL in the placebo group. Therefore, the red yeast rice caused an additional reduction of 20 mg/dL in 24 weeks (total reduction of 36 mg/dL with diet and drug). The amount of active ingredient in the red yeast rice was equivalent to 6 mg of lovastatin.¹ The usual dose of lovastatin prescribed by physicians is 20 to 40 mg. This study confirms what other studies have shown; red yeast rice is an effective cholesterol-lowering medication.

The unique finding in this study was that red yeast rice did not cause adverse effects in patients who had previously stopped taking a statin because of adverse effects, including muscle pains. In general practice, about 10% of patients stop taking this kind of medication because of muscle pain. More severe muscle inflammation (called myositis) occurs in 1% to 5% of people on these medications. The more potent the statin, the greater the risk of muscle damage. A recent study, using an electron microscope and biochemical tests, examined the muscle tissues of patients on statins, and found evidence of muscle cell damage in over 70% of people on statins, even when they had no complaints of muscle pain.²

One important conclusion of this study in which 31 people took red yeast rice, is that it is effective and safe. The effectiveness is clear, but the proof for safety is not unquestionable. The number of people tested was small and so was the dosage of medication used (6 mg vs. 20 to 40 mg of lovastatin). There have been previous reports of severe muscle and liver damage with the use of red yeast rice.¹ Therefore, you should not believe that this "natural" product is without risk, but it may be an alternative for people reacting adversely to prescription medication and who do need treatment.

One recent study of a partially purified extract of red yeast rice on Chinese patients who had suffered a previous heart attack showed an absolute 4.7% reduction in nonfatal heart attacks and death from coronary heart disease compared to placebo.³ The effects of very powerful doctor-prescribed statins (Mevacor, Zocor, Lipitor, and Crestor) have been tested in thousands of people and the general finding is that the benefits are primarily limited to people with a high risk of future heart attacks or stroke.^{4,5} People who are otherwise healthy do not significantly benefit from these medications, but still do suffer the usual side effects and costs from statins. Cholesterol-lowering medications must be taken for years and many times for life; when statins, even red yeast rice, are stopped the cholesterol quickly rises to pretreatment levels (unless the patient has changed their diet since starting the medication).

Red yeast rice is effective and appears to be better tolerated by some patients than doctor-prescribed statins. But it is not necessarily cheaper. Prescriptions are often covered by insurance, and at Walmart a 30-day supply of lovastatin (10 and 20 mg) or pravastatin (10, 20, and 40 mg) can be purchased for \$4; compared to \$20 to \$30 for a month's supply of much less potent red yeast rice. In favor of red yeast rice, prescriptions require your time and money for a doctor's visit.

Like other cholesterol-lowering statins, use should be limited to those likely to attain more good than harm—

and these are people at [high risk](#) of a future vascular tragedy (for example, people with a previous history of a heart attack, angioplasty, bypass surgery, TIA, or a stroke). Sufficient amounts of cholesterol-lowering medication should be taken in order to reduce the blood cholesterol level to below 150 mg/dL. The reason for a goal of 150 mg/dL or less is that this level is associated with a low risk of vascular disease and a very good chance of healing the arteries. If side effects, like muscle pain, occur, then the medication should be stopped immediately (under doctor's supervision). Above all, medication should not be considered as a replacement to correcting the underlying cause of the problem—in this case, the rich Western diet causes artery disease (atherosclerosis).

- 1) Becker DJ, Gordon RY, Halbert SC, French B, Morris PB, Rader DJ. Red yeast rice for dyslipidemia in statin-intolerant patients: a randomized trial. *Ann Intern Med.* 2009 Jun 16; 150(12):830-9, W147-9.
- 2) Draeger A, Monastyrskaya K, Mohaupt M, Hoppeler H, Savolainen H, Allemann C, Babiychuk EB. Statin therapy induces ultrastructural damage in skeletal muscle in patients without myalgia. *J Pathol.* 2006 Sep; 210(1):94-102.
- 3) Lu Z, Kou W, Du B, Wu Y, Zhao S, Brusco OA, Morgan JM, Capuzzi DM; Chinese Coronary Secondary Prevention Study Group, Li S. Effect of Xuezhikang, an extract from red yeast Chinese rice, on coronary events in a Chinese population with previous myocardial infarction. *Am J Cardiol.* 2008 Jun 15; 101(12):1689-93.
- 4) Abramson J, Wright JM. Are lipid-lowering guidelines evidence-based? *Lancet.* 2007 Jan 20; 369(9557):168-9.
- 5) Kendrick M. Should women be offered cholesterol lowering drugs to prevent cardiovascular disease? No. *BMJ.* 2007 May 12; 334(7601):983.

Meat Kills People and Planet Earth

Meat intake and mortality: a prospective study of over half a million people by Sinha Rashmi in the March 23, 2009 issue of the *Archives of Internal Medicine* reported that, "Red and processed meat intakes were associated with modest increases in total mortality, cancer mortality, and cardiovascular disease mortality," after studying the illnesses of a half million people aged 50 to 71 years and their diets based on a food frequency questionnaire.¹ The authors postulated several mechanisms for the harms from red and processed meat. In relation to cancer, meat is a source of cancer causing chemicals (carcinogens), and a major source of saturated fat, which has been positively associated with breast and colorectal cancer. In relation to heart attacks and strokes, red and processed meat are causally related to elevated blood pressure, cholesterol, artery disease, and a tendency to form blood clots.

An accompanying editorial, **Reducing meat consumption has multiple benefits for the world's health,**

by Barry M. Popkin, who identifies himself as “not a vegetarian,” went much further.² He points out the catastrophic effects of meat consumption on people all over the world and to the planet Earth. China, India, and Brazil are rapidly increasing their intake of animal-foods, more than doubling consumption between 2000 and 2005. The result is a rising price of food and particularly the cost of population-sustaining starches (rice, corn and wheat). Livestock production has placed great demands on water resources and creates 18% of our greenhouse gasses. The polluting effects of animal foods are earthshaking: “In the United States, livestock production accounts for 55% of the erosion process, 37% of pesticides applied, 50% of antibiotics consumed, and a third of total discharge of nitrogen and phosphorus to surface water.” His recommendations are: Elimination of the current system of subsidies (for animal foods) and major investments in healthier legumes, vegetables, and other selected crops are needed to undo these massive distortions...pricing all petroleum products at much higher levels, removing all subsidies from them, and considering water and energy use in taxation and subsidy policies...(And for doctors) Primarily, they have the role of advising their clients to consume small to moderate amounts of red meat and processed meats as a way to reduce the risk of a large number of chronic diseases.

Comment: If he knows all these facts, why is Barry Popkin not a vegetarian? Why does he recommend that doctors keep prescribing small amounts of poisonous food to people? Is he embarrassed to be a vegetarian? Does he want to appear sensible, not radical, professionally proper, and politically correct? He seems unwilling to stand up for what he obviously knows to be right. This is no time to act meek.

This article and the accompanying editorial made worldwide headlines and hopefully will make a major contribution to people’s health and to saving our planet. Two decades ago almost no one understood the damaging role that meat played. Now most people are aware. The US government has finally recognized the importance of global warming and has begun serious discussions about removing subsidies and changing tax policies that favor the polluters. Healthcare is currently one of the hottest political topics in the US—I predict the insurance and pharmaceutical companies will be the big losers—and we will be the winners. Hopefully, Mr. Obama will find my recommendations from my [November 2008 Newsletter](#) worthwhile:

- 1) Identify the livestock and processed food industries as the major cause of death and disability in the US.
- 2) Levy taxes on health-damaging foods.
- 3) Require product-warning labels on meat, dairy and other hazardous foods, like the warnings that are now on tobacco products. “Meat Pollutes Streams, Rivers, and Oceans” and “Cheese Causes Heart Disease.”
- 4) Educate doctors and dietitians about diet-therapy, and how to take people off medications.
- 5) Require all hospitals to serve healthful foods.
- 6) Allow lawsuits to go forward against food industries.
- 7) Require the meals served to the military, schools, and all government subsidized programs to be starch-

based.

8) Require the treatments provided under the new government insurance plan be proved effective and safe. (Overnight, this act will stop most heart surgeries and aggressive diabetic treatments for type-2 diabetics.)

9) Require diet-therapy to be the first line of therapy for all dietary diseases (heart disease, diabetes, arthritis, multiple sclerosis, indigestion, constipation, etc.)

10) Launch a massive advertising campaign on the truth about food, drugs, and devices to counteract the years of lies taught to us by industry.

1) Sinha R, Cross AJ, Graubard BI, Leitzmann MF, Schatzkin A. Meat intake and mortality: a prospective study of over half a million people. *Arch Intern Med.* 2009 Mar 23;169(6):562-71.

2) Popkin BM. Reducing meat consumption has multiple benefits for the world's health. *Arch Intern Med.* 2009 Mar 23;169(6):543-5.

Fish Is Not Brain Food

Dietary intake of fish and omega-3 fatty acids in relation to long-term dementia risk by Elizabeth E Devore published in the July 2009 issue of the *American Journal of Clinical Nutrition* found, "In this Dutch cohort, who had a moderate consumption of fish and omega-3 PUFAs, these dietary factors do not appear to be associated with long-term dementia risk."¹ This study of 5395 people, 55 years of age or older, for 10 years, found people who never ate fish had a similar risk of developing dementia, including Alzheimer's Disease, as those people who had a high fish intake (on average, one ounce—29.6 grams—daily). In the same issue of this journal, researchers reported on the findings of the Canadian Study of Health and Aging.² Blood samples of a population of 642 people were analyzed for substances found in fish: total n-3 PUFAs, docosahexaenoic acid (DHA), eicosapentaenoic acid (EPA), and mercury. The results were then compared with the incidence of dementia and Alzheimer disease. No associations between n-3 PUFAs and dementia or AD were found.

A disturbing report was released on June 17, 2009: **Bovine Spongiform Encephalopathy and Aquaculture** by Robert P. Friedland published in the *Journal of Alzheimer's Disease*.³ Scraps from slaughterhouses are used as food in the fish farming industries, and the authors of this report are concerned that consumption of farmed fish may provide a means of transmission of infectious prions from cows with bovine spongiform encephalopathy to humans, causing variant Creutzfeldt Jakob disease—commonly known as "mad cow disease." These scientists urged government regulators to ban feeding cow meat or bone meal to fish until the safety of this common practice can be confirmed. The publication of this important news comes before a new FDA rule that would block the feeding of rendered cows to certain animals, but not fish.

Comment: Fish is not health food. The truth is fish is an animal muscle made up primarily of proteins and fats, with no carbohydrates or dietary fibers—fish muscles are nutritionally just like the muscles of cows and chickens. They are all loaded with cholesterol and chemical contaminants, and deficient in vitamin C. Fish-fat easily accumulates in the human buttocks, thighs, and abdomen, leading to obesity and type-2 diabetes. All that excess animal protein will cause bone loss (osteoporosis), and the pharmacological activity of the fats (omega-3) will suppress the immune system (cancer and infection) and cause [bleeding](#).

Fostering the myth that fish is a miracle food is a slogan many of us grew up with, “better living through chemistry.” In the case of fish, the miracle chemical is omega-3 fatty acids, which have been advertised to prevent and treat diseases ranging from Alzheimer’s disease to strokes. The most thorough review ever conducted (48 randomized controlled studies of 36,913 subjects) of fish and omega 3 fats on health was published in the April 2009 issue of the *British Medical Journal* and the authors reported, “Long chain and shorter chain omega 3 fats do not have a clear effect on total mortality, combined cardiovascular events, or cancer.”⁴ Other research explains the origin of the felonious belief that fish is health food: people who choose fish are the same people who choose an overall healthier diet, consciously avoiding coronary-artery-damaging saturated fats—eating the fish does not prevent heart attacks, it is the not eating beef, chicken, and cheese that saves lives.⁵

The erroneous belief that these magnificent swimming animals will improve the health of people is at the root of the decimation of our oceans. People are eating more food from the sea every year and the result is industrial fishing has depleted the world’s fish stocks by 90% since the 1950s.⁶ I love the ocean and am saddened by this loss. Fortunately, I am not demented (from lack of fish consumption) and neither are you. We can stop this runaway destruction of planet Earth and return health to its entire species—but we must act quickly. One major step is to reintroduce the natural human diet of starches to people. If you want to know more about this one big simple solution then read the first chapter of my new book, [The Starch Solution](#) (to be published in about a year).

1) Devore EE, Grodstein F, van Rooij FJ, Hofman A, Rosner B, Stampfer MJ, Witteman JC, Breteler MM. Dietary intake of fish and omega-3 fatty acids in relation to long-term dementia risk. *Am J Clin Nutr*. 2009 Jul;90(1):170-6.

2) Kröger E, Verreault R, Carmichael PH, Lindsay J, Julien P, Dewailly E, Ayotte P, Laurin D. Omega-3 fatty acids and risk of dementia: the Canadian Study of Health and Aging. *Am J Clin Nutr*. 2009 Jul;90(1):184-92.

3) Friedland RP, Petersen RB, Rubenstein R. Bovine Spongiform Encephalopathy and Aquaculture. *J Alzheimers Dis*. 2009 Mar 6. [Epub ahead of print]

4) Hooper L, Thompson RL, Harrison RA, Summerbell CD, Ness AR, Moore HJ, Worthington HV, Durrington PN, Higgins JP, Capps NE, Riemersma RA, Ebrahim SB, Davey Smith G. Risks and benefits of omega 3 fats for mortality, cardiovascular disease, and cancer: systematic review. *BMJ*. 2006 Apr 1;332(7544):752-60.

5) Cundiff DK, Lanou AJ, Nigg CR. Relation of omega-3 Fatty Acid intake to other dietary factors known to reduce coronary heart disease risk. *Am J Cardiol.* 2007 May 1;99(9):1230-3.

6) Myers RA, Worm B. Rapid worldwide depletion of predatory fish communities. *Nature.* 2003 May 15;423(6937):280-3.

A Vegan (No Milk) Diet Is Healthy for Bones

Veganism, bone mineral density, and body composition: a study in Buddhist nuns by L.T. Ho-Pham published in the April 2009 issue of the journal *Osteoporosis International* found, "...although vegans have much lower intakes of dietary calcium and protein than omnivores, veganism does not have (an) adverse effect on bone mineral density and does not alter body composition." This study examined 105 postmenopausal Mahayana Buddhist nuns, and compared them to 105 omnivorous women (average age of women in both groups was 62 years-old). The nuns were randomly sampled from monasteries in Ho Chi Minh City, Vietnam; they had been on a vegan diet, on average, for 33 years. The density of the nuns' lumbar spine and femoral neck (hip) bones were found to be similar to those of the animal-food-eating women (omnivores).

The animal-food-eating women consumed twice the calcium as the nuns (682 vs. 330 mg/day). Total protein intake was twice as great in the animal-food-eaters (62.6 vs. 35.4 grams/day), and they ate 17 times more animal protein (34.6 vs. 2.1 grams/day). There was no significant difference in weight, height, body mass index, or exercise between the two groups. However, the nuns went through menopause almost 2 years earlier (47.8 vs. 49.6 years). Most important, but not commented on by the authors, was the finding that the animal-food-eating women consumed far more calories (1486 vs. 1130 Calories/day).

Comment: The greater calorie intake of the animal-food-eating women indicates they were much more physically active and that extra activity alone should have caused significantly greater bone mineral density than the less active nuns. But that was not the case. The observation that the bone density was equal in both groups is testimony for the bone-building (bone-preserving) effects of a vegan diet. The greater physical activity in the animal-food-eating women partially compensated for the bone losing effects of the animal protein in their diet. Osteoporosis is primarily due to the rich Western diet. Highly acidic proteins found in animal foods tear down the skeleton over decades.

Bone loss is reversible by fixing the cause. Everyone, and especially people with osteoporosis and a lesser condition, osteopenia, should eat a low-acid starch-based diet (with some restriction on grains and legumes, which are slightly acidic) and exercise. Focus on a diet plentiful in sweet potatoes, potatoes, winter squashes, with the addition of fruits and green and yellow vegetables. For more information on [osteoporosis](#) see my Hot Topics.

Ho-Pham LT, Nguyen PL, Le TT, Doan TA, Tran NT, Le TA, Nguyen TV. Veganism, bone mineral density, and

body composition: a study in Buddhist nuns. *Osteoporos Int.* 2009 Apr 7.



Featured Recipes

The annual McDougall Celebrity Chef Weekend was held from June 26-28, 2009 at the Flamingo Resort Hotel in Santa Rosa, CA. Six of the best vegan chefs from around the country participated in the event this year. Some of their recipes are included in this newsletter, with more to follow in the coming months.

Cooking with The Veggie Queen™ for the Celebrity Chef Weekend, June 2009 www.theveggiequeen.com

Herbed Sunflower Seed Dip or Spread

This is a rich but easy to make dip. Go easy on the dip and eat it with lots of vegetables or wrapped in lettuce leaves with sprouts and tomato.

Makes 2 cups

1 cup raw sunflower seeds
1-2 tablespoons lemon juice
2-3 tablespoons chopped Italian parsley
½ cup basil leaves
1-2 tablespoons nama shoyu or tamari
1-2 cloves garlic, minced
Freshly ground black pepper, to taste

Soak the sunflower seeds in water for at least 2 hours, or overnight, or from morning until evening.

Drain sunflower seeds (reserving water in case you need it) and put into food processor or high speed blender with the remaining ingredients. Process until smooth, scraping down the sides as you need to. Add some of the soaking water, if necessary, to make it a spreadable consistency.

Let sit at least 20 minutes for the flavors to blend. Serve on top of cucumber slices or with crackers.

Black Sticky Rice Pudding

This pudding can be made with purple or black sticky rice. They are different. The whole grain black sticky rice has more fiber and is less sticky, and it's what I will be using. It does, though, take much longer to cook but it's worth it. This is a special treat, especially with fresh berries, summer fruit or the more traditional mango.

Serves 6 to 8

1 cup black sticky rice

2 ½ cups coconut juice and/or water (I used a 17.3 ounce can plus water for the balance)

Pinch of salt

¼ to ½ cup agave or maple syrup

½ cup soy, rice or other nondairy milk

1 teaspoon vanilla extract

Combine rice, liquid and salt in the pressure cooker and cook for 30 minutes at pressure. Let the pressure come down naturally.

Remove the lid, tilting it away from you and add the agave, milk and vanilla extract.

Let cool a bit. Top with fruit or not.

Tofu Tapenade Panini with Creamy Basil Pesto

By Emily Barth Webber, for the Celebrity Chef Weekend, June 2009

This is my healthier and more flavorful rendition of a caprese sandwich – a simple fresh mozzarella and tomato sandwich found all over Italy. In this version, extra firm tofu stands in for the mozzarella. Its firm, yet tender texture and mild flavor is just right, as it absorbs the salty and briny flavors of the tapenade and the fresh, minty-anise perfume of the pesto. Sliced tomato adds bright color and flavor.

Making all of your sauces the night before serving will make assembly much quicker and easier and will give the flavors of the sauces a chance to blend.

1 loaf ciabatta bread or other large, flat, artisan-style unsliced white bread (whole wheat is fine, too)

1 pound fresh, extra-firm tofu, drained and wrapped in clean lint-free kitchen towel or paper towels to remove excess water and cut into 8 slices

3 medium vine tomatoes, cored and sliced into thin rounds

1 recipe Olive-Garlic Tapenade (see recipe, below) (you may have a bit left over, depending on the size of your bread)

1/4 recipe (about ¼ cup) Basil-Miso Pesto (see recipe, below)

1/4 recipe (about ¼ cup) Creamy Vegan Mayo (see recipe, below)

Slice ciabatta bread in half lengthwise, so you have a top and a bottom. Scoop a little extra bread out of the top with your fingers.

Mix together about 1/4 of a recipe of the Basil-Miso Pesto with 1/4 of a recipe of Creamy Vegan Mayo.

Spread the Pesto-Mayo on the bottom half of the bread. Spread the Tapenade on the top half of the bread.

Place the tofu slices on top of the bottom half, which is now coated with Pesto-Mayo. Top with sliced tomato. Add the top piece of bread and slice into 4 or 5 panini.

To take on a picnic, wrap tightly in plastic wrap or waxed paper.

Olive-Garlic Tapenade

This tapenade makes a wonderfully flavorful sandwich spread. It's also a wonderful dip with crackers or baked pita chips for parties.

- 1 cup pitted kalamata olives
- 1 small clove garlic, smashed and peeled
- 2 tablespoons capers
- 1 tablespoon fresh thyme leaves
- 3 tablespoons roughly chopped fresh flat-leaf Italian parsley
- Freshly ground black pepper to taste
- 3 tablespoons water

Pop the garlic through the feed tube of a food processor and process until minced. Add the rest of the ingredients all at once and pulse until nearly smooth, yet still has some texture.

Basil-Miso Pesto

This is a classic pesto, yet can be made very low-fat by replacing the traditional parmesan cheese with miso and using water, rather than extra-virgin olive oil.

- 1 clove garlic, peeled
- 2 cups very tightly packed fresh basil leaves, rinsed and spun dry
- 1/3 cup pine nuts, toasted and cooled
- 2 tablespoons mellow barley miso or 1 tablespoon mellow white and 1 tablespoon country barley miso
- 4 tablespoons water

With the motor of a food processor running, pop the garlic through the feed tube. Turn off the motor and add the basil, pine nuts and miso, then process until a paste forms. Drizzle water through the feed tube until pesto is smooth and creamy, stopping once or twice to scrape down sides.

Note: Freeze extra pesto in an ice cube tray. Once the small portions of pesto have frozen, transfer to a zip-per freezer bag, label and date it. Use for the next time you make this recipe or swirl into tofu scrambles, soups or toss with pasta.

Dreamy Vegan Mayo

So good, it surprises me every time! Use anywhere you'd use regular mayonnaise.

- 1 pound silken tofu (use fresh, not aseptic-packed)
- 1 tablespoon agave nectar
- 1 tablespoon red wine vinegar or fresh lemon juice
- 1 1/2 tablespoons Dijon mustard

¼ teaspoon fine sea salt

Line a mesh strainer with cheesecloth, allowing a couple of inches to hang over and place in a bowl. Cut open package of tofu and dump into lined strainer. Allow to drain in the refrigerator overnight.

Scrape the tofu into a food processor. Add the rest of the ingredients and puree until smooth and creamy. Keeps in the refrigerator for about a week.

Sweet Pea "Guacamole"

By Colleen Patrick-Goudreau, for the Celebrity Chef Weekend, June 2009

www.compassionatecooks.com

This is a simple, delicious, and fat-free variation of the traditional guacamole. And it has the added benefit of not turning brown like the avocado-based original.

1-1/2 cups green peas, fresh or frozen (thawed)

1-1/2 teaspoons ground cumin

1/2 yellow onion, chopped

2 to 3 large garlic cloves

2 to 3 tablespoons lemon juice

1/4 - 1/2 teaspoon red pepper flakes

Salt and freshly ground pepper, to taste

1 to 2 fresh Roma or plum tomatoes, seeded and chopped Cilantro, for garnish

In a food processor or blender, combine the peas, cumin, onion, garlic, 2 tablespoons of lemon juice, and red pepper flakes, and blend until smooth. Taste, add salt, and adjust seasonings as necessary, adding more lemon juice if necessary and more red pepper flakes, if desired.

Blend for a few more seconds, then transfer to a serving bowl. Stir in the chopped tomatoes, and garnish with cilantro, if desired. Serve with tortilla chips, crackers, or fresh veggies.

*Oil-free, wheat-free, soy-free

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Mango Saffron Mousse

By Colleen Patrick-Goudreau, for the Celebrity Chef Weekend, June 2009

www.compassionatecooks.com

This delicious mousse takes 5 minutes to put together, especially if you are using frozen mangoes. Saffron and mango blend beautifully together – not only in terms of flavor but also in terms of color.

1 10-ounce bag frozen mangoes (or 1 small mango, cubed)

1 12-ounce box organic silken tofu, firm (Mori-Nu brand is widely available)

1/4 cup granulated sugar

5 drops saffron extract

Add the mangoes, tofu, sugar, and saffron to a blender or food processor. Blend until smooth. Transfer to a container, and refrigerate for a minimum of an hour. This helps it set up but also provides the characteristic chill of a good mousse.

Yield: 3 cups

Compassionate Cooks Tips:

*Though it can be confusing to see "firm" on a box of silken tofu, it's just a matter of degree. The tofu you will be using for this is indeed silken (not "firm" or "extra firm" tofu!). You will see Silken: Soft, Silken: Firm, or Silken: Extra Firm. Choose Silken: Firm or Silken: Extra Firm.

*I recently discovered saffron extract, which works beautifully in a dessert like this and costs a fraction of dried saffron. Check out Supreme Spice (www.supremespice.com).

Serving Suggestions and Variations

*Top with a mixture of fresh, seasonal fruit (such as pomegranate seeds, apples, or grapes), along with golden raisins, and chopped pistachios.

ADVANCED PREPARATION REQUIRED

*Oil-free, wheat-free

Cream of Tomato Soup

By Chef AJ, for the Celebrity Chef Weekend, June 2009

www.chefajshhealthykitchen.com

A much healthier version of a childhood favorite with a twist, reminiscent of Campbell's Cream of Tomato Soup

One pound of Roma tomatoes, chopped

2 red bell peppers, seeded

1 clove garlic

6-8 large basil leaves

Juice of one lemon

2 tablespoons sun-dried tomato powder *

¼ teaspoon chipotle powder (or more, to taste)

1 cup shelled hemp seeds

Place all ingredients except for hemp seeds in a high powered blender and blend until smooth. By using a high powered blender the soup will become warm without having to heat it. Add hemp seeds and blend

again until creamy.

*if you can't find sundried tomato powder you can easily make your own by taking the hard sundried tomatoes (not oil packed) and placing them in a coffee grinder.

Cannellini Bean Spread

By Chef Kevin Dunn, for the Celebrity Chef Weekend, June 2009

Many of Chef Kevin's gourmet recipes involve several steps and quite a bit of preparation time. This one is quick and easy and tastes wonderful! Keep it in the refrigerator and use it as a sandwich spread all week.

Yield: 1 Gallon

4 cups canned Cannellini beans, drained and well rinsed
1 tablespoon fresh rosemary, chopped
2 tablespoons roasted garlic
1 ounce Balsamic vinegar
½ cup roasted red bell pepper, brunoise cut
3 each shallots, roasted in aluminum foil, whole and un-skinned until tender
½ cup vegetable stock
Salt and Pepper to taste

Place 3 cups of the beans in a food processor with the vegetable stock, rosemary, roasted garlic, Balsamic vinegar and roasted shallots. Process until smooth. Add the remaining beans and the roasted bell pepper and process briefly. Place in a bowl and season with salt and pepper. Refrigerate for at least one day to allow flavors to blend. Warm gently and spread on bruschetta, topped with diced tomatoes and slivered basil.

Hints: Brunoise cut is a very fine dice. To roast shallots, wrap them in foil, roast in an oven at 400 degrees until tender, then cut off the ends and squeeze out the inside. To roast garlic, place the whole unpeeled head in a baking dish, add a small amount of vegetable stock, cover the dish with foil, and roast at 400 degrees for 1 hour and 15 minutes. Allow to cool slightly, then cut off the top of each head, invert the garlic and just press out the insides into a bowl. The roasted garlic will keep in the refrigerator for about a week.

Blueberry & Fig Salad

By Chef Fran Costigan, for the Celebrity Chef Weekend, June 2009

www.francostigan.com

The combination of blueberries and figs is exceptional but any fresh, seasonal fruits can be used. Adjust the sweetener and liqueur to taste.

2 cups fresh blueberries, picked over, rinsed, and patted dry
4 fresh figs, washed and quartered
1-2 tablespoons organic sugar or maple sugar
¼ teaspoon freshly grated nutmeg

1 tablespoon finely grated orange zest
(optional) 1-2 tablespoons Grand Marnier
(optional) grind of black pepper/sprinkle of crushed fleur de sal

Combine the blueberries, figs, sugar, nutmeg, grated orange zest and Grand Marnier (if using) in a medium bowl and mix gently. Set aside at room temperature for at least 30 minutes or up to 6 hours. Sprinkle with the optional pepper and salt, if you like, just before serving.

Yamadillas

By Mary McDougall

One of our cooking instructors at The McDougall Program, Colleen Patrick-Goudreau, makes a no-queso Quesadilla with hummus instead of cheese for the filling and it is a very popular dish. I decided to try it with mashed yams instead of the hummus and we loved the results! Serve with salsa (and guacamole, if you wish) spooned over the top. These can be eaten with a knife and fork, or cut into wedges, picked up with your fingers and dunked into the salsa and/or guacamole.

Preparation Time: 20 minutes

Cooking Time: 5 minutes for each yamadilla

Servings: 8

2 pounds garnet yams, peeled and chunked
2 tablespoons vegetable broth
2 tablespoons chopped green chilies
2 teaspoons lime juice
1 teaspoon minced chipotle in adobo sauce
 $\frac{3}{4}$ teaspoon ground cumin
 $\frac{1}{2}$ teaspoon crushed garlic
1 15 ounce can black beans, drained and rinsed
8 whole wheat flour tortillas
Fresh salsa of your choice
Guacamole (or Pea Guacamole)

Place the yams in a stainless steel saucepot with enough water to cover. Bring to a boil, reduce heat, cover and cook for about 12 minutes, until soft. Drain water off and add the vegetable broth. Mash with a potato masher until quite smooth, then stir in the green chilies, lime juice, chipotle, cumin and garlic. Mix well, stir in the black beans and mix again.

Heat a non-stick griddle or large sauté pan over medium heat. Take one tortilla and spread some of the yam mixture on one half of the tortilla, fold over and flatten. Place on the griddle and cook for about 2 $\frac{1}{2}$ minutes on each side, flipping several times to make sure they don't burn. Repeat with the remaining ingredients.

Serve on a plate with salsa and/or guacamole spooned over the top.

Hints: My version of Pea Guacamole can be found in the February 2009 newsletter. Colleen Patrick-Goudreau made a delicious Sweet Pea Guacamole during the June 2009 Celebrity Chef weekend event and her recipe is included in this newsletter. This makes quite a large amount, however, they store well in the refrigerator and reheat on the griddle to taste just like fresh-made the next day.