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Nuts Come in Hard Shells—for Reasons

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How I Treat Patients with Elevated Blood Pressure

Elevated blood pressure, or hypertension, is associated with serious health problems, such as strokes, heart attacks, and kidney failure. Most people believe the problem with hypertension is that the elevated pressure damages the arteries and the body's organs. Actually, it is more often the other way around. The rise in blood pressure is a response to a sick body—the blood pressure goes up as a natural and proper adaptation—as an attempt to compensate for a plugged up cardiovascular system. After years of consuming the rich Western diet, the blood vessels develop blockages referred to as atherosclerosis, the artery walls stiffen, and the blood itself becomes viscous. All this change creates a resistance to flow, resulting in a decrease in the ability to deliver nutrients to the tissues. The body responds, as it should, with a rise in blood pressure.

Featured Recipes

- Heavenly Vegetable Soup
- Latin Black Bean Soup
- Cheeze Sauce
- Tossed Rice
- Tortilla Chips

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Nuts (more accurately, tree nuts) act as "storage organs of energy" for a tree's germ to sprout into a seedling and grow come springtime. Seeds, legumes, and grains serve the same purposes for their parent plants. One of the primary differences between these four organs for the origin of life is the amount of energy stored as either fats or carbohydrates. Nuts and seeds use mostly fats. Grains, such as corn, rice, and wheat, store their fuel as carbohydrates. Legumes, such as beans, peas, and lentils, also use carbohydrates for stored fuel. Peanuts, technically legumes, are typically included in the nut group because they have a similar nutrient makeup and are used in the same ways as tree nuts.

These storage organs are also rich in other nutrients, such as proteins, vitamins, minerals, and many other phytonutrients, important for the seedling's growth. The high nutrient density of these packages also has a major impact on human health when consumed.

No Population Has Lived on a Nut-based Diet

Primarily six foods (five of them grains): barley, maize (corn), millet, potatoes, rice, and wheat have fueled the caloric engines of human civilization. The bulk of the energy in these storage organ foods comes from carbohydrates. They contain only small amounts of fats. Human metabolism is designed to run primarily on carbohydrates, not fats. Proof of this begins with the recognition that the human tongue tastes with pleasure only one source of calories—carbohydrates—causing us to seek this goldmine of energy. There are no pleasure sensors for fats here. The primary digestive enzymes (amylases) in the human gut are for carbohydrates (starches), not for fats. Finally, almost exclusively, carbohydrates, not fats, fuel our major organs, including the blood, liver, kidneys, and brain.

To Live on Fat Would Mean Population Extinction

In order for populations to survive individuals must function at peak physical and mental performance. To do less means a greater chance of conquest by invaders, being eaten by predators, succumbing to sicknesses, and annihilation by natural disasters. Laws of "survival of the fittest" dictate that those who are most productively fueled win.

Macronutrient Content of Plant Storage Organs
As a percent of calories. Dry roasted, unless noted otherwise.

Food	Fat	Protein	Carbohydrate
Tree Nuts:			
Almonds	79	11	17
Cashews	72	11	22
Coconut	85	4	17
Macadamia	95	5	8
Pine Nuts	87	7	12
Pistachios	79	10	18
Walnuts	83	16	8
Seeds:			
Sesame	78	12	16
Sunflower	77	13	16
Watermelon	82	20	11
Legumes:			
Beans (pinto)	3	24	75
Peas	3	28	72
Lentils	3	31	70
Peanuts	76	16	10
Peanuts (raw)	62	16	27
Grain Starches:			
Barley	6	13	84
Corn	10	12	92
Millet	7	12	79
Rice	7	9	83
Wheat	3	15	89

Endurance athletes demonstrate the survival advantages of choosing the right fuel. Through experience and research it has been discovered that eating mostly carbohydrate-rich foods means the difference between winning and losing during high-intensity exercise performances.[1-3] Research shows consuming a low-carbohydrate regime impairs performance.[4,5] In general, three to four days of following a high-fat and/or high-protein, low-carbohydrate diet is enough to deplete the body of its stores of carbohydrate, resulting in a reduction in short-term performance.[6] The feeling of *fatigue* that athletes experience occurs as carbohydrate reserves (glycogen stores) in the body are depleted.[2] An athlete fueled by nuts (high in fat and low in carbohydrate) participating in an endurance feat would be expected to perform poorly.

Athletes have recently learned to choose foods that provide the most easily assimilated carbohydrates in the quickest time; those with a high glycemic index. The glycemic index measures the rise in blood sugar in a person over two to three hours after eating. Higher glycemic index foods replenish an athletes energy stores more efficiently than those with a low value.[8,9] Winners have learned to choose the same foods that have fueled all large successful civilizations of the past—barley, corn, rice, potatoes, pastas, and breads. They do not choose

nuts and seeds, which are deficient in carbohydrates, filled with fats, and are also low on the glycemic index scale (between 7 and 23).[10] Rice, corn, and potatoes have values over 100. The relatively low scores of legumes (30 to 40) may be one important reason that they have rarely served as a primary food source for large societies.

I Once Ate a Nut-Based Meal

In 2002, Mary and I were invited by a couple who had attended the McDougall (10-day live-in) Program in Santa Rosa, California to dine with them at the very popular raw-food restaurant, Roxanne's, in Larkspur, California. We each had a non-alcoholic drink, an appetizer, a soup, an entrée, and a dessert. For my main course, I ordered the lasagna and Mary ordered the curry dish. The "cold" uncooked lasagna was about the size of four postage stamps and was made with raw cashew "cheese" and coconut "noodles."[11] I prolonged my mealtime by taking small bites. My usual size forkfuls would have left my plate empty in four bites. Halfway through dinner my host asked me how I was enjoying my meal. In my usual not so politically-correct manner, I responded, "Tasty, but this is barely enough food to get me to Taco Bell." I understand one of the reasons for the small portion served. A full plate of Roxanne's nutty lasagna would have meant a thousand calories just for my entrée. I am happy my host picked up the $500 check after the meal. Roxanne's restaurant is no longer open.

Of Course, Nuts Are Fattening

A casual review of the scientific literature might lead the reader to conclude that eating nuts does not cause weight gain. How could eating so many concentrated fat calories be OK for any weight loss plan? A careful review of the methods used reveals that the trick is to restrict the subjects' calorie intake and/or limit the amount of nuts they are allowed to eat to about an ounce a day.[12]

Still, the addition of an ounce of nuts a day should cause some weight gain when the daily calories are otherwise unrestricted. An ounce of nuts means an additional 150 calories daily—that's 4500 calories a month, which could represent a monthly gain of a pound and a half of body fat. Many reasons are given for this unexplainable effect of little or no weight gain with added nuts: the high satiety of nuts causes people to eat less, added nuts displace more fattening foods (cakes and pies), their monounsaturated and polyunsaturated fatty acids are more readily burned off (diet-induced thermogenesis), and an increase in fecal losses of fat due to incomplete mastication of whole nuts (nut butters would be much more readily digested and more fattening).

Even though an ounce of nuts a day may not cause appreciable weight gain, nuts do not violate the laws of thermodynamics and the evidence shows adding more than an ounce daily without other calorie restrictions does cause weight gain.[12] And excuse me! Who, when given permission, eats only one mouthful of nuts a day?

Nuts May Hurt the Bones Too

High-protein foods in Western diets, especially hard cheeses, meat, poultry, eggs, fish, shellfish, and foods made with isolated soy proteins, generate a large amount of acid in the body after eating them.[13] This acid must be neutralized, primarily by the release of alkaline materials from the bones; and thus begins bone loss and osteoporosis. [14-17]

The storage organs—nuts, seeds, legumes, and grains—are rich in nutrients, including proteins, which result in the delivery of a small net acid load to the body. (The amount of acid caused by animal food consumption is 6 to 10 times greater than that caused by plant storage organs.)[13] A study of people on a Mediterranean diet supplemented with an ounce of nuts (walnuts, hazelnuts, and almonds) daily for three months, found evidence of adverse effects on their bones.[18] There was an elevation in their parathyroid hormone levels and a slight increase in breakdown products of bone (deoxypyridinoline) found in the nut-eaters' urine.

Fortunately, most healthy plant-food-based meal plans also include foods that are alkaline, meaning fruits and vegetables, which neutralize the small amount of dietary acids that come from eating nuts, seeds, legumes, and grains.[11] However, this observation should also serve as a word of caution that even a whole foods vege-

tarian diet has the potential to cause problems of over-nutrition from excess calories, fat, protein, and dietary acids, and adding in green and yellow vegetables and fruits is important.

Nuts Are a Delicacy on the McDougall Diet

We must eat, and when properly informed, we do have a choice when it comes to the amounts of carbohydrates and fats we consume. People are starch-eaters—meaning we thrive on a high-carbohydrate, low-fat diet. For our best appearance and performance we must remain true to our nature. However, most of us are also resilient. Thus, an occasional rich food is no serious threat for otherwise trim and healthy people—especially when this delicacy is from a whole plant origin, such as nuts. The problems begin when occasional holiday treats become the center of a meal plan everyday.

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How I Treat Patients with Elevated Blood Pressure

Elevated blood pressure, or hypertension, is associated with serious health problems, such as strokes, heart attacks, and kidney failure. Most people believe the problem with hypertension is that the elevated pressure damages the arteries and the body's organs. Actually, it is more often the other way around. The rise in blood pressure is a response to a sick body—the blood pressure goes up as a natural and proper adaptation—as an attempt to compensate for a plugged up cardiovascular system. After years of consuming the rich Western diet, the blood vessels develop blockages referred to as atherosclerosis, the artery walls stiffen, and the blood itself becomes viscous. All this change creates a resistance to flow, resulting in a decrease in the ability to deliver nutrients to the tissues. The body responds, as it should, with a rise in blood pressure.

The correct action for the patient to take is to decrease the resistance to flow by eating a healthy diet and exercising. Most people who follow the McDougall diet find their blood pressure decreases within a few days. Based on several collections of results from my clinic, the average reduction of blood pressure is about 14/11 mmHg in seven days, and at the same time medications used for treating hypertension are usually stopped. My customary protocol is to stop all blood pressure-lowering medications the first day of the Program, except for beta-blockers, which I slowly discontinue by cutting the dosage in half every two to three days. Unfortunately, not every patient experiences the reduction in numbers they desire. Despite their best efforts some people may need medications.

These blood-pressure-lowering drugs function by poisoning the body in various ways. "Poison" is the correct word. In chemistry poison means to inhibit a substance or a reaction. Beta-blockers inhibit the action of adrenalin on the heart muscle, calcium channel blockers inhibit the contraction of the blood vessels, ACE inhibitors and angiotensin receptor blockers do just that (inhibit and block) the blood pressure regulating hormones produced by the adrenal glands, and diuretics poison the water and electrolyte conserving functions of the kidneys.

These five major classes of medications are discussed in more detail below.

Take Measurements at Home for Months before Starting Drugs

Before starting medications in non-emergency situations, people with concerns about their blood pressure should first, buy a good quality blood pressure cuff (an oscillometric monitor for $50 to $100) and use it to monitor their blood pressure at home.[1] I suggest they then record the values several times a week and take these numbers to their private doctor for further discussion.

A sustained elevation of blood pressure to 160/100 mmHg or greater over months suggests the need for treatment with medication.[2] A word of caution: If you do start blood pressure-lowering medications, avoid overly aggressive treatment. In general, reducing blood pressure below 140/90 mmHg with medication is not beneficial and actually will increase the risk of heart attacks, strokes, and death.[3,4] A recent review by the well-respected Cochrane Collaboration concluded with: "Treating patients to lower than standard BP targets, ≤140-160/90-100 mmHg, does not reduce mortality or morbidity."[5]

Chlorthalidone Is the Drug of Choice

Chlorthalidone is an oral diuretic (a water pill taken by mouth) with a prolonged action of 48 to 72 hours and low toxicity. Diuretics lower blood pressure by reducing fluid volume, which decreases the output of the heart causing the blood pressure to fall. Doctors and patients often believe that all diuretics have similar benefits. This is not the case, and chlorthalidone is the preferred kind of diuretic for most patients.[6,7] In 1990, the Multiple Risk Factor Intervention Trial (MRFIT) reported a reduction in nonfatal cardiovascular events when the diuretic treatment was changed to replace hydrochlorothiazide (HCTZ) with chlorthalidone in men at high risk for coronary heart disease.[8] Chlorthalidone is also more effective at lowering systolic blood pressure (the top number) than HCTZ. The starting dosage used was 12.5 to 25 mg daily; but the dosage can be increased to 50 to 100 mg daily. All patients receiving chlorthalidone should be checked after one month for evidence of fluid or electrolyte imbalance: namely, low sodium, low chloride, and low potassium (by blood tests). Other periodic laboratory tests should be performed to look for adverse effects from this potent diuretic. For example, blood levels of cholesterol, triglycerides and uric acid can be increased by this medication. Chlorthalidone is inexpensive; a 30-day supply is $4 and a 90-day supply is $10 for 25 or 50 mg tablets at Walmart.

Why I No Longer Routinely Prescribe Beta-blockers

For many years beta-blockers were considered one of the first line therapies for the treatment of hypertension. Current evidence suggests that beta-blockers (like Atenolol) should not be prescribed unless there is some other reason for their use (like atrial fibrillation, heart failure, or myocardial infarction).[9] A recent Cochrane Collaboration concluded: "The available evidence does not support the use of beta-blockers as first-line drugs in the treatment of hypertension. This conclusion is based on the relatively weak effect of beta-blockers to reduce stroke and the absence of an effect on coronary heart disease when compared to placebo or no treatment."[10]

Examples of commonly prescribed beta-blockers are: acebutolol (Sectral), atenolol (Tenormin), betaxolol (Kerlone), betaxolol (Betoptic, Betoptic S), bisoprolol fumarate (Zebeta), carteolol (Cartrol), carvedilol (Coreg), esmolol (Brevibloc), labetalol (Trandate, Normodyne), metoprolol (Lopressor, Toprol XL), nadolol (Corgard), nebivolol (Bystolic), penbutolol (Levatol), pindolol (Visken), propranolol (Inderal, InnoPran), sotalol (Betapace), and timolol (Blocadren).

I Never Prescribe Calcium Channel Blockers

Calcium channel blockers are also called "calcium antagonists" and "calcium blockers." They may decrease the heart's pumping strength and relax the blood vessels, and are commonly used to treat high blood pressure, angina (chest pain), and some arrhythmias (abnormal heart rhythms). However, they increase the risk of dying from heart disease and cancer (especially breast cancer), and the risk of developing open-angle glaucoma, suicide, and bleeding.[11-17]

Examples of commonly prescribed calcium channel blockers are: amlodipine (Norvasc), clevidipine (Cleviprex), diltiazem (Cardizem), felodipine (Plendil), isradipine (Dynacirc), nifedipine (Adalat, Procardia), nicardipine (Cardene), nimodipine (Nimotop), nisoldipine (Sular), and verapamil (Calan, Isoptin).

I Never Prescribe Angiotensin Receptor Blockers (ARBs)

Angiotensin is a hormone found in the body that causes blood vessels to constrict, resulting in higher blood pressure and extra work on the heart. Angiotensin receptor blockers (ARBs), also called angiotensin II receptor antagonists, prevent angiotensin from binding to its receptor in the walls of the blood vessels. This results in a lower blood pressure. These medications are often prescribed because they are less likely to cause a chronic cough than medications called angiotensin converting enzyme inhibitors (ACE Inhibitors), which also work on

the "angiotensin system" to control high blood pressure.

Convincing evidence shows that angiotensin receptor blockers (unlike ACE inhibitors) increase the rates of myocardial infarction (heart attacks) despite their beneficial effects on reducing blood pressure.[18]

Examples of commonly prescribed angiotensin receptor blockers are: candesartan (Atacand), eprosartan (Tevetan), irbesartan (Avapro), telmisartan (Mycardis), valsartan (Diovan), and losartan (Cozaar).

ACE Inhibitors Are Less Beneficial and More Dangerous Than Advertised

Angiotensin converting enzyme inhibitors (ACE Inhibitors) have been used for decades to treat hypertension and heart disease. Their main selling point is that they are said to be "renal-protective," meaning they help protect the kidneys from failing, especially for people with already existing kidney disease and/or diabetes. However, their value for protecting the kidneys has been largely refuted.[20-23] The ALLHAT data (the largest antihypertensive trial and the second largest lipid-lowering trial) showed that among those patients with diabetes, more patients in the ACE inhibitor (lisinopril) group progressed to end stage kidney failure compared with the chlorthalidone group.[23] Acute and chronic kidney failure from the use of these drugs is also reported (and is much more common than most doctors realize).[19,23]

Examples of commonly prescribed ACE inhibitors are: benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), and trandolapril (Mavik).

Medication Benefits Are Oversold

Not surprisingly, pharmaceutical companies make great efforts to advertise the benefits of their products and to cover up the harms. To be more blunt, these companies lie to doctors, patients, medical journals, and the media.[24] One common method used is to report unimportant benefits from use of their products, such as lowering the blood pressure, rather than reporting very important end points like staying alive and reducing the risk of a stroke or heart attack.

They also report "relative benefits" rather than "absolute benefits." For example, the risk of stroke over five years is fifteen cases per thousand for untreated patients and nine cases for those actively treated with medications.[25] The relative risk reduction is 15 minus 9 divided by 15 or a 40% reduction. Forty percent sounds like a great benefit. However, figuring more honestly with reports of the absolute benefit are far less impressive. The absolute reduction in stroke from treatment with medication is 15 minus 9 strokes, which equals only 6 strokes prevented after treating a thousand people with medication for five years. In other words, annually, one stroke is prevented by treating one thousand patients. That's a lot of money spent and side effects suffered for a very low absolute benefit. (Would you trade sexual dysfunction for this one in a thousand possible benefit?)

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Featured Recipes

Heavenly Vegetable Soup

I can still remember enjoying a bowl of this delicious vegetable soup at one of the restaurants on the slopes of Heavenly Ski Resort in Lake Tahoe many years ago. I actually sought out the chef to hopefully get the recipe, but all I got was an ingredient list of sorts. I came home and put my version of the soup together and we have been enjoying it ever since.

Preparation Time: 20 minutes
Cooking Time: 1 hour
Servings: 6-8

½ cup water
1 onion, chopped
2 stalks celery, chopped
2 carrots, sliced
1 cup green beans, cut into 1 inch pieces
2 quarts vegetable broth
1 15 ounce can chopped tomatoes
1 8 ounce can tomato sauce
1 cup frozen corn kernels
1 cup sliced fresh mushrooms
1 cup broccoli florets
1 cup cauliflower florets
2 tablespoons soy sauce
2 tablespoons parsley flakes
2 teaspoons dried basil
½ teaspoon Tabasco sauce
¼ teaspoon chili powder
Freshly ground black pepper to taste
1/3 cup cornstarch mixed in ½ cup cold water

Place the water, onions, celery, carrots and green beans in a large soup pot. Cook, stirring frequently, for about 5 minutes. Add the remaining ingredients, except the cornstarch mixture, and bring to a boil. Reduce heat and simmer for about 45 minutes, until vegetables are tender. Stir in the cornstarch mixture until soup thickens slightly and serve.

Hints: This soup does not freeze well because of the cornstarch. To eliminate the cornstarch, substitute about ½ cup of small uncooked pasta and add during the last 15 minutes of cooking time.

Latin Black Bean Soup

Preparation Time: 15 minutes (need cooked rice)
Resting Time: 1 hour
Cooking Time: 3 hours (see hints below)
Servings: 6

1 cup black beans
8 cups water
1 onion, chopped
1 green bell pepper, chopped
2 cloves garlic, minced
1 teaspoon oregano
1 teaspoon ground cumin
1 6 ounce can tomato paste
3 tablespoon red wine vinegar
1 tablespoon soy sauce
2 cups cooked brown rice
1 4 ounce can chopped green chilies
1/8 to ¼ teaspoon hot sauce (see hints below)
1-2 tablespoon chopped fresh cilantro

Place the beans and water in a large pot. Bring to a boil, cook for 2 minutes, remove from heat and let rest for about 1 hour. Return to heat. Add onion, bell pepper, garlic, oregano and cumin. Cover and let cook over low heat for about 1 ½ hours. Add tomato paste, vinegar and soy sauce. Cook an additional 30 minutes. Add rice, chilies and hot sauce. Cook for another 10 minutes, then stir in cilantro. Serve at once.

Hints: This may also be made in a slow cooker. Add all the ingredients, up to the brown rice. Cook on high for 8 hours, then stir in the rice, chilies and hot sauce. Heat for about 30 minutes in the slow cooker, stir in the cilantro and serve. It will take about 1 hour total time in a pressure cooker. Add the ingredients as above, up to the brown rice. Bring to pressure, cook about 30 minutes, then let the pressure release naturally. Add the rice, chilies and hot sauce and cook for about 20 minutes. Stir in the cilantro and serve. Use any hot sauce that your family enjoys, such as Tabasco, Sriracha, Tapatio, Cholula, starting with a small amount and adjusting the flavor to taste.

Cheeze Sauce

I have been making versions of this “cheese” sauce for over 20 years. This is still my favorite because it is easy, fast and tastes great.

Preparation Time: 10 minutes
Servings: makes about 2 cups

1 cup raw cashews (see hints below)
¾ to 1 cup water (approximately)
1 4 ounce jar pimientos
2-3 tablespoons nutritional yeast
2 tablespoons lemon juice
1 teaspoon chili powder
1 teaspoon onion powder
¼ teaspoon sea salt (optional)

Place the cashews in a blender jar (a high-speed blender like the VitaMix makes this much smoother and creamier) and add just enough of the water to cover the cashews. Process until smooth. Add the rest of the ingredients and process again until very smooth and creamy. Add more water if necessary to get the consistency that you want. Using less water will make this more spreadable, using more water will make it more sauce-like.

Hints: If you soak the cashews for at least an hour or two before processing the mixture, it will be smoother. Soak them in water to cover and then drain before using in the recipe. Start out with 2 tablespoons of the nutritional yeast and add more for a “cheesier” flavor. The flavors are more intense if you make this at least a day before you want to use it. This will keep in the refrigerator for about 1 week. Use to top vegetables, drizzle on pizza, or spread on a sandwich. Try making this into a “Grilled Cheese” sandwich with tomatoes and basil. Just spread on the “cheese” and grill on a dry non-stick pan until brown on both sides.

Tossed Rice

This is another meal that I have been preparing for at least 25 years. It is simple, yet delicious, and can be varied according to the assorted vegetables that you have on hand at various times of the year.

Preparation Time: 15 minutes (cooked rice needed)
Cooking Time: 10 minutes
Servings: 4

½ cup vegetable broth
4-5 cups assorted chopped vegetables (see hints below)
1 tablespoon soy sauce
½ to 1 teaspoon chili garlic sauce (optional)
1 tablespoon parsley flakes
½ teaspoon basil
½ teaspoon dill weed
¼ teaspoon paprika
4 cups hot cooked brown rice
1 tomato, chopped (see hints below)

Place the broth in a large sauté pan and heat. Add vegetables, soy sauce and optional chili garlic sauce. Cook, stirring frequently for 5 minutes, then add the remaining seasonings. Continue to cook and stir for another 5 minutes. Place the hot cooked rice in a large bowl. Add the vegetable mixture and toss to mix well. Add chopped tomatoes, if in season, toss again and serve.

Hints: Use an assortment of your favorite vegetables that are cut into bite-sized pieces. This can easily be varied according to the seasons. For example, in the winter I usually use chopped onions, chopped celery, broccoli, and kale. In the spring I will use green onions, snow peas and asparagus. In the late summer I will add fresh tomato wedges from our garden. I usually have cooked brown rice in my freezer which can easily be reheated, so I can have this meal on the table in less than 15 minutes.

Tortilla Chips

Since it can be very difficult, if not impossible, to find fat-free tortilla chips, many people just make their own from soft corn tortillas. My father-in-law carried his own homemade tortilla chips into restaurants for years and enjoyed them with the salsa in many Mexican restaurants.

Preparation Time: 5 minutes
Cooking time: 20-30 minutes
Servings: variable

12 soft corn tortillas

Preheat oven to 300 degrees. Cut tortillas into wedges with kitchen shears. Lay on a baking sheet in a single layer. Spritz lightly with water for crispness. Bake for 20 to 30 minutes until crisp. Watch them carefully so they don't get too brown. Store in an airtight bag.

Hints: Buy thin corn tortillas for best results. The thicker ones don't get as crispy. After spritzing with water, sprinkle with some chili powder, onion powder or another seasoning of your choice. To make with pita bread, cut pita into wedges and separate one side from the other. Lay on a baking sheet and bake as above.