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John Mackey, founder of Whole Foods Markets

Jane Hightower, MD, author of *Diagnosis: Mercury: Money, Politics, and Poison*

Luigi Fontana, MD, PhD, Division of Geriatrics and Nutritional Sciences, Center of Human Nutrition, Washington University

Chad Sarno, Whole Foods Markets Diet Coordinator, Chef and Culinary Educator

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It Is Better to Be Hated than Ignored When Change Is the Goal

On Tuesday, September 22, 2009 I gave a 4-hour presentation for medical doctors and other health professionals in the town of Chico, California. After two months of far-reaching promotion to at least 500 local physicians at the Feather River and Enloe Hospitals (and surrounding areas) the final attendance was disappointing to say the least; only 36 people showed up—19 medical doctors, one PA, two RNs and 14 spouses. Could the promotion for my visit have made them angry with me and/or have frightened them away? Judge for yourself by looking over the [brochure](#). I warned them that I was coming to talk about four instances where doctors are not telling the truth—and are making good wages by doing so.

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In my opinion, by not attending this event, the community doctors missed an opportunity to improve their patients' health and defend their current practices. Better to stand up now and against me, rather than later, against the state, when the legislators pass laws to force long overdue changes in medical practice, and when judges hear malpractice suits addressing harms caused by "currently accepted practices." After my visit, there is no longer the defense, "But there is no way that I could have known that."

Why Was I Ignored?

It wasn't for lack of publicity—2000 brochures were printed and distributed to every doctor's box in the hospitals at both Feather River and Enloe (over 500 physicians) twice, on August 1 and September 1, 2009. On August 15, personal delivery of a brochure was made to most doctors' offices in Paradise, California (20 minutes from Chico). On about August 20 and again on September 15 a fax blast was sent to every doctor's office listed on the Medical Staff of Feather River and Enloe Hospitals. Ads ran in the *San Francisco Examiner* and several other outlets. An article appeared in the Chico paper about the Community Lectures and the Physicians' Seminar. No health professional could have missed the news that I was coming to town to offer some very bold challenges.

Even though the local physicians turned a deaf ear to me, the community certainly heard that I was coming. Enthusiastic crowds of over 130 people attended each of the two lectures that were open to the general public in Chico and neighboring Paradise. Patients are fed up with doctors who practice with harmful clichés in mind, like "there is a pill for every problem" and "eat a well-balanced diet, generous in protein." Just days before this visit, I gave two separate presentations in Portland, Oregon on September 20 to standing-room-only crowds of over 500 people each. So I doubt there is lack of interest in my subject matter or in my communication skills.

My Subject Matter Is Important

Doctors, in particular those in the general practice of medicine, need to know that they are being lied to by the drug and device companies and by their fellow specialist physicians (bypass surgeons, cardiologists, gastroenterologists, neurologists, oncologists, and rheumatologists, to name a few). The family doctors, general practitioners, internists, pediatricians, and gynecologists are then passing these dangerous falsehoods on to faithful people seeking their guidance.

Here are messages I want doctors to hear and respond to:

Message 1: The current treatments for chronic diseases, like coronary artery disease, arthritis, multiple sclerosis, and type-2 diabetes are focused on signs and symptoms, not on resolving the causes of underlying diseased tissues. As a result, drugs given to lower cholesterol (statins) and blood pressure produce minute reductions in heart attacks, strokes, disability, and death. These medications should be reserved as a last resort and for the very sick. Intensive treatment of type-2 diabetics with pills and insulin increases the risk of serious complications and dying. Responsible treatment of common conditions must focus first and foremost on the cause—the rich Western diet.

Personal Observations from an Attendee at the Chico Physician's Talk

"I had the honor and privilege of attending a physicians' seminar that the good doctor presented yesterday. Not a doc myself, I want to thank Dr. McD. and the local hospital outreach facilitator for making it possible for me to attend. As you can imagine, in a roomful of physicians (from the hospital across the street and another up the hill) Dr. McDougall had one tough crowd! He's so used to resistance from groups though, he was able to disarm everyone. It was a pleasure just to be present with him and watch him being so excited about his information. Doc was very solicitous of questions and even invited the other physicians to prove him wrong - very humble and self-effacing, even though he never referred to himself that way - I would say he more referred to himself as a troublemaker and opinionated guy! Yet he has all the data to back up his professional opinions, fascinating. During the presentation, Dr. McD. kept inviting conversation from the audience. He also challenged the audience to challenge him. There were a few questions asked and yet no big challenges were spoken out. Doc did suggest that perhaps only the "choir" was there - and expressed the desire that the room had had lots of cardiologists! All in all it was a very respectful atmosphere, though there was an undercurrent of expectation that at any time there could be strong protests - but it just didn't happen, that I heard. Overall, my sense from the presentation was that he was very positively received."

Lani Muelrath,
M.A., fitness coach, guest lecturer in Kinesiology at San Francisco State University, web site
<http://www.lanimuelrath.com>

Message 2: Research gathered since the introduction of bypass surgery in 1968 and angioplasty in 1978 has clearly and consistently shown little or no survival benefits from surgery performed on people with chronic coronary artery disease. Yet, 1.5 million people annually in the US alone undergo these treatments and the vast majority lives no longer or are better off. The side effects of surgery are minimized to the patient, and certain brain damage from the bypass pump is never mentioned. Responsible treatment of artery disease must focus first and foremost on the cause—the rich Western diet.

Message 3: Cancer is often fatal and the treatments are terrible (with few exceptions). On average, early detection methods fail to find growing tumors until they are widely disseminated throughout the body; discovered too late to be treated effectively. Only after an average of 10 years of growth can the cancer be revealed by breast self-examination, mammography, digital rectal examination of the prostate, or PSA testing. Early detection is a misnomer. Surgery and radiation destroy local disease only—but are usually too late to show any "survival success." Chemotherapy for the cancer that has already spread is too toxic and too ineffective to make a real difference. Responsible treatment of the cancer patient must include a healthy diet as fundamental care.

Message 4: Over 75% of the diseases sickening people in Western countries are caused by the high-fat, high-cholesterol, high-protein, low-carbohydrate, low-fiber, rich Western diet. Common sense says, "stop throwing gasoline on the fire." Most of these conditions are dramatically improved or cured with a change to a starch-based diet—medications are stopped, surgeries avoided, and people get their lives back. The food is inexpensive and there are no side effects. The halting reality is that there is also little profit from this common-sense approach.

Doctors Practice Faith-based Medicine

Doctors believe that what they are doing is beneficial even in the face of clinical and research evidence to the contrary. Visit after visit, their patients with chronic diseases remain fat and sick. The only objective difference from all their hard work and good intentions is that their patients are now carrying around a big bag full of drugs.

The scientific research published in our best medical journals confirms these observations from everyday practice. For example, essentially all studies performed show angioplasty with or without stents fails to save lives—there is no argument on this matter, yet one million surgeries are performed annually in the US with-

out a single protest from the patients' primary care doctors. Drug representatives sell billions of diabetic pills through faith-filled doctors, even though six out of six major studies show type-2 diabetics are harmed, and even killed, by universally practiced aggressive therapies. Deep faith trumps facts and reason; and the malpractice continues.

Doctors Practice Fear-based Medicine

Doctors live in fear. They do not want to be criticized by their colleagues for questioning common wisdom and practices. More frightening is their fear of becoming involved in, and losing, a malpractice suit by failing to follow "the community standard of practice." Malpractice is specifically defined by statute as a failure to comply with standards of practice in "the same or similar community." Medical malpractice is essentially a departure from an accepted standard of care—right or wrong—helpful or harmful to the patient. Kill or maim the patient in a manner similar to the doctor practicing down the street, and you will win your day in court.

Patients fall into similar traps—they believe in their doctors in the face of obvious failures to be helped, and they fear disobeying their doctors' orders. The critical difference is that the patient is not the paid professional relied upon for expert guidance.

Don't Ignore Me; I Would Rather Be Hated

Ignoring me does work, but not forever. The sincerity of my intentions has led me to take extraordinary actions. I have co-authored California Assembly Bill 1478, which will require doctors to tell patients with chronic heart disease that heart surgery fails to save lives and that aggressive treatments of type-2 diabetics with pills and insulin kills.

I recently [asked the Attorney General of California](#), Jerry Brown, to file a Qui Tam Action against the cardiologists and bypass surgeons in our state for recovery of money that has been charged under what I believe to be false pretenses. (Please [read my letter](#) to the Attorney General.) In the truest sense, I am acting as a "whistleblower" to expose misconduct in my profession. The Attorney General's Assistant's response was "the matter would not be an appropriate subject for prosecution under the False Claims Act (FCA). In response to your request for suggestions how you might proceed, I really don't have any suggestions other than for you to consider presenting your case to qui tam counsel."

I have often been asked, "You are a doctor, why do you speak against the practices of fellow physicians?" I never took an oath to protect the financial interests of people in the medical industries. I did, however, take an oath to care for the sick and to keep them from harm and injustice, and to never give a deadly drug. I fully realize the views I advocate cause people with vested interests to hate me. I can live with that unfairness, but I won't be ignored.

My Favorite Five from Recent Medical Journals



1. Profound Statements from the Former Editor of the *Journal of the American Medical Association*

Seven Ways to Reduce Unnecessary Medical Costs -- Right Now!* by George Lundberg, MD.

Paraphrases of his seven points:

- 1) Substitute intensive medical care for bypass surgery.
- 2) Substitute intensive medical care for angioplasty.
- 3) Stop PSA testing for prostate cancer. Stop surgery for prostate cancer.

- 4) Stop mammograms for women under 50 and sharply curtail use of all mammograms.
- 5) Reduce use of expensive tests (CT and MRI).
- 6) Stop administering chemotherapeutic false hope for metastatic cancer.
- 7) Stop prolonging dying with false hopes, bravado, and intensive therapy.

According to Dr. Lundberg billions of dollars would be saved, and changing current practices would also reduce immeasurable human suffering.

A few powerful quotes from this article:

"I believe that there are still many ethical and professional American physicians and many intelligent American patients who are capable of, in an alliance of patients and physicians, doing 'the right things.' Their combined clout is being underestimated in the current debate on healthcare reform."

"The lure of economic incentives to provide care that is unnecessary, unproven, or even known to be ineffective encourages many physicians to make the lucrative choice. Hospitals and especially academic medical centers are also motivated to profit from many expensive procedures."

"Why might many physicians, their patients, and their institutions suddenly now change these established behaviors? Patriotism, recognition of new science, stewardship, and the economic survival of the America we love. No legislation is necessary to effect these huge savings."

"Academic medical centers should take the lead, rather than continuing to teach new doctors to 'take the money and run.'"

Comment: George Lundberg, MD has just been added to my list of heroes and mentors. He is one more professional person with the courage to stand up and tell the truth. His voice is loud and cannot be ignored. If he can be heard then he can help stop the rivers of money that flow into the bank accounts of doctors, hospitals, device manufacturers, and insurance companies at the expense of patients.

You can have the great fortune of hearing him speak at our next Advanced Study Weekend, February 19 to 21, 2010. (Two other truth-tellers, Neal Barnard, MD and Dean Ornish, MD, will also be speaking that weekend.)

I would add these seven ways to reduce costs:

- 1) Require all doctors and dietitians to teach a starch-based diet.
- 2) Earnestly promote clean habits and exercise.
- 3) Make baby formula by prescription only.
- 4) Outlaw the sale of all oral diabetic medications.
- 5) Treat elevated blood pressure only after it is sustained for months at 160/100 mmHg or greater. Use a simple diuretic, chlorthalidone, when blood pressure needs to be lowered (to no less than 140/90 mmHg with medication).
- 6) Limit use of statins to people at high risk of heart disease—not simply to treat cholesterol numbers.
- 7) Promote conservative treatments for major organ cancers (lumpectomy, watchful waiting, no routine surgery, no routine radiation, etc.)

* This article has been removed from Medscape since the original publication on August 24, 2009. The author does not know the reason for its removal. You can still read the article, "How to Rein in Medical Costs, RIGHT NOW," in its entirety at the [Lundberg Institute](#) and at this [blog](#).

2. "No Treatment" IS Better for Prostate Cancer

Outcomes of localized prostate cancer following conservative management by Grace Lu-Yao published in the September 9, 2009 issue of the *Journal of the American Medical Association* concluded, "Considering favorable 10-year outcomes following conservative management, men with a life expectancy of less than 10 years may wish to consider an active surveillance or watchful waiting protocol as an alternative to immediate attempted curative therapy (radiation and/or radical surgery)."¹ The study followed 14,516 men diagnosed between 1992 and 2002 and found a 10-year overall survival of 94% for men with localized prostate cancer managed conservatively. Most importantly, these results are better than the 90% survival rate in a similar population of men who were treated with radical prostatectomy in a Scandinavian study.² Urologists commonly use this Scandinavian study to recommend radical surgery to men. However, this study involved less than 700 men divided into two treatment groups and had an absolute survival advantage for surgery over "watchful waiting" at 10 years of only 5.3%.

Comment: Once diagnosed with prostate cancer you are given three choices of therapy for the disease localized to the prostate: Radical surgery, radiation, or to do nothing. "Doing nothing" is also called "watchful waiting." Doctors like to refer to this as "active surveillance." Since surgery and radiation have not been shown to save lives, active surveillance means "doing nothing" until the cancer returns or the PSA rises higher, and then doing treatments that would have not saved lives in the first place.

Approximately 10% of middle-aged men are found to have a positive PSA test. Approximately a quarter of these men have prostate cancer on biopsy. The lifetime risk of being diagnosed with prostate cancer is about 17%, while the risk of dying of this disease is only about 3%. Conservative management (no surgery or radiation) is used in only about 10% of patients—the rest get radiation and surgery, with common debilitating effects of impotence and incontinence.

Until proven otherwise, conservative therapy is the right choice, even for men with disease that appears to be aggressive. A recent study of 50 men showed very good outcomes for men with a prostate cancer given a Gleason score of 7.³ None of the men died of prostate cancer over the 6 years of study. There is no reliable evidence to support recommendations for radical treatments, surgery or radiation, for men of any age or with any Gleason score.⁴ (Gleason score is an imprecise grading system used by pathologists to help determine prognosis.) Unfortunately most doctors are afraid to practice evidence-based medicine and to do the right thing. If a metastatic prostate cancer is discovered after opting for watchful waiting, then there is danger for the doctor—especially in the litigious environment of the United States—of a malpractice claim of medical negligence. Because of these fear-based medical practices, millions of people are harmed unnecessarily.

1) Lu-Yao GL, Albertsen PC, Moore DF, Shih W, DiPaola RS, Barry MJ, Zietman A, O'Leary M, Walker-Corkery E, Yao SL. Outcomes of localized prostate cancer following conservative management. *JAMA*. 2009 Sep 16;302(11):1202-9.

2) Bill-Axelson A, Holmberg L, Ruutu M, Häggman M, Andersson SO, Bratell S, Spångberg A, Busch C, Nordling S, Garmo H, Palmgren J, Adami HO, Norlén BJ, Johansson JE; Scandinavian Prostate Cancer Group Study No. 4. Radical prostatectomy versus watchful waiting in early prostate cancer. *N Engl J Med*. 2005 May 12;352(19):1977-84.

3) van den Bergh RC, Roemeling S, Roobol MJ, Aus G, Hugosson J, Rannikko AS, Tammela TL, Bangma CH, Schröder FH. Gleason score 7 screen-detected prostate cancers initially managed expectantly: outcomes in 50 men. *BJU Int*. 2009 Jun;103(11):1472-7.

4) Wilt TJ, MacDonald R, Rutks I, Shamlan TA, Taylor BC, Kane RL. Systematic review: comparative effectiveness and harms of treatments for clinically localized prostate cancer. *Ann Intern Med*. 2008 Mar 18;148(6):435-48.

3. Vegetarians Make Plenty of Essential Fats (DHA)

DHA status of vegetarians by Thomas Sanders in the August-September 2009 issue of the journal *Prostaglandins Leukotrienes and Essential Fatty Acids* concluded, "...the relatively lower intake of linoleic acid and the presence of preformed DHA (fish) in the diet of omnivores explain the relatively higher proportion of DHA in blood and tissue lipids compared with vegetarians. In the absence of convincing evidence for the deleterious effects resulting from the lack of DHA from the diet of vegetarians, it must be concluded that needs for omega-3 fatty acids can be met by dietary ALA (alpha linolenic acid)."¹ ALA is made by plants.

Comment: Your well-meaning friends and family may insist you eat fish in order to get enough of the essential fat DHA for the sake of your brain. The two fatty acids (fats) that are essential for human health are the omega-3 alpha, linolenic acid (18:3n-3; ALA) and the omega-6, linoleic acid (18:2n-6; LA). Only plants can synthesize these two fats. No animal or fish can make these fats, but they can be stored in their bodies. These essential fats are converted in animals, including fish, to longer chain derivatives, such as DHA and EPA. DHA, which stands for docosahexaenoic acid, is a type of fat found abundant in the membranes of the retinas of the eyes and the brain. DHA is naturally found in human breast milk, and preformed dietary sources for adults include fatty fish. The human body has no difficulty converting the plant-derived omega-3 fat, ALA, into DHA or other omega-3 fatty acids, in the liver, thus supplying our needs even during gestation and infancy.²

With this solid science you can put your friends' worries at ease—as a non-fish-eater you will be just fine. And you'll also avoid all that toxic mercury and help restore our oceans.

1) Sanders TA. DHA status of vegetarians. *Prostaglandins Leukot Essent Fatty Acids*. 2009 Aug-Sep;81(2-3):137-41.

2 Langdon JH. Has an aquatic diet been necessary for hominin brain evolution and functional development? *Br J Nutr*. 2006 Jul;96(1):7-17.

4. Cholesterol-lowering Statins Weaken Muscles and Cause Falls

Cholesterol-Lowering Statins Weaken Muscles and Cause Falls by D. Scott, published in *QJM*, monthly journal of the Association of Physicians, found "Statin use may exacerbate muscle performance declines and falls risk associated with aging without a concomitant decrease in muscle mass, and this effect may be reversible with cessation." A common side-effect of statin therapy is skeletal muscle damage (myopathy), which sometimes includes muscle pain (myalgia) and weakness. Enzymes released from the muscles (creatine kinase) may or may not rise in the blood in association with this damage.

In this study, a total of 774 (48% female) participants were studied over 2.6 years. The average age was 62.0 (range 51–80 years). No differences in effects were found among different kinds of statins. Stopping statin use was associated with improvement.

Comment: This paper describes subtler, easily overlooked, harms from cholesterol-lowering statins—muscle weakness and falls. We commonly hear of the rare but severe form of muscle damage, rhabdomyolysis, which can occasionally result in death. About 1% to 5% of people on these medications experience muscle inflammation and pain (myositis). A recent study, with electron microscopy and biochemical approaches, examined the muscle tissues of patients on statins. They found muscle cell damage in over 70% of people on statins, *even when they had no complaints of pain*.²

The safest and least expensive way to lower cholesterol levels is to eat a low-fat, no-cholesterol diet, like the McDougall Diet. Typically people experience a 20 to 60 mg/dL reduction in total cholesterol in seven days on blood tests—along with many other benefits from their change in diet. I do not prescribe [statin](#) drugs in otherwise healthy people because benefits, in terms of reduced heart attacks and death, are not apparent. I do prescribe [statins](#) in patients with a high risk of a future heart attack or stroke (for example, a person with a history of a previous heart attack, angioplasty, or bypass surgery). For these few people in need of medication my goal is to reduce their total cholesterol below 150 mg/dL with the foundation of their care always being the McDougall Diet, strictly followed.

1) Scott D, Blizzard L, Fell J, Jones G. Statin therapy, muscle function and falls risk in community-dwelling older adults. *QJM*. 2009 Sep;102(9):625-33.

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.

5. Osteoporosis Drugs May Cause Esophageal Cancer

Reports of esophageal cancer with oral bisphosphonate use by Diane K. Wysowski, Ph.D. from the Food and Drug Administration in the January 2009 issue of the *New England Journal of Medicine* found that, "Between the time of the initial marketing of alendronate (Fosamax) in October 1995 through mid-May 2008, the Food and Drug Administration (FDA) received reports of 23 patients in the United States receiving a diagnosis of esophageal cancer, with alendronate (Fosamax, Merck) as the suspect drug (in 21 patients) or the concomitant drug (in 2 patients)." The median time from alendronate use to diagnosis was 2.1 years. Thirty-one patients from Europe and Japan were reported as having received a diagnosis of esophageal cancer after using alendronate (the suspect drug in 21 of the patients).¹ Several critics with ties to the drug industry responded to this potential risk in the April 2009 issue of the *Journal*.²

Comment: The first warning in the *Physician's Desk Reference* is:

WARNINGS

FOSAMAX, like other bisphosphonates, may cause local irritation of the upper gastrointestinal mucosa. Esophageal adverse experiences, such as esophagitis, esophageal ulcers and esophageal erosions, occasionally with bleeding and rarely followed by esophageal stricture or perforation, have been reported in patients receiving treatment with FOSAMAX. Patients are instructed to sit up or stand up for 30 minutes after taking this medication in order to help prevent esophageal damage...

Bisphosphonates, which include Fosamax, Actonel, Boniva, and Zometa, are dangerous drugs with few actual benefits for the prevention of osteoporosis-related fractures—I [will not prescribe them](#). They have been shown to cause delay in fracture healing (non-union of fractures), death of bone (jaw necrosis), severe bone, joint, and muscle pain in women, and damage to the esophagus. There has also been concern that they may cause heart damage (atrial fibrillation).

Eating the rich Western diet, especially the consumption of animal proteins and associated dietary acids, causes osteoporosis. These acids must be neutralized after ingestion. The bones are the primary buffering system of the body. They dissolve to release alkaline materials. At the same time, changes take place in the kidneys from animal proteins and acids allowing the bone materials to pass out of the body into the urine where these precious materials are lost. There is every reason to believe that osteoporosis is not only preventable by following an alkaline-rich, starch-based diet, but also reversible. My patients have shown improvements in their bone mineral density (BMD) after changing to the McDougall Diet. Exercise is also helpful.

1) Wysowski DK. Reports of esophageal cancer with oral bisphosphonate use. *N Engl J Med*. 2009 Jan 1;360(1):89-90.

2) *N Engl J Med*. 2009 Apr 23;360(17):1789-90.



Featured Recipes

Bountiful Autumn Stew

This vibrant stew takes advantage of many of the garden fresh vegetables available at this time of year.

Preparation Time: 20 minutes (need cooked rice)

Cooking Time: 45 minutes

Servings: 6-8

- 1 onion, chopped
- 1 teaspoon minced fresh garlic
- 1 teaspoon minced fresh ginger
- 4 cups vegetable broth
- 3 cups peeled and diced yams
- 2 cups tightly packed chopped kale
- 1 tablespoon soy sauce
- 1 teaspoon dry mustard
- ½ teaspoon crushed red pepper
- 1 15 ounce can cannellini beans, drained and rinsed
- 2 large chopped fresh tomatoes
- 2 zucchini, chopped
- 2 cups cooked brown rice
- 1-2 tablespoons balsamic vinegar
- Freshly ground pepper, to taste

Place the onion, garlic and ginger in a large pot with a tablespoon or 2 of the broth. Cook, stirring frequently, until onion softens and turns translucent. Add the remaining broth, the yams, kale, soy sauce, mustard and crushed pepper. Mix well, bring to a boil, reduce heat and simmer, covered for about 15 minutes. Add the beans, tomatoes and zucchini, return to a simmer and continue to cook for another 15 minutes. Stir in the rice, vinegar and pepper. Cook for another 10 minutes or so until flavors are well blended.

Hints: Since I usually have dinosaur (lacinato) kale growing in my garden, that's what I use in this recipe. I usually remove the tough inner stem from any kale that I use, then chop into bite-sized pieces. To easily remove the inner stem, just grab the bottom of the stem with one hand and pull the other hand firmly along the stem of the kale. The leafy part should easily separate from the stem. Substitute 1 ½ cups cooked beans for the canned beans, if desired.

Hearty Garbanzo Soup

I always seem to focus on soups at the beginning of fall and this year is no exception. They are easy to prepare and serve and very satisfying to eat. Clean up is also easy! This year I also have a large assortment of fresh herbs growing in my garden which I have taken advantage of in this soup.

Preparation Time: 20 minutes

Cooking Time: 60 minutes

Servings: 4-6

- 1 onion, chopped
- 1 teaspoon minced fresh garlic
- 4 cups vegetable broth
- 1 pound sliced cremini mushrooms
- 1 ½ cups shredded green cabbage
- 1 teaspoon ground cumin
- ¼ teaspoon ground coriander

2 15 ounce cans garbanzo beans (see directions)
2 tablespoons tahini
1 large roasted red bell pepper, sliced into strips
1-2 teaspoons chili-garlic sauce
½ cup chopped fresh parsley
¼ cup chopped fresh cilantro
¼ cup chopped fresh dill
¼ cup chopped fresh chives
2 tablespoons fresh lemon juice
Dash sea salt

Place the onion and garlic in a large soup pot with about 1 tablespoon of the vegetable broth. Cook, stirring frequently, until onion softens and turns translucent. Add the remaining vegetable broth and bring to a boil. Add the mushrooms, cabbage, cumin and coriander. Cover and simmer for about 15 minutes.

Meanwhile, pour 1 can of the garbanzos with its juice into a blender jar. Add the tahini and process until smooth. Drain and rinse the other can of garbanzo beans. Add the processed beans and the whole beans to the soup pot, as well as the roasted red pepper and the chili-garlic sauce. Slowly bring to a boil, reduce heat, cover and simmer for 45 minutes. Add the fresh herbs and lemon juice and simmer for an additional 15 minutes. Season with a bit of sea salt before serving, if desired.

Hints: Bottled roasted red peppers work well in this dish. You should have about ¾ cup sliced from 1 large roasted pepper.

Thai Rice Noodle Soup

This resembles a creamy coconut-based Thai soup, but it is made with almond milk and coconut extract instead of coconut milk so it is a much healthier choice. The hotness can be adjusted to suit your tastes by using more or less curry paste and Sambal Oelek. This does make a large amount but it keeps well in the refrigerator. (It was so good that last week I ate this for lunch 5 days in a row.)

Preparation Time: 20 minutes
Cooking Time: 30 minutes
Resting Time: 10 minutes
Servings: 8

8 ounces thin rice noodles or pad Thai noodles
¼ cup shallots, diced
6 cups vegetable broth
1 ½ teaspoons red curry paste
1 ½ teaspoons oriental curry powder
1 teaspoon grated fresh ginger
1 teaspoon crushed garlic
2 pieces lemongrass (1 ½ inches each)
2 tablespoons soy sauce
½ -1 teaspoon Sambal Oelek
1 bunch green onions, sliced 1 inch
2 cups thinly sliced Napa cabbage
1 cup baked tofu (optional)
1 cup chopped oyster mushrooms
1 cup snow peas, cut in half if large
3 cups fresh baby spinach leaves
2 cups unsweetened almond milk
1 teaspoon coconut extract

Cook rice noodles according to package directions, rinse in cold water and set aside. (Cover with plastic wrap to retain softness.)

Place the shallots and ¼ cup of the vegetable broth in a large soup pot. Cook, stirring occasionally, until shallots soften slightly. Add the curry paste, curry powder, ginger and garlic. Cook and stir until well combined. Add the remaining vegetable broth, the lemongrass, soy sauce and Sambal Oelek. Bring to a boil, reduce heat, then add the green onions, cabbage, tofu and oyster mushrooms. Simmer for about 10 minutes. Add the snow peas, spinach, almond milk and coconut extract. Heat through. Remove lemongrass. Add the cooked rice noodles, remove from heat and let rest for about 10 minutes before serving.

Hints: The thin rice noodles cook up with more volume than the pad thai-type noodles so there will be more noodles in the soup with the thin noodles. The flavors do intensify as the soup rests and I like it even better the next day. If you choose not to use the tofu, add a few extra oyster mushrooms, if desired. If you like cilantro, add some to the soup before serving.

Pho

Pho is a Vietnamese noodle soup specialty of rice noodles, tofu, fresh herbs and bean sprouts. The rice noodles are kept separate from the broth so they do not overcook and get mushy. This soup is made in several steps so it does take some time to prepare. The broth may be made a day or two ahead of time and reheated with the tofu, herbs and bean sprouts before ladling over the noodles. An interesting note about this soup: while the broth was simmering on the stove John made a comment about how whatever I was cooking didn't smell very good, so I worried all afternoon about dinner not being well-received that evening. Not to worry, he loved the finished product and even ate more the next day for lunch. So the smells may be unfamiliar to you or your family, but the taste is fantastic!

Pho Broth

Preparation Time: 10 minutes

Cooking Time: 60 minutes

Servings: makes 8 cups

8 cups low-sodium vegetable broth
2 tablespoons soy sauce
1 onion, coarsely chopped
6 cloves garlic, minced
1 (2 inch) piece fresh ginger, cut in half
2 cinnamon sticks
2 pods star anise
1 teaspoon brown sugar
4 cilantro stems (leaves reserved for soup)
3 basil stems (leaves reserved for soup)

Place all ingredients into a large soup pot. Cover and bring to a boil. Reduce heat to medium-low, cover and simmer for 60 minutes. Strain broth and discard solids. Broth may be refrigerated at this point for later use. Or return to pan and continue with recipe.

Hints: This broth is also delicious for other Vietnamese or Asian style soups, rather than just plain vegetable broth. Try adding some frozen carrots and peas to the broth along with some chopped green onions. Bring to a boil, add some vegetable pot stickers and simmer until pot stickers are tender, about 4 to 5 minutes.

Baked Tofu

Preparation Time: 5 minutes

Marinating Time: 10 minutes

Baking Time: 25-30 minutes

20 ounces extra firm tofu
¼ cup soy sauce
1/8 cup rice vinegar

1 teaspoon agave nectar
Dash sesame oil (optional)

Drain tofu and slice into ¼ inch pieces. Place in a large flat baking dish. Combine the remaining ingredients and pour over the tofu slices. Allow to marinate for at least 10 minutes and up to 1 hour. (Or place in the refrigerator and marinate overnight.)

Preheat oven to 375 degrees.

Remove from marinade and place on a non-stick baking sheet. Bake for 25-30 minutes, turning once half-way through the baking time. It should be brown and crispy on the outside. Remove from oven and cool. Slice into strips or cubes for use in recipes calling for baked tofu.

Hints: This tastes much better (and is less expensive and healthier) than the baked tofu found in packages in many markets and natural food stores. Other seasonings may be added as desired, such as garlic, ginger, balsamic vinegar, or rosemary to change the flavor of the tofu. It's also delicious just marinated in plain soy sauce. The marinade may be saved in a covered jar in the refrigerator for later use. It will keep for several days. The tofu may also be cubed before baking with slightly crispier results.

Pho Soup

Preparation Time: 20 minutes
Cooking Time: 10 minutes
Servings: 6-8

1 8.8 ounce package thin rice noodles
8 cups Pho Broth (see recipe above)
10 ounces baked sliced tofu (see recipe above)
1 cup mung bean sprouts
4 green onions, cut into 1 inch strips, then sliced
1 cup chopped fresh spinach
½ cup thinly sliced basil leaves
¼ cup chopped fresh cilantro
1 lime cut into wedges
Hoisin Sauce or hot chile sauce (optional)

Soak the rice noodles in boiling water for 8-10 minutes. Drain and rinse under cold water. Set aside. (Cover with plastic wrap to retain softness.)

Meanwhile, bring the broth to a boil, reduce heat and add the tofu. Simmer for 5 minutes. Add the bean sprouts, green onions, spinach and basil. Cook 2 minutes longer. Remove from heat and add the cilantro.

Place a portion of the noodles into individual soup bowls and ladle the broth mixture over the noodles, including some of the tofu and vegetables in each bowl. Serve with lime wedges and either Hoisin sauce or hot chile sauce (such as Sriracha), if desired.

Hints: If you have leftover portions of this soup, store the noodles separately from the broth, so they don't get mushy. Heat the broth on the stovetop or in the microwave. Submerge the noodles into hot water while the broth is heating, then drain and place into individual soup bowls and ladle the broth over the noodles.

Puttanesca Sauce

This flavorful sauce should be cooked for at least an hour before serving. The longer it simmers the thicker it will get. Serve over polenta, pasta or gnocchi.

Preparation Time: 15 minutes

Cooking Time: 60 minutes

Servings: 6-8

4 cloves garlic, minced
2 tablespoons vegetable broth
3 14.5 ounce cans fire-roasted crushed tomatoes
1 14.5 ounce can fire-roasted chopped tomatoes
1 teaspoon crushed red pepper flakes
1 teaspoon dried basil
1 teaspoon dried oregano
1 14.5 ounce can hearts of palm, drained, halved, and sliced
½ cup quartered and pitted kalamata olives
½ cup quartered and pitted green olives
2 tablespoons small capers, drained and rinsed
1 tablespoon balsamic vinegar
3 tablespoons minced fresh parsley

Place the garlic and vegetable broth in a large pot. Cook and stir for about 1 minute until garlic softens slightly. Add the tomatoes, red pepper flakes, basil and oregano. Bring to a boil, reduce heat and simmer uncovered for 30 minutes. Add the remaining ingredients, except the parsley, and simmer for at least another 30 minutes (longer is better). Stir in the fresh parsley before serving.

Lima Bean Surprise

This is one of my favorite fast, and delicious, meals that can be put together, cooked and served in only 15 minutes. John has been talking about this meal in many of his lectures lately and so I have gotten many requests for the recipe. I have added some fresh tomatoes to the recipe because they are so abundant in our garden this year.

Preparation Time: 5 minutes (cooked rice needed)

Cooking Time: 10 minutes

Servings: 3-4

¼ cup vegetable broth
½ tablespoon soy sauce
2 ½ cups frozen lima beans (16 ounce bag)
2 ½ cups shredded cabbage
1-2 teaspoons seasoning mixture (see hints below)
½ - 1 teaspoon Sambal Oelek
1 ½ cups frozen corn, thawed slightly
2 ½ to 3 cups cooked brown rice
1 large chopped tomato

Place broth, soy sauce, lima beans and shredded cabbage in a large non-stick sauté pan and cook stirring frequently for about 2 minutes. Add the seasoning mixture of your choice and Sambal Oelek. Continue to cook for another 3 minutes. Add corn and cook, stirring occasionally for another 2 minutes. Add rice and continue to cook and stir until rice is heated through and all vegetables are tender. Stir in tomatoes. Serve at once.

Hints: Bags of shredded cabbage are available in many supermarkets, or shred your own cabbage in a food processor. To thaw the corn slightly, place in a colander and rinse with cool water. If you don't have leftover cooked rice in your refrigerator, use a package of frozen brown rice and heat it in the microwave. There are many delicious seasoning mixtures on the market. Try Mrs. Dash, or a lemon dill mixture. I often use Lemon Dill Zest by Vegetarian Express. We like to top this with Sriracha Hot Sauce and it is wonderful rolled up in a soft corn tortilla.

Thai Chilli Dressing

By Joyce Everett

This dressing is always a favorite during the 10-day live-in program.

Preparation Time: 5 minutes

Servings: makes 2 cups

1 cup Mae Ploy Sweet Chilli Sauce

1 cup water

1 tablespoon minced fresh ginger

Pinch of cilantro

1 tablespoon Bob's Red Mill Xanthan Gum

Place all ingredients in a blender jar and process until blended. Store in a covered container in the refrigerator. Will keep for at least 2 weeks.