

Colonoscopy: A Gold Standard to Refuse

Following the 2001 McDougall Adventure Trip down the Amazon with 58 fellow travelers, my wife Mary came down with abdominal pains and bloating. My diagnosis was tropical sprue, a rare disease that is most likely infectious in origin that she picked up in Peru or Brazil. She (as always) expected me to diagnosis and treat her. But I do not like being Mary's doctor—it's too much responsibility. After two months of continued symptoms, I insisted that she see a specialist in intestinal diseases, a gastroenterologist.

I found the most competent specialist in Santa Rosa, California, and after a 15-minute examination by the doctor I was asked to join Mary in his office. The doctor began by agreeing with my diagnosis and suggested a few extra stool and blood tests to rule out other possibilities. After some small talk I agreed, thanked him, and began to leave. **PAGE 2**

Judge Judy at the McDougall Program

My name is Judy. I am writing an introduction to a poem that I wrote for the August 10-day McDougall program attendees and trainers. I delivered the poem at our graduation ceremony on August 14, 2010. I should start at the beginning. I had a "heart attack" in June of 2010. I needed to attend cardiac rehabilitation. A friend of mine had attended the National Institute for Fitness many years ago and had learned of Dr. McDougall's program for cardiac health. My birthday was on July 31^{st.} She came to my birthday party and surprised me by gifting me with the McDougall 10-day program. I was not familiar with the program. I did not know that it recommended a vegan eating plan. Hence, the beginning of the poem which says that I didn't "know what to expect."

Report on the July 2010 Costa Rica Adventure

This was our 13th McDougall Adventure trip to the Guanacaste Area of Costa Rica—a region in the northwest of this ecologically preserved country. The Hilton Papagayo Hotel is a first class resort, which provided exceptional McDougall food and also offered an additional bonus of "all inclusive." This meant all beverages (alcoholic and nonalcoholic) were included. Although Costa Rican beaches are open to the public, for all practical purposes, the Hilton beach is private. The two swimming pools are large and inviting. On the grounds of the hotel are hiking trails where wildlife such as monkeys, birds, butterflies, and iguanas are abundant.

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I found the most competent specialist in Santa Rosa, California, and after a 15-minute examination by the doctor I was asked to join Mary in his office. The doctor began by agreeing with my diagnosis and suggested a few extra stool and blood tests to rule out other possibilities. After some small talk I agreed, thanked him, and began to leave.

Unfortunately, the doctor had other ideas about the purpose of our visit and began by saying, "You know that colorectal cancer is the third most frequently diagnosed cancer worldwide, with more than 1 million cases and 600,000 deaths every year." After a pregnant pause, he continued. "Mrs. McDougall, you are in your fifties, and you need a colonoscopy to prevent colon cancer." Mary looked puzzled. She had come for help with her abdominal pains and was now being asked to have a procedure for detecting the remote possibility that she might have colon polyps or cancer. She looked to me for a response.

I said, "I understand your concern, but no thanks." And we began to leave again. In an authoritative tone he insisted, "It would be highly irresponsible not to do this test." I told him I knew as much about the risk of colon cancer and the supposed benefits of colonoscopy as he did, and the answer is "No." The doctor was obviously threatened and loudly declared, "You are risking her life. I am the expert here. I have been doing these procedures for more than 10 years. They are perfectly safe. If you refuse my recommendations I will have to write a note in her records, just in case she dies of colon cancer and you come back and try to sue me."

As I walked out of his office I said, "I have seen perfectly healthy people killed after having their colon perforated with your six-foot long tubes passed under sedation." What bothered me most about this exchange was that I am a doctor, yet he was talking to me in a condescending manner, as if I were a hopelessly ignorant child. I imagine that it must be pure hell for the average patients suffering through his aggressive sales pitch. As I left I said to the doctor, "You should be ashamed of your behavior and you should probably be reported to your local medical board for showing such disrespect for a patient."*

*Patients have the rights to receive considerate, safe, respectful care, and to be made comfortable; to receive care in a safe setting, free from verbal or physical abuse or harassment; to receive information about their health status, course of treatment, prospects for recovery and outcomes of care; to make decisions regarding medical care, and receive as much information about any proposed treatment or procedure; etc. (Paraphrased from the St. Helena Hospital Patients' Bill of Rights.)

Colonoscopy Screening Is Unnecessary

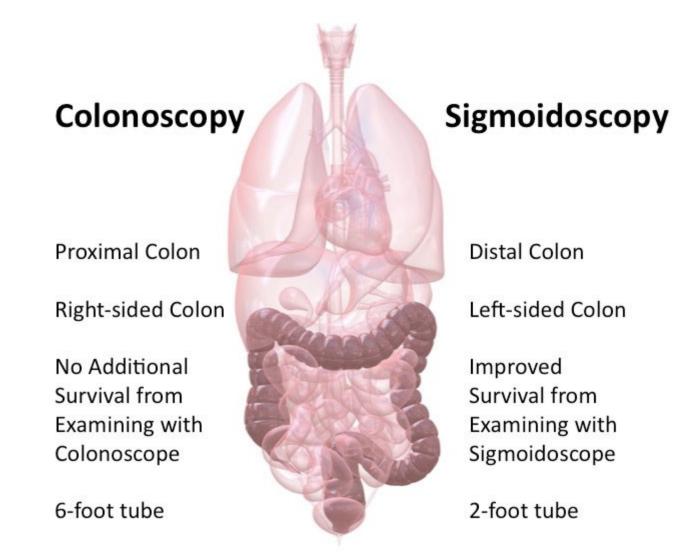
Since the early years following the development of colonoscopy in 1969, the procedure has been attacked as being unnecessary and unduly dangerous.¹ However, with a colonoscopy costing up to \$3,000 for each procedure, it has become the gold standard for colon cancer prevention. That prestigious position is now being lost due to recent scientific publications revealing the truth about colonoscopies. Gastroenterologists should expect their incomes to be cut by at least half as the truth becomes more widespread, especially in this climate of out-of-control healthcare spending.

As a young doctor in the 1970s I used a rigid two-foot long sigmoidoscope to check my patients for hemorrhoids, colon polyps, and cancer. The procedure was painful, relatively safe, cost about \$100, and could be performed in about 10 minutes without any sedation in my office. Colonoscopies became popular as a screening tool in the late 1970s. Because this instrument (the colonoscope) must travel through 6 feet of torturous and turning bowel with four right angle turns (rather than only 2 feet with two bends with a sigmoidoscope) much more is involved. The colonoscopy requires a thorough bowel preparation (lasting as long as

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three days), sedation, and at least 30 minutes to perform. The risks from the sedation and passage of the tube are considerable. In contrast, nowadays a much more comfortable sigmoidoscope exam (using a flexible instrument) can be performed, which requires at most a day of preparation, costs about \$200, and can be completed in 10 minutes. No sedation is required and harm is rarely caused to the patient. Adequately trained nurse practitioners can perform flexible sigmoidoscopy as competently as gastroenterologists can.



Gastroenterologists who favor colonoscopy over sigmoidoscopy argue that failing to inspect the proximal three to four feet of the colon (which cannot be reached by the sigmoidoscope) is malpractice. One medical editor in 2000 metaphorically stated, "Relying on flexible sigmoidoscopy is as clinically logical as performing mammography of one breast to screen women for breast cancer."² However, the scientific evidence, even at that time, failed to show any benefit from using colonoscopy over sigmoidoscopy for colorectal cancer prevention. But because of the self-serving and financial advantages of colonoscopies, sigmoidoscope exams quickly became unfashionable as a screening tool for cancer.

The Trend Back to the Sigmoidoscope

This colonoscopy-dominated trend began to change in January of 2009 when an extensive review of the results of colonoscopy was reported in the *Annals of Internal Medicine*.³ Even though the entire five feet of colon were examined by the colonoscope, prevention of deaths from colorectal cancer were limited to only those polyps removed from the left side of the colon—those last two feet that are easily and safely within the reach of a sigmoidoscope. The findings shook the world of gastrointestinal medicine.

The next big event was the publication of the "Once-only flexible sigmoidoscopy screening in prevention of

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colorectal cancer: a multicentre randomised controlled trial," published in the May 8, 2010 issue of the Lan*cet.*⁴ This study has become the waterloo for the colonoscopy industry. In this massive undertaking, 170,432individuals 55 to 64 years of age were assigned to either once-only flexible sigmoidoscopy or no screening. For those who completed the sigmoidoscopy screening the incidence of colorectal cancer was reduced by 33% and mortality by 43%. (Small polyps were removed at the time of the exam.) Follow-up colonoscopy was reserved for those patients with polyps that met high-risk criteria: 1 cm or larger; three or more adenomas; tubulovillous or villous histology; severe dysplasia or malignancy; or 20 or more hyperplastic polyps above the distal (left side) rectum. Only 5.3% of the participants went on to colonoscopy.

Why Are Benefits Limited to the Distal Colon?

The reasons that survival benefits are confined to polyps removed from the distal (left) colon are unknown, but there are some suspicions. There are technical reasons in that the proximal (right) side is harder to clean out for visualization and more difficult to pass the scope completely into. In addition, right and left colon cancers may differ biologically: right-sided cancers are occasionally flat, making them harder to identify and remove. Right-sided colon cancers are also much more aggressive and deadly, and as a result they may less often be found in a precancerous polyp stage, before they have spread (metastasized).⁵

Colonoscopy is an imprecise instrument. Colon cancer arises from polyps (also called adenomas), and these tests miss about 24% of polyps—12% being large polyps (10 mm or greater).^{6.7} In autopsy studies, approximately 35% of people consuming the typical Western diet are found to have colon polyps.^{8,9} Two-thirds of colorectal cancers and adenomas are located in the rectum and sigmoid colon, which, as mentioned, can be examined by flexible sigmoidoscopy.

Why Is One Exam Sufficient?

The size of a polyp found on examination is an indicator of how long and how aggressively the polyp has been growing.¹⁰ Large polyps, which are further along this developmental sequence, are more likely to be cancerous. Polyps less than 5 mm (half inch) are not likely to be cancerous, while 1% of polyps 10 mm (millimeters) in size show cancerous changes, increasing to 17% at 20 mm. Less than 1 in 20 small polyps will grow larger and transform into cancer.

Ninety percent of colorectal cancers occur after the age of 55. Transition time from the earliest changes in the mucous membranes of the colon to the beginning of actual cancer takes on average 10 to 15 years.¹⁰⁻¹³ Once the cancer begins, the time for metastasis (spreading to other parts of the body), and finally death, takes another 10 to 20 years, Therefore, the whole process from normal cells to cancer and death will span on average 20 to 35 years.¹⁰⁻¹³ If one flexible sigmoidoscope examination is successfully performed between age 55 and 64, and no polyps are found (or when polyps are found, they are successfully removed) then the risk of dying from left-sided colon cancer has for all practical purposes been eliminated. In real life, if a polyp destined to become a cancer happened to start the next day after the exam, then the patient would likely die from other causes (a heart attack, stroke, old age) long before the cancer got to him or her. (As discussed above, there is still risk of dying from colon cancer from missed polyps and cancers in the proximal colon.)

Colonoscopy Screening Is Unduly Dangerous

In terms of making a decision about whether or not to have a screening performed, the benefits and risks to you must be taken into consideration. The absolute risk of developing colon cancer for people following the Western diet is to 2.5%.¹⁵ Having one first-degree relative with colon cancer increases the risk to 4.7%, and with two relatives the risk becomes 9.6% (up to the age of 75). This increased risk is in part genetic, but also remember that mother teaches daughter and son how to cook and what to eat.

Harms from a colonoscopy may arise from the preparation, the sedation, and the procedure. In the United States, serious complications occur in an estimated 5 per 1,000 procedures.¹⁶ When biopsies or polyp removals are performed, then the risk of serious complications, including bleeding, increases. One of the most serious hazards, often leading to death, is perforation of the colon, which occurs in about 1 per 1,000 procedures. In the face of that disaster consider that to prevent one death from colorectal cancer (the benefit), 1,250 people would need to have a colonoscopy.¹⁷ This is almost an even exchange: for one life saved from cancer, one life is lost (or at least seriously threatened) from a complication, like perforation.

Are Mary and I Going to Have a Flexible Sigmoid Exam?

The recommendations for performing sigmoidoscopy over colonoscopy exams have become mainstream in medical journals.^{18,19} An article in the July 28, 2010 issue of the *Journal of the American Medical Association* concluded, "If de novo decisions were being made today about whether to initiate colonoscopy as a screening tool in place of sigmoidoscopy for average-risk individuals, in light of the available evidence doing so would probably be inappropriate."¹⁹ Certainly, this closes the option for either of us getting a colonoscopy done at any age for preventing colon cancer. (Understand that even though the scientific opinions have changed recently, the actual practices among gastroenterologists have not. Plan on being offered a colonoscopy when you see the specialist—that's what they do)

At ages 63 (John) and 64 (Mary) we certainly do fit into the data that says our risk of dying of colon cancer could be cut nearly in half by having one sigmoidoscopy.³ The lifetime risk of dying from colon cancer is about one in 130 for the general population.¹⁵ This means that with the test the usual risk would still be less than 1 in 65—long odds for any gambler. However, those figures are for the general population who have been eating the Western diet (which causes colon cancer) for a lifetime. In countries where people eat rich diets—lots of meat, dairy, fats, sugars, and processed foods—there are high rates of polyps and colon cancer. Conversely, a high intake of starches, fruits, and vegetables is associated with a low risk of colon problems.^{21.22} It should not be a far reach to believe that what you put into your colon-the partially digested remnants of your food—will determine the health of your colon.

Researchers have uncovered a fifty-fold variation in the incidence of colon cancer worldwide.²⁰ Our (John and Mary) diet for the past 35 years has been one that favors a lower risk of colon cancer (albeit not a fifty-fold lower risk than seen at the extremes). Therefore, at the present time our belief is that our risk of colon cancer and polyps is extremely small, and therefore our decision is to not have the test. The small risks and significant inconveniences for us of testing outweigh any potential benefits.

As a practicing physician responsible for people at various risks of colon cancer, however, I do recommend one bowel exam with a flexible sigmoidoscope between ages 55 and 64. I have been making a similar recommendation for the past 17 years since the article "Prevention of colorectal cancer by once-only sigmoidoscopy" appeared in the 1993 issue of the Lancet.¹⁴ Your doctors had access to this scientific paper too. Even though trends may come and go, honest patient care remains forever.

References:

1) Wolff WI, Colonoscopy: history and development, Am J Gastroenterol, 1989 Sep:84(9):1017-25.

2) Podolsky DK. Going the distance - the case for true colorectal cancer screening. N Engl J Med 2000;343:207-8.

3) Baxter NN, Goldwasser MA, Paszat LF, Saskin R, Urbach DR, Rabeneck L. Association of Colonoscopy and Death From Colorectal Cancer. Ann Intern Med. 2009 Jan 6:150(1):1-8.

4) Atkin WS, Edwards R, Kralj-Hans I, Wooldrage K, Hart AR, Northover JM, Parkin DM, Wardle J, Duffy SW, Cuzick J; UK Flexible Sigmoidoscopy Trial Investigators. Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial. Lancet. 2010 May 8;375(9726):1624-33.

5) Benedix F, Kube R, Meyer F, Schmidt U, Gastinger I, Lippert H; Colon/Rectum Carcinomas (Primary Tumor) Study Group. Comparison of 17,641 patients with right- and left-sided colon cancer: differences in epidemiology, perioperative course, histology, and survival. Dis Colon Rectum. 2010 Jan; 53(1): 57-64.

6) Rex DK, Cutler CS, Lemmel GT, Rahmani EY, Clark DW, Helper DJ, Lehman GA, Mark DG. Colonoscopic miss rates of adenomas determined by back-to-back colonoscopies. Gastroenterology. 1997 Jan;112(1):24-8.

7) Pickhardt PJ, Nugent PA, Mysliwiec PA, Choi JR, Schindler WR. Location of adenomas missed by optical

colonoscopy. Ann Intern Med. 2004 Sep 7;141(5):352-9.

8) Lieberman D, Weiss D, Bond J, Ahnen D, Garewal H, Chejfec G. Use of colonoscopy to screen asymptomatic adults for colorectal cancer. *N Engl J Med* 2000; 343: 16268.

9) Schoenfeld P, Cash B, Flood A, et al. Colonoscopic screening of average-risk women for colorectal neoplasia. *N Engl J Med* 2005; 352: 2061-68.

10) Winawer SJ. Natural history of colorectal cancer. Am J Med. 1999 Jan 25;106(1A):3S-6S;

11) Bhattacharya I. Screening colonoscopy: the cost of common sense. *Lancet* 347:1744, 1996.

12) Morson B. Genesis of colonrectal cancer. Clin Gastroenterol 5:505, 1976.

13) Stryker S. Natural history of untreated colonic polyps. Gastroenterology 93:1009, 1987.

14) Atkin WS, Cuzick J, Northover JM, Whynes DK. Prevention of colorectal cancer by once-only sigmoido-scopy. *Lancet*. 1993 Mar 20;341(8847):736-40.

15) Butterworth AS, Higgins JP, Pharoah P. Relative and absolute risk of colorectal cancer for individuals with a family history: a meta-analysis. *Eur J Cancer.* 2006 Jan;42(2):216-27.

16) Levin TR, Zhao W, Conell C, Seeff LC, Manninen DL, Shapiro JA, Schulman J. Complications of colonoscopy in an integrated health care delivery system. *Ann Intern Med.* 2006 Dec 19;145(12):880-6.

17) Richardson A. Screening and the number needed to treat. J Med Screen. 2001;8(3):125-7.

18) Hilsden R, Rostom A. Colorectal cancer screening using flexible sigmoidoscopy: United Kingdom study demonstrates significant incidence and mortality benefit. *Can J Gastroenterol.* 2010 Aug;24(8):479-80. http://www.pulsus.com:80/journals/toc.jsp?sCurrPg=journal&jnlKy=2&isuKy=930

19) Neugut AI, Lebwohl B. Colonoscopy vs sigmoidoscopy screening: getting it right. *JAMA.* 2010 Jul 28;304(4):461-2.

20) Dahm CC, Keogh RH, Spencer EA, Greenwood DC, Key TJ, Fentiman IS, Shipley MJ, Brunner EJ, Cade JE, Burley VJ, Mishra G, Stephen AM, Kuh D, White IR, Luben R, Lentjes MA, Khaw KT, Rodwell Bingham SA. Dietary fiber and colorectal cancer risk: a nested case-control study using food diaries. *J Natl Cancer Inst.* 2010 May 5;102(9):614-26.

21) Koushik A, Hunter DJ, Spiegelman D, Beeson WL, van den Brandt PA, Buring JE, Calle EE, Cho E, Fraser GE, Freudenheim JL, Fuchs CS, Giovannucci EL, Goldbohm RA, Harnack L, Jacobs DR Jr, Kato I, Krogh V, Larsson SC, Leitzmann MF, Marshall JR, McCullough ML, Miller AB, Pietinen P, Rohan TE, Schatzkin A, Sieri S, Virtanen MJ, Wolk A, Zeleniuch-Jacquotte A, Zhang SM, Smith-Warner SA. Fruits, vegetables, and colon cancer risk in a pooled analysis of 14 cohort studies. *J Natl Cancer Inst.* 2007 Oct 3;99(19):1471-8.

22) Maric R. Meat intake, heterocyclic amines, and colon cancer. *Am J Gastroenterol.* 2000 Dec;95(12):3683-4.

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Judge Judy at the McDougall Program

My name is Judy. I am writing an introduction to a poem that I wrote for the August 10-day McDougall program attendees and trainers. I delivered the poem at our graduation ceremony on August 14, 2010. I should start at the beginning. I had a "heart attack" in June of 2010. I needed to attend cardiac rehabilitation. A friend of mine had attended the National Institute for Fitness many years ago and had learned of Dr. McDougall's program for cardiac health. My birthday was on July 31^{st.} She came to my birthday party and surprised me by gifting me with the McDougall 10-day program. I was not familiar with the program. I did not know that it recommended a vegan eating plan. Hence, the beginning of the poem which says that I didn't "know what to expect."

Upon my arrival in Santa Rosa, CA, I was accosted by a cab driver who told me that I could not share a ride to the Flamingo Inn with two women that I had met at the airport, Jane and Wendy. The cabbie cussed out our driver and was fighting with me over my suitcase. It was pretty unnerving, but Jane has quite a sense of humor and we laughed about the whole incident later.

I met a man named Richard while I was sitting in the back of the room during lectures. He had been on the McDougall program since April 3rd, 2010 and had lost 83 lbs. He looked great and said such wonderful things about the program. He came to visit my husband and myself on his way back home. I feel like I made a friend for life with him.

I didn't realize until the second day of the program that I was not eating any meat. I had been living on McDonald's before my heart attack and I wondered if I would have come to the program if I had realized what it entailed.

I refer to Dr. McDougall as my new "Big Mac" because he was an inspiration to me. His lectures were entertaining and informative and he is passionate about the subject matter.

I also met a woman named Stephanie, who came to the program to change her life. We talked about her struggles and she was someone that I truly admired.

While home in Phoenix, Arizona, my husband and I frequently go to the theater on Saturday night, but on August 7th, 2010, I found myself in a lecture with Jeff Novick, RD, the nutritionist for the program. He made reading labels funny, no hysterical and how could that be? He was intelligent, informative, and had a great sense of humor. He told us not to believe the claims on the front of packages. He kidded about the success of the book titled, Skinny Bitch. He said that maybe his books would be more successful if he included the word, Bitch, Anyway, he made a joke out of it and our class would frequently punctuate something that he said by shouting, Bitch, to him. I guess you would have had to have been there to enjoy this inside joke, but it got a great reaction when I delivered it at graduation.

In short, I went to a program, I knew nothing about and had the time of my life. It is now August 27, 2010 and I have lost 17 lbs. I am off all of my medications and I can't wait to see my cardiologist.

Dr. McDougall and Mary McDougall are sincere, dedicated and enthusiastic about what they do. Tiffany Hobson runs a tight ship and makes sure that all of the guests are taken care of.

In closing, the salutation of the poem refers to me as the "Real" Judge Judy. That is because everyone has called me, Judge Judy, ever since I was appointed to the bench back in 1986 long before Judge Judy Sheinlin came along. Again, it's an inside joke, so I guess you had to be there.

But, the truth is you can be. Don't hesitate, participate. Go to the McDougall website and listen to the lectures, go do a 10-day program like I did. This has honestly changed my life for the better and it is the greatest gift I have ever received. A shout out to all of my co-attendees who may be reading this newsletter.

All the Best, Always, The "Real" Judge Judy, Phoenix, Arizona, August 27th, 2010.

From McDonald's to McDougall's

I came here not knowing what to expect, I thought my diet, I was about to perfect. I never expected to have so much fun, I never expected to be told, "Get more Sun."

My taxicab ride here was out of this world, An angry cabbie let his profanity unfurl. But, I got to meet Jane and Wendy, a delightful pair, Jane's sense of humor is beyond compare.

Richard and I met in the back of the room, He described his previous weight as a living tomb. He inspired me with his success at weight loss, As far as I'm concerned, he is "The Boss."

After the first day, I said, "Hey, where's the meat?" "Me, a vegan? Now there's a feat." I had lived on McDonald's and other junk, My theories of food were getting debunked.

My new "Big Mac" was a doctor named McDougall, His approach to diet was more than frugal. I listened intently and thought, "This makes sense." Everyone of my calories was more than dense.

Just when I thought this couldn't get better. Along came Stephanie, I'm so glad that I met her. She helped me with my IPad and gave me a talk, I hope in my real life, I can walk her walk.

On Saturday night, I usually go to the theater, But what happened last Saturday broke the meter. We met Jeff Novick and boy, what a stitch, He told us "Don't believe food labels, Bitch."

Jeff was really such a funny and fantastic guy, I know he made me really want to try, To eat much better and improve my health, As he said, "Health is our greatest Wealth."

But, wait there's more, I've left others out, For Mary, Tiffany and Doug, let's give a shout. Yes, Doug told us all about the Pleasure Trap, Which reminded me of Jeff's talk about CRAP.

And Mary's recipes make eating right taste good, And Tiffany's weight loss shows me what could, Be the transformation which I really need, I will take from this program my vegan seed.

And I will plant that seed out in the world I know, And help my family, friends and neighbors grow, Into the healthy humans that they all can be, I hope to take this knowledge and set them free.

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So, Bill, Janna, Doug, Ann and Kerry, Beverly, Joan, Richard, Gavin and Kitty, Brian, Colleen, Jim, Kurt and Maggie, Anna, Jay, Michael, Jane and Mary, Jens, Steph, Amalia, Ginny and Wendy, Brittany, Tom, Tamara, David and Rosemary,

I just want to say, that I'm glad we all met, You have given me much, so I give this to thee, This poem, and these words, to jog your memory. Please all remember this time that we shared, Learning and giving and showing we cared, For one another and for our mentors, too, I thank God, and I ask him to bless all of you.

> All the Best Always, The "Real" Judge Judy August 14, 2010



Report on the July 2010 Costa Rica Adventure

This was our 13th McDougall Adventure trip to the Guanacaste Area of Costa Rica—a region in the northwest of this ecologically preserved country. The Hilton Papagayo Hotel is a first class resort, which provided exceptional McDougall food and also offered an additional bonus of "all inclusive." This meant all beverages (alcoholic and nonalcoholic) were included. Although Costa Rican beaches are open to the public, for all practical purposes, the Hilton beach is private. The two swimming pools are large and invit-

ing. On the grounds of the hotel are hiking trails where wildlife such as monkeys, birds, butterflies, and iguanas are abundant.

The same guides we have worked with for almost 16 years cared for our travelers. The destinations to the parks, rainforests, canopy tour, horseback riding, and rafting were also the same great trips as we have been taking for years. For our ocean adventure we used a large sailboat to see the dolphins, turtles and to snorkel.

We plan the same trip for January 27 to February 3, 2011; staying at the Hilton Papagayo Hotel. Take some time to read over the comments from our travelers and view their pictures. This is an amazing vacation that you cannot have with anyone else besides the McDougalls.

Right now there is a \$200 pp early signup discount. Airline transportation has never been less expensive. Go to our website and secure your place for this once-in-a-lifetime adventure trip.

<u>Testimonies</u> from the July 2010 Trip <u>Photos</u> from the July 2010 Trip

<u>Testimonies</u> from the February 2010 Trip <u>Photos</u> from the February 2009 Trip The McDougall Newsletter

Featured Recipes

Avocado & Pasta Salad

This delicious and simple salad was served several times on the luncheon salad bar during our July 2010 Costa Rica Adventure trip. The success of this dish really depends on the freshness of the avocados and tomatoes you use, making summer the perfect time of year to enjoy this salad. Add an assortment of other vegetables and herbs as they are avail-

able from your garden. This is a higher fat salad because of the avocado, so adding more vegetables will increase the amount of servings and accordingly reduce the amount of fat per serving.

Preparation time: 10 minutes Cooking time: 10 minutes Servings: 4

3 cups dried whole wheat or brown rice pasta (medium shells work well) 2-3 cloves fresh garlic, pressed 2-3 medium, ripe tomatoes, chopped 2 medium avocados, peeled and chopped juice of one lime salt and pepper to taste

Cook the pasta to *al dente*. When pasta is done rinse with cold water. Combine all fresh ingredients in a large bowl and add salt and pepper. Add pasta and stir well.

Hints: Slivers of fresh basil are a fresh tasting addition to this salad. Thin slices of fresh zucchini and/or cucumbers may also be added.

Watermelon Ginger Soup

During the July 2010 Costa Rica Adventure trip we always had a choice of two soups for both the lunch and dinner meals. One of the soups was hot and the other a chilled choice. This watermelon soup was a big hit!

Preparation Time: 15 minutes Cooking Time: 8 minutes Chilling Time: 3-4 hours Servings: 4

¼ cup finely chopped mild onion
2 garlic cloves, crushed
1 tablespoon grated fresh ginger
2 tablespoons water
8 cups seeded, cubed watermelon
2 teaspoons slivered fresh basil (optional)
2 teaspoons finely chopped fresh cilantro (optional)

Freshly ground black pepper (optional)

Place the onion, garlic and ginger in a large saucepan with the water. Cook, stirring frequently, until onion has softened, about 3-4 minutes. Turn off heat.

Puree the watermelon in batches in a food processor and add to the onion mixture in the saucepan. Bring to

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a boil, reduce heat and simmer for about 3 minutes until slightly thickened. Pour into a covered container and chill for 3 to 4 hours until very cold. Mix in the fresh herbs and season with freshly ground pepper, if desired, before serving.

Melon Salsa

Another treat from the July 2010 Costa Rica Adventure, and just in time to make use of the many melon choices available now in Farmer's Markets around the country. Use any combination of melons that you like for this delicious salsa. Use this as a topping for fresh garden greens, on top of the Creamy Cauliflower Spread or the Avocado & Pasta Salad, rolled up in a wrap with one of the many spreads from the June 2010 newsletter, or just enjoy it plain in a bowl.

Preparation Time: 10 minutes Chilling Time: 1 hour Servings: variable

3 cups seeded chopped melons 1 jalapeno pepper, seeded and minced 1/8 cup minced mild onion 2 tablespoons chopped fresh cilantro 1/4 cup fresh lime juice 1/2 tablespoon agave nectar Freshly ground black pepper

Combine the melons, jalapeno, onion and cilantro in a bowl. Mix the agave nectar into the lime juice and pour over the melon mixture. Toss well to mix. Season with freshly ground black pepper, to taste. Cover and refrigerate for about 1 hour to allow flavors to combine.

Hints: Chop the melons in about 1/2 inch cubes for the most versatility.

Grilled Portobello Burger

I plan to make grilled Portobello mushroom burgers for our family's Labor Day party. They are delicious and meaty and easy to prepare on a gas or charcoal grill. Serve them on a whole wheat bun with your favorite toppings. I like to have a variety of spreads to smear on the buns before adding lettuce, sliced tomatoes and grilled onions.

Preparation Time: 10 minutes Marinating Time: 30 minutes Grilling Time: 10 minutes Servings: 4

4 large Portobello mushrooms
¼ cup soy sauce
1/8 cup rice vinegar
2 garlic cloves, crushed
1 teaspoon Dijon mustard
Freshly ground black pepper
4 thick slices of red onion
Lettuce

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Thickly sliced tomatoes 4 whole wheat burger buns Assorted spreads (see hints below)

Clean the mushrooms well and remove the stem. Combine the soy sauce, vinegar, garlic and Dijon mustard in a large bowl. Season with several twists of freshly ground pepper. Add the mushrooms and onion slices, turning several times to coat with the marinade. Let soak in the marinade for about 30 minutes, turning several times. Remove from marinade, place on a plate and reserve the marinade for brushing.

Heat a gas grill to medium high or light a charcoal grill.

Grill the mushrooms and the onions for about 5 minutes on each side, brushing with extra marinade during grilling.

To serve, on one side of the bun lay a lettuce leaf, tomato slice, grilled onion and top with the mushroom cap. Apply about 2 tablespoons of the spread of your choice to the top of the bun and set on top of the mushroom. Pick up with your hands and enjoy this delicious feast!

Hints: Some of our favorite spreads for these hearty burgers are: Red Pepper Aioli, November 2007 newsletter; Cilantro Garlic Aioli, August 2002 newsletter; Creamy Dill Tofu Dip, September 2005 newsletter. Or just keep it simple and use some ketchup and mustard as your spread.

Fresh Tomato Sauce

If you have tomatoes growing in your garden this year and way too many to eat them fresh out of hand or use in salads or sandwiches, make them into this delicious, fresh tomato sauce.

Preparation Time: 15 minutes Cooking Time: 1 to 2 hours Servings: makes about 6 cups

5 pounds whole tomatoes2 onions, chopped4-5 cloves garlic, minced1 tablespoon chopped fresh basil1 tablespoon chopped fresh oregano

Bring a large pot of water to a boil. Make a large X through the bottom of the skin of each tomato and plunge each one into the boiling water until skins are slightly loosened, about 15-30 seconds. (See hints below.) Transfer to a bowl of ice water. Let rest for 1 minute, then peel skin off with your fingers. Cut tomatoes into quarters, cut off the core, remove the seeds, if you wish, and chop, reserving the juices.

Place the onions in a large non-stick pot, cook and stir until they begin to brown slightly, about 4-5 minutes. Add the garlic and cook and stir for another minute. Add the tomatoes and their juices along with the basil and oregano. Bring to a boil, reduce heat and simmer, uncovered, stirring occasionally until thickened to desired consistency.

Season to taste with freshly ground pepper and a bit of sea salt, if you wish.

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Hints: The longer you make the X in the skin of the tomato, the easier it will be to peel. Extend it all the way around to the core, if you wish. Just cut through the skin, not into the flesh. Work with about 3 tomatoes at a time in the boiling water and ice water. Fresh tomatoes may also be peeled with a serrated peeler if you wish to skip the boiling/ice water step.

What is really amazing about this sauce is that it can also be made with whole frozen tomatoes. So when you have a bumper crop of tomatoes and you don't feel like canning them, just freeze them instead. Remove the core from the tomatoes first and then just freeze them whole. When ready to use, run each one under warm water and rub the skin off. Thaw in the refrigerator, then chop when thawed. Frozen tomatoes do not peel well with a serrated peeler.

If you do not have a large non-stick pot, just add a small amount of water to the pot before adding the onions and proceed as directed above. This may also be made with dried basil and oregano, about a teaspoon of each, but the flavor won't be as fresh tasting. Some tomato crops are not a sweet as others and you may find that a pinch of sugar will help to mellow your tomato sauce if it seems too tart.

Baked Kale Chips

I have an abundance of kale in my garden this year, so besides adding it to everything I can imagine, I have started making kale chips. They are crunchy and delicious-a guilt-free snack!!

Preparation Time: 5 minutes Cooking Time: 30 minutes Servings: variable

Fresh kale leaves Seasonings as desired (see hints below)

Preheat oven to 225 degrees.

Wash the kale well and leave some of the water clinging to the leaves. Strip the leaves from the thick stems and cut into uniform sized pieces. (Mine are usually about 2 x 2 inches.) Place on a non-stick baking sheet or on top of parchment paper on a regular baking sheet and sprinkle with seasonings of your choice (do not oil the pan or spray kale with oil). Bake for about 30 minutes until crispy. Store in a tightly covered container to keep them crispy; they taste best the day that they are made.

Hints: I usually sprinkle mine with Parmesan cheese substitute (see the June 2010 newsletter) and some red pepper flakes. Try spraying them with a light coating of Bragg Liguid Aminos or balsamic vinegar before baking, or just a light dusting of sea salt. They are easy to re-crisp if you don't eat them all right away, just put them back in the oven for a short time.

Creamy Cauliflower Spread

I can't remember where I saw the idea for this spread made from cauliflower. I have a small post-it with some brief directions written on it, so today I tried it and, Wow, was I surprised! This makes a light and creamy spread for bread, pita, or crackers, possibly topped with strips of roasted red pepper and fresh basil leaves. Or use it as a dip for garden fresh vegetables.

Cooking Time: 15 minutes Servings: makes about 2 cups

1 head cauliflower 1 tablespoon prepared mustard ½ teaspoon lime juice Dash sea salt

Cut the cauliflower into florets and steam until tender, about 15 minutes. Place in a food processor, add the remaining ingredients and process until smooth. Cover and refrigerate until using.

Hints: I used prepared yellow mustard in my processing, but Dijon or stone-ground would also work well. This will keep in the refrigerator for a least a week and it tastes even better the day after it is made.

Tiffany's Ptitim Soup

By Tiffany Hobson, McDougall's Executive Assistant

I was inspired to make this soup after one of our chef's at the Flamingo Hotel, Abraham Ramirez, made a different variation of this for the restaurant.

Preparation Time: 10-20 minutes Cooking Time: 60 minutes Servings: 6-8

7 ¼ cups water 1 white onion, chopped 6 cloves garlic, minced 1 tablespoon ground thyme 1 tablespoon Italian seasoning 1 tablespoon ground oregano 1 teaspoon marjoram Freshly ground black pepper 1 cup yellow split peas 1 15 ounce can kidney beans, drained and rinsed 1 15 ounce can garbanzo beans, drained and rinsed 1 14.5 ounce can diced tomatoes 4 stalks celery, chopped 6 carrots, chopped 2 zucchini, quartered 2 yellow squash, quartered 1/8-1/4 cup Israeli couscous

Place ¹/₄ cup of the water in a large soup pot. Add the onion and garlic. Cook, stirring occasionally, for 3-4 minutes until softened. Add the thyme, Italian seasoning, oregano, marjoram and several twists of freshly ground black pepper. Mix well. Add the remaining water, split peas, kidney beans, garbanzo beans, tomatoes, celery and carrots. Bring to a boil, reduce heat, cover and simmer for 30 minutes. Add the zucchini, squash and couscous. Continue cooking on low heat for an additional 20 minutes. Season with a bit of sea salt, if desired. Serve hot.

Variation:

You may increase the amount of Israeli couscous to 1 cup. This will seem like a soup at first, but the couscous will absorb all the water and this will turn into a beautiful side dish. You may also serve this over lettuce

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or wrap in lettuce leaves and add your favorite hot sauce (Sriracha pairs beautifully with this). If making this a side dish, you may also want to add 1 cup of corn and chop 2 red bell peppers. This variation may be served hot or cold.

Tiffany's Strawberries and Beets

By Tiffany Hobson, McDougall's Executive Assistant

I have been making this recipe for years. You can eat this as an entrée, place it on top of salad or use this as a side dish.

Preparation Time: 10-20 minutes Cooking Time: 35 minutes Servings: 4

4 beets 5 strawberries, rinsed and quartered 1/4 cup balsamic vinegar

Place beets in boiling water with the skins on. When you can pierce a knife through the beets, they are done. Place beets in a colander and rinse with cool water. Remove the skins. Quarter beets and set aside. Put the beets and remaining ingredients in a small non-stick pan and cook over low heat, stirring frequently. Continue cooking until the balsamic vinegar is reduced and has a thick syrup coat over the beets and strawberries. You may enjoy this hot, or refrigerate until needed.

Variation: Roast the beets instead of boiling them and follow the recipe above.

Tiffany's Red Onions

By Tiffany Hobson, McDougall's Executive Assistant

I like to have these on hand because they are so versatile. Use them as a topping for salads, sandwiches, burgers, wraps, burritos, potatoes, etc. You get the idea!

Preparation Time: 10 minutes Cooking Time: None Servings: 4

1 red onion, finely chopped Balsamic vinegar

Place the red onion in a ramekin, or other small container. Pour balsamic vinegar over the onions until they are completely covered. Cover and refrigerate.

Tiffany's Candied Walnuts

By Tiffany Hobson, McDougall's Executive Assistant

A favorite amongst all my friends! Make sure you hide these until needed, or you'll have to make more!

Preparation Time: 2 minutes Cooking Time: 10-15 minutes Servings: 6

2 cups walnuts ¼ to 1/3 cup maple syrup

Place walnuts in a non-stick pan. Pour the maple syrup all over the walnuts. Cook on medium heat, stirring frequently. When the maple syrup starts to bubble, continue stirring constantly. As the maple syrup evaporates, the walnuts will be coated with a glaze and will become "sticky." The end product is a thick glaze that may also look crystallized. Place in a container until needed.

Tiffany's Beet Salad

By Tiffany Hobson, McDougall's Executive Assistant

This salad is easily thrown together and is a wonderful start to a meal or great all by itself!

Preparation Time: 5-10 minutes Cooking Time: 10-15 minutes Servings: 4-6

4-6 cups Mixed salad or Arugula
2 ears of roasted corn on the cob
Tiffany's Strawberries and Beets (recipe above)
Tiffany's Red Onions (recipe above)
Tiffany's Candied Walnuts (recipe above)
1 teaspoon Champagne Vinegar

Preheat oven to 400 degrees. Place corn on oven rack, with husks on, and bake for 10 minutes. Turn the oven to broil and let roast until corn is done. Peel husks and cut corn off the cob. Either on an individual plate, or in a big bowl, place the greens of choice, corn, Strawberries and Beets, Red Onions and Candied Walnuts and toss. Lightly drizzle the champagne vinegar over the entire salad and enjoy!