Vitamin D Pills Are of Little or No Benefit and Some Harm. So What to Do Now?

According to popular opinions coming from friends, family, and physicians, most people are vitamin D deficient and in need of supplementation with pills. Evidence suggests that more than 40% of the world's population is vitamin D deficient (1). A recent report from a Scottish doctor found only 2% of his patients had a sufficient vitamin D concentration (75 nmol/L or above), and 47% had a severe deficiency (below 25 nmol/L) (2). Low vitamin D levels found in the blood are a clear indication that there is a worldwide problem of sunlight deficiency. Rather than correct the problem and encourage people to expose themselves to more of this natural element, the solution has become another drug — a supplement pill sold as vitamin D.

According to the authors of a landmark editorial just published in the March 2, 2010 issue of the *Annals of Internal Medicine*, "Despite the promise for disease prevention suggested by available studies, we believe that the evidence for widespread use of high-dose vitamin D supplementation in the general population remains insufficient (3)". Even though the supplements translate into higher levels of vitamin D in the blood, expected benefits of reductions in the occurrences of common diseases are lacking.

Recent vitamin frenzies over the recommendations for the widespread use of antioxidants, folic acid, vitamin E, and beta-carotene provide lessons about vitamin supplements that must not be forgotten. When the proper research was finally done, the results backfired. More heart disease, cancer, and overall death were discovered in those taking these isolated concentrated nutrients (4-9). Each of the above nutrients is originally found in edible plants. In these perfect packages these nutrients provide for excellent health, prevent and cure diseases, and prolong life. **PAGE 2**

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When consumed as isolated concentrated nutrients wrapped in a pill-casing, vitamin D supplements cause nutritional imbalances, which leads to metabolic sicknesses. At dosages considered safe, an increase in "bad" LDL-cholesterol, prostate cancer, immune system suppression, autoimmune diseases, gastrointestinal symptoms, kidney disease, and calcium stones has been observed (10-16). The adverse effects of vitamin D therapy are understudied, underestimated, and underreported.

Confounding Factors Inflate the Benefits of Vitamin D

A serious metabolic and bone disease, known as rickets, is the classic example of the consequences of prolonged sunlight deficiency. Ultraviolet light in the spectrum of the sun and vitamin D supplements will cure this condition. No one argues about this.

Recently, low vitamin D status has been associated with many other illnesses, such as heart disease, strokes, type-2 diabetes, common cancers (breast, prostate, and colon), and multiple sclerosis. The original evidence for this connection is the observation that people who live farther away from the Equator (north and south) experience a greater risk of developing these common diseases. This risk is blamed on a lessening of the amount of sunshine received annually by various populations. But a crucial oversight is made: as people move further away from the Equator they eat fewer plant foods and more animal foods. Sunshine plays a big part in overall health, but a small part in the prevention of common Western diseases. It's the food!

Researchers are further confused by confounding factors, such as: people with higher vitamin D status are in general of a young age, normal body weight, and live a healthy lifestyle (17). Lower vitamin D status is associated with smoking, parental history of myocardial infarction, alcohol intake and suffering with chronic illnesses (17). Health-conscious people are more likely to consume vitamin D fortified low-fat milk and fish (a vitamin D source), as opposed to soft drinks and junk foods, favorites of unhealthy people. (Yes, neither milk nor fish is a healthy food, but they serve as markers of people who have better habits.)

The Benefits from Pills Remain Unproven

Even though there is an association between lower vitamin D status and heart disease, strokes, type-2 diabetes, common cancers (breast, prostate, and colon), and multiple sclerosis, treatments with supplements have not been shown to be effective for these conditions (17-19). The benefits for bone fracture prevention are small and largely restricted to institutionalized elderly women and to studies that use a combination of vitamin D and calcium, not vitamin D alone (17,19).

Vitamin D Testing

Laboratory tests to check for vitamin D status usually measure the 25-hydroxy vitamin D, 25(OH)D, form in nmol/L

Deficiency: 25 or less

Insufficiency: 50 or less

Sufficiency: 51 to 75

Safe range: below 140

Toxicity: 750

Researchers do not report 25(OH)D units in consistent ways. To convert ng/mL to nmol/L multiply by 2.496.

Sunlight is the Best Way to Raise Vitamin D Levels in the Body

Sunlight, in UVB wavelengths of 290 to 315 nm, is the natural and most effective way to produce vitamin D in the body, and an estimated 90% of our daily body requirements are met by sunlight exposure (20,21). In the summertime, exposure of a large surface area of skin for 20 to 30 minutes can produce approximately 10,000 IU of vitamin D in White people (22). A dose that causes redness of 6% of the skin is equivalent to the ingestion of 600-1000 IU of vitamin D (23). (The Scientific Advisory Committee on Nutrition and National Institutes of Health recommend 200 IU daily.) Exposure during the spring, summer, and fall of the hands, face and arms two to three times a week is sufficient in White people (23). Asian-Indians may require 3 times, and Blacks may require 10 times as much exposure as Whites under the same sunlight conditions (24). Changes in the amount of vitamin D in the body are primarily regulated by sun exposure, and not by the diet (25,26).

The amount of vitamin D you have in your body during the winter months is based on the vitamin D you produce during the spring, summer, and fall. The vitamin D made in the sunshine months of the years is stored in your body fat and slowly released during the darker months. Plasma concentrations of 25-hydroxy vitamin D (25-OHD) in winter of 15.0-22.5 nmol/l require that the concentration in the previous summer was over 40 nmol/l (27).

Ultraviolet radiation is natural and provides benefits far beyond the production of the hormone called vitamin D (24). Apart from vitamin D synthesis there are a number of known ways that sunlight can affect a person's health. Some of the discovered mechanisms involve the direct alterations of the immune system, locally and systemically; modulation of other hormones like melatonin, calcitonin, and melanocyte stimulating hormone; and changing the number and function of cells present in the skin (28,29) Sunlight also establishes circadian rhythms. Undoubtedly, many important mechanisms for the benefit of natural sunlight remain to be discovered.

Exposure to sunlight for extended periods of time does not cause vitamin D toxicity. However, overexposure from the sun or a tanning bed can cause skin damage.

Tanning (Sun) Beds Are the Second Best Way to Raise Vitamin D

Indoor tanning machines emit the same spectrum UVB radiation, as does sunlight. In areas of the world where sunlight is limited, when people's lives do not lend themselves to outdoor activity, and in situations where patients cannot absorb vitamin D from their diet or pills (for example, people with bowel disease), artificial ultraviolet light has been used to correct vitamin D deficiency. People using an indoor tanning bed at least once a week can raise their vitamin D levels 150% higher at the end of winter compared to nonusers (30). Many other studies support the effectiveness of tanning beds for the production of vitamin D (31).

Tanning beds have a bad reputation mainly because they are used improperly. Overexposure and resulting skin damage is easy to do because tanning beds can give out greater doses of ultraviolet rays than the midday Mediterranean sun. A recent survey found that the typical user of tanning beds is female, between 17 and 30 years old, and tends to live a comparatively unhealthy lifestyle; smoking cigarettes and drinking alcohol more frequently, and eating less healthy food than nonusers. They also lack knowledge about the health risks of ultraviolet radiation (32). Improper use is the reason tanning bed users have higher risks of skin cancers, skin damage, and premature aging (33). The same adverse effects are the destiny of those who overdose on natural sunshine.

Pills Are the Last Choice to Raise Vitamin D Levels

Some people are unable or unwilling to get outdoors or unable to afford to use a tanning bed. The elderly and infirm confined to nursing homes, long-term care facilities, and their own homes are at an especially high risk of developing deficiencies. Adequate oral daily supplementation is as little as 200 IU of vitamin D for healthy adults not exposed to sunshine. Darker skinned and elderly people require more. Common recommendations are for 2000 to 4000 IU daily of over-the-counter vitamin D to correct vitamin D blood levels. Signs of vitamin D toxicity appear only after daily doses exceeding 10,000 IU. (1 mcg vitamin D [cholecalciferol] = 40 IU). Vitamin D2 is as effective as vitamin D3 in maintaining circulating concentrations of 25-hydroxyvitamin D (34). Remember the topic of this newsletter: The benefits from taking pills are very limited and there are adverse side effects. The lesson is: Natural is best when it comes to food and sunshine.

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Favorite Five Articles From Recent Medical Journals

The American Cancer Society Is Now against Prostate Cancer (PSA) Testing

American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010 was published in the March 2010 issue of *CA: a cancer journal for clinicians*. Andrew M. D. Wolf, MD and his colleagues decided after extensive meetings that, "The ACS recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process. Men at average risk should receive this information beginning at age 50 years."

An accompanying editorial by the Chief Medical Officer of the ACS, Otis Brawley, MD, clarified the Society's change in position over the past years: "The ACS guidelines are neither a statement against prostate screening nor a statement for prostate screening; rather, they are a statement for informed or shared decision making. More clearly than in 1997 and 2001, these guidelines state that there are definite uncertainties regarding the efficacy of prostate cancer screening, there are known risks associated with it, and there may be a benefit...In these guidelines, the ACS has taken a clear position discouraging routine or mass screening and encouraging a discussion within the physician-patient relationship."

Comments: The American Cancer Society has clearly done some soul-searching over their past recommendations, which have been perceived by many as encouraging men to have a blood test to measure their level of prostate specific antigen (PSA). Their change in position followed the publication in March 2009 of two large randomized trials showing the lack of the effectiveness of PSA testing and the harms done. One study published from the US of 76,693 men offered annual PSA testing for 6 years and digital rectal examination for 4 years, or usual care, showed no difference in death rates between the two groups. The second study from Europe of 182,000 men assigned to PSA screening at an average of once every 4 years or to a control group that did not receive such screening found, "1410 men would need to be screened and 48 additional cases of prostate cancer would need to be treated to prevent one death from prostate cancer." In other words, 1410 men would be inconvenienced, worried, and required to spend money, and 48 mens' lives would be dramatically changed by being labeled "cancer victims" and receiving treatments that cause physical pain, urinary leakage, and impotence, in order to save one life (maybe). Of the men diagnosed by PSA testing, aggressive testing and treatments unnecessarily harmed 47 of them because they would never have known they had a problem if doctors weren't busily looking for trouble.

Every day thousands of potential patients and professionals stop betting on this dead horse, the PSA test. Richard J. Ablin, the inventor in 1970 of the PSA test, wrote an op-ed piece titled "The Great Prostate Mistake" for the *New York Times* on March 9, 2010. He expressed his regrets: "Even then, the test is hardly more effective than a coin toss. As I've been trying to make clear for many years now, PSA testing can't detect prostate cancer and, more important, it can't distinguish between the two types of prostate cancer –the one that will kill you and the one that won't." He continues, "So why is it still used? Because drug companies continue peddling the tests and advocacy groups push 'prostate cancer awareness' by encouraging men to get screened...Testing should absolutely not be deployed to screen the entire population of men over the age of 50, the outcome pushed by those who stand to profit." His apology continued: "I never dreamed that my discovery four decades ago would lead to such a profit-driven public health disaster."

Because of the huge profits that go to doctors, laboratories, pharmaceutical and device companies, men will continue to be bullied and frightened into getting their PSA levels checked. Most guilty of propagating this test that leads to psychological suffering and physical mutilation of men are the trade unions that represent doctors, laboratories, and drug companies. The American Urological Association (AUA) serving the interest of more than 16,000 urologic health professionals worldwide believes..."that all men, with a life expectancy of 10 years or more, should have a baseline PSA test at the age of 40." A look at their website discloses one big reason for their position. The AUA is supported by makers of prostate cancer drugs, including Pfizer, Eli Lilly, and GlaxoSmithKline, and by manufacturers and suppliers of equipment used to test and treat men. Their vested interests are blatant and so are those of other fronts for industry, such as the American College of Radiology and the Urological Society of Australia and New Zealand.

For those readers interested in learning more about my views on the PSA test, please see three newsletters I have written on this topic over this past year:

February 2010: Early Detection Testing? Chance of Harm Is 100%. Chance of Benefit Is < 1 in a 1000.

October 2009: The American Cancer Society Reverses Its Strong Position on Mammograms and PSA Testing.

August 2009: Larry King Live on Prostate Cancer Screening (PSA) Show Sets a New Standard for Disease Mongering.

Copper and Iron from Meat Damage the Brain and Body

Risks of Copper and Iron Toxicity during Aging in Humans by George J. Brewer published in the February 2010 issue of *Chemical Research in Toxicology* found that, "Diseases of aging, such as Alzheimer's disease, other neurodegenerative diseases, arteriosclerosis, diabetes mellitus, and more, may all be contributed to by excess copper and iron. A very disturbing study has found that in the general

population those in the highest fifth of copper intake, if they are also eating a relatively high fat diet, lose cognition (brain function) at over three times the normal rate... both (minerals) contribute to the production of excess damaging oxidant radicals."

The author's recommendations are to:

Avoid almost all multivitamin/multi-mineral pills because they contain copper and/or iron.

Avoid eating all kinds of meats because they are plentiful in both minerals. Copper and iron are much more bio-available from meat than from vegetable foods. Liver and shellfish are particularly high in copper. Red meat is particularly high in bio-available iron.

Avoid drinking water with elevated copper content. Eighty percent of the homes in the US have copper pipes for water. Check levels in your water. A reverse osmosis device can be installed on the tap used for drinking and cooking water.

Comments: Copper and iron are metals essential for life; however, in excess they are toxic to the body's tissues. The author, Brewer, points out that careful research by Waldman and Lamb in their book, *Dying for a Hamburger,* has shown that Alzheimer's disease did not exist until 100 years ago. It still is rare in India and Africa. (Waldman and Lamb believe the infectious prion agent that causes Mad Cow Disease from tainted beef causes this form of dementia.) Brewer believes copper and iron toxicity cause Alzheimer's disease from consuming meat. Other metals taken in with our foods and beverages, especially aluminum, are also believed to play a major causal role in Alzheimer's disease. The Western diet has been tied to Alzheimer's disease because of damage from the cholesterol and fat in the diet.

The Broad Street Pump Analogy

Cholera spread throughout England beginning in 1831. At that time, this disease was believed to be from "miasma" (malodorous vapors) in the atmosphere. Four serious epidemics, taking tens of thousands of lives in England, occurred from then until 1854 when an anesthesiologist, John Snow, solved the mystery.

Dr. Snow noticed that the distribution of cases of cholera was largely confined to those people who obtained their water from one particular well, called the Broad Street Pump. He also observed that of the 530 inmates of the Poland Street workhouse, which was around the corner from the Broad Street Pump, only five people had contracted cholera; and that no one from the workhouse drank the pump water, because the building had its own well. Among the 70 workers in a Broad Street brewery, where the men were given an allowance of free beer every day, and consequently never drank water, there were no fatalities. These findings resulted in the identification of the Broad Street Pump as the source of cholera, and with the removal of the handle from the well's pump the epidemic of cholera ended.

Almost 30 years passed before it was recognized that the cause of this disease was a bacteria called Vibrio cholerae; however, this did not stop Dr. Snow and the community surrounding the Broad Street Pump from taking action that saved thousands of lives. The important message here is that even without identifying the exact agent causing the disease, he saved people by avoiding the contaminated well. Dr. Snow's work marks the beginning of the science of epidemiology.

Here is the analogy: the Western diet is the "Broad Street Pump" – And even though scientists may not agree upon the exact components of the food that are causing and promoting common chronic diseases, all the evidence points to the Western diet filled with meats, poultry, fish, oils, and processed items. Just as you would not need to know that Vibrio cholerae was the exact killing agent before you stopped drinking from the Broad Street Pump; you do not need to know exactly which components of the foods are causing heart disease, cancer, diabetes, inflammatory arthritis, MS, and Alzheimer's disease before you avoid the Western diet (the well) and change to a healthy starch-based diet.

Brewer considers diabetes, atherosclerosis leading to heart attacks and strokes, and other common diseases to be from mineral toxicity. His paper adds to the interesting debate about which part of the Western diet is most harmful? Or does it really matter? As consumers we have enough evidence to know which foods (meats and dairy products being prime culprits) are making us sick.

Brewer GJ. Risks of copper and iron toxicity during aging in humans. *Chem Res Toxicol.* 2010 Feb 15;23(2):319-26.

Appetizers Can Encourage Weight Loss

The effect of fruit in different forms on energy intake and satiety at a meal by Julie E. Flood-Obbagy in the April 2009 issue of the journal *Appetite* found "...that eating fruit at the start of a meal can reduce energy intake...Overall, whole apple increased satiety more than applesauce or apple juice. Adding naturally occurring levels of fiber to juice did not enhance satiety (1)." When subjects ate the apple segments at the beginning of lunch, they reduced overall intake (the apples plus the meal that followed) by 187 calories compared to eating the meal without the sliced apple appetizer. The researchers also found that eating apple segments resulted in higher ratings of fullness and lower ratings of hunger compared to the other forms of fruit appetizers (applesauce, juice, and juice plus fiber).

Comments: An appetizer is defined as a food or drink that stimulates the appetite, usually served before a meal or as the first course. However, the results of this experiment proved the opposite. A healthy appetizer, such as apple slices, actually reduced the appetite and the subsequent amount of food consumed. Similar appetite satisfaction has been demonstrated with appetizers of soup and salad at the start of a meal. Results from one study showed that consuming a low-energy-dense soup (see Mary's recipes for an example) reduced the overall meal intake that followed the soup by 20 percent (2). (That's 134 fewer calories for the soup plus the meal than from the meal without the soup.) (The vegetable soups in this experiment were made from broccoli, potatoes, cauliflower, and carrots, with chicken broth and a small amount of butter.)

A salad appetizer will also reduce appetite and subsequent food intake if made with a low-fat dressing. One experiment compared having no first course with consuming a salad with a low-fat and a high-fat dressing (3). A salad made with a low-fat dressing reduced the total calorie intake of the meal by 7% for a small salad and 12% for a large one. However, salads made with greater amounts of oil and dairy products increased the overall energy intake of the meal by 8% for a small salad and 17% for larger one. The basic salad ingredients were iceberg and romaine lettuce, carrots, cherry tomatoes, celery, and cucumber tossed with Italian dressing (low, medium, or high-fat) and various amounts of shredded mozzarella and Parmesan cheese.

These experiments demonstrate a simple way to consume fewer calories without being hungry is by eating a healthy appetizer of whole fruit, simple vegetable soup, and/or a salad with low-fat dressing. If the meal that follows the appetizer is properly planned around cooked starches and vegetables then you will be on the road to successful health with the McDougall Program for Maximum Weight Loss.

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Ghostwriting–Medical Journals' Dirty Little Secrets

Ghostwriting at elite academic medical centers in the United States by Jeffrey R. Lacasse published in the February 2010 issue of the open access journal, *Public Library of Science Medicine* found "A

minority of top-50 US-based academic medical centers publicly prohibit their faculty from participating in ghostwriting...In this way, academic medical centers enable the pharmaceutical industry to covertly shape the medical literature in favor of commercial interests. When a pharmaceutical salesperson hands a clinician an article reprint, the name of the institution on the front page of the reprint serves as a stamp of approval. The article is not viewed as an advertisement, but as scientific research..."

Comments: Concerning scientific literature, ghostwriting usually refers to medical writers who make major research or writing contribution to articles that are then published under the names of well-known and well-respected researchers. Commonly, pharmaceutical companies hire professional writers to produce papers promoting their products and then pay academic physicians or scientists to sign on as authors.

A recent *New York Times* article reported a survey released by the editors of the *Journal of the American Medical Association* revealing a "ghostwriting rate of 7.9 percent in *JAMA*, 7.6 percent in the *Lancet*, 7.6 percent in *PLoS Medicine*, 4.9 percent in the *Annals of Internal Medicine*, and 2 percent in *Nature Medicine*." The editors also remarked that most of those people surveyed did not admit to this plagiaristic activity and that ghostwriting was far more prevalent than the survey showed. Because of this common practice, your doctor does not know which articles are tainted and which are not. I assume most of the research published in the last 30 years, especially in papers favoring a drug, device, procedure, product, or food, is not to be trusted.

Lacasse JR, Leo J. **Ghostwriting at elite academic medical centers in the United States.** PLoS Med. 2010 Feb 2;7(2):e1000230.

Fat Taste Bud Discovered

Oral sensitivity to fatty acids, food consumption and BMI in human subjects by Jessica E. Stewart published in the March 2010 issue of the *British Journal of Nutrition* notes, "Considering that the physiological function of many nutrient sensors within the mouth is to detect the nutritious or toxic value of foods, it makes sense that components of dietary fats (fatty acids) would be detected in the mouth, similar to the nutritive components of proteins (monosodium glutamate (MSG) or inosine 50 - monophosphate) and carbohydrates (sucrose, fructose, etc.)...oral fatty acid hypersensitivity is associated with lower energy and fat intakes and BMI, and it may serve as a factor that influences fat consumption in human subjects (1)."

Comments: The classic taste buds that dominate the tip of the tongue are for carbohydrates (sweet) and salt, which cause us to be seekers of these important nutrients. Bitter and sour sensitivities are located towards the back of the tongue and they serve to identify poisonous items we may eat. A fifth taste for the amino acid monosodium glutamate (MSG) was identified in 1908 from isolates of seaweed. This taste was called umami. When tasted alone, MSG is unpalatable, but when mixed with other foods, it becomes a flavor enhancer. Although originally it was thought that umami was for the identification of protein in foods, research has not supported this theory. Seaweed and tomatoes, which are not rich sources of protein, have a umami taste. Moreover, protein deficiency does not enhance the intake of umami-tasting foods (2). There are specific tastes for proteins that are found in obligate carnivores, such as your pet cat (3). As expected, these carnivores have no taste buds for carbohydrates (sweet) (3). Meat, which contains no carbohydrates and plentiful amounts of animal protein, is their food.

This article reports a sixth taste for fat found in people (1). People who are highly sensitive to the taste of fat avoid eating fatty foods and are less likely to be overweight. The overexposure of people on the Western diet to fatty foods may cause their tastes to become desensitized to fat, leaving these people more susceptible to overeating fats and oils. This would be analogous to the adaptation that takes place with salt. When people switch to a low salt diet they soon become accustomed to the new taste and perceive high salt foods as less palatable. Following a low-fat diet would increase the sensitivity of the fat sensors in the mouth to detect high levels of fat in the foods. In a short time – say in less than the 10 days that are spent at a McDougall residential program – people lose their taste for fat and find oily and greasy meals repulsive.

1) Stewart JE, Feinle-Bisset C, Golding M, Delahunty C, Clifton PM, Keast RS. Oral sensitivity to fatty acids, food consumption and BMI in human subjects. *Br J Nutr.* 2010 Mar 3:1-8.

2) Gary K Beauchamp. Sensory and receptor responses to umami: an overview of pioneering work *Am J Clin Nutr* 2009 90: 723S-727S.

3) Bradshaw JW, Goodwin D, Legrand-Defrtin V, Nott HM. Food selection by the domestic cat, an obligate carnivore. *Comp Biochem Physiol A Physiol.* 1996 Jul;114(3):205-9.

Featured Recipes

Soba Miso Soup

This delicious version of Miso soup is a bit heartier with the addition of buckwheat soba noodles.

Preparation Time: 10 minutes
Cooking Time: 5 minutes
Resting Time: 5 minutes
Servings: 4

6 cups water
1/3 cup white miso
2 tablespoons soy sauce
1 package firm silken tofu, cubed
12 ounces cooked buckwheat soba noodles (see hints below)
1 cup packed baby spinach leaves
1 bunch green onions, chopped
¼ teaspoon red pepper flakes

Place the water in a large pot and bring to a boil. Remove about ¾ cup of the water and place in a bowl with the miso. Whisk until very smooth. Return to the pot and add the remaining ingredients. Heat through for about 1-2 minutes, then turn off the heat, cover and let rest for about 5 minutes.

Hints: Cooked buckwheat soba noodles are available in some areas of the country which saves a bit in preparation time. If you cannot find pre-cooked soba noodles, use about 4 ounces of dried soba noodles and cook according to package directions before using in this recipe.

Wok-stirred Noodles

Preparation Time: 15 minutes (need baked tofu)
Cooking Time: 10 minutes
Servings: 4

10 ounces baked tofu, cubed (see recipe below)
12 ounces fresh chow mein style noodles (see hint below)
¼ cup soy sauce
¼ cup vegan Worcestershire sauce
2 tablespoons ketchup
2 tablespoons mirin
Dash sesame oil
¼ cup vegetable broth
1 tablespoon minced fresh ginger
4 cups shredded cabbage
1 cup sliced mushrooms

1 cup grated carrots
¾ cup julienned red bell pepper strips
½ cup sliced green onions (1 inch)
Handful of spring pea shoots (optional)

Bake the tofu as directed below, cut into cubes and set aside. Soak the fresh noodles in warm water to separate. Combine the soy sauce, Worcestershire sauce, ketchup, mirin and sesame oil in a small bowl and set aside.

Place the vegetable broth in a large sauté pan. Add the ginger and mix well into the broth. Add the cabbage, mushrooms, carrots, bell pepper, and green onions. Cook and stir for about 5 minutes, until vegetables are quite soft. Stir in the pea shoots.

Drain the noodles, and add them to the vegetable mixture along with the tofu and the sauce mixture. Cook and stir gently for about another 5 minutes to allow flavors to combine.

Hints: O'Hana House makes a variety of fresh organic noodles available in the refrigerated section of many markets. If you can't find fresh noodles (made without eggs) then use dried noodles and cook before using in this recipe. You will need about 6 ounces of dried Chinese-style noodles. Buckwheat soba noodles may also be used in this recipe.

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 cut into ¼ inch thick slices. 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 halfway 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: Use as much as is needed in the recipe above, save the remainder in a covered container in the refrigerator and use within a few days. Or freeze for later use. 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 a couple of weeks for later use. The tofu may also be cubed before baking with slightly crispier results.

Asparagus and Pea Salad

I got the idea for this salad from the Martha Stewart Living April 2010 issue. Since I love pea shoots I couldn't resist trying this salad. I made mine with a much healthier dressing than the one in the maga-

zine. This is a perfect springtime treat!

Preparation Time: 30 minutes
Cooking Time: 3-4 minutes
Servings: 6

Dressing:
1 12.3 ounce package soft silken tofu
¼ cup water
2 tablespoons white wine vinegar
2 tablespoons lime juice
2 tablespoons tahini
2 tablespoons soy sauce
½ tablespoon miso
1 bunch chopped chives
1 cup chopped fresh flat leaf parsley
Freshly ground black pepper

Salad:
¾ cup fresh shelled peas
1 pound thin asparagus, trimmed and cut into 1 inch pieces
5 cups pea shoots (see hint below)

Dressing:
Place the tofu and water in a blender jar and process briefly. Add the remaining ingredients and process until very smooth and green. Set aside.

Salad:
Fill a large bowl with cold water and ice cubes and set aside. Bring a pot of water to a boil. Drop in the peas and cook for 3 minutes, add the asparagus for 30 seconds longer. You just want to barely cook the asparagus. Drain into a colander and transfer to the bowl of ice water. Let cool, then drain again. Transfer the vegetables to a large bowl, add the pea shoots and toss with about 2/3 cup of the dressing. Serve at once.

Hints: Reserve the remaining dressing for use later as a dip for raw veggies or a topping for salad greens. The asparagus may also be used raw in this salad, although I prefer the asparagus to be cooked just slightly. Pea shoots may be purchased in many markets at this time of the year, or check out your local farmer's market for this wonderful crunchy addition to salads.

Spanish Garbanzos and Spinach

This is a fast meal that is really delicious and easy to prepare as well.

Preparation Time: 10 minutes
Cooking Time: 25 minutes
Servings: 4

1 ¼ cups water
1 onion, chopped
1 teaspoon minced garlic
2 15 ounce cans garbanzo beans, drained and rinsed
1 15 ounce can chopped tomatoes
1 teaspoon smoked paprika
½ teaspoon ground cumin
¼ teaspoon crushed red pepper flakes
Pinch of Spanish saffron

4 cups fresh baby spinach leaves

Place ¼ cup of the water in a large pot. Add the onions and garlic and cook, stirring frequently until onion softens, about 5 minutes. Add the remaining water, the garbanzos, tomatoes and seasonings. Mix well, bring to a boil, reduce heat, cover and cook for 10 minutes. Stir in the spinach leaves and cook for an additional 10 minutes. Serve in a bowl with some fresh whole grain bread on the side, or ladle over whole grains or potatoes.

Hints: Spanish saffron is the world's most expensive spice-but you only need to use it in very small amounts. It is sold in both the powdered form and in threads. The powdered form tends to lose its potency more readily. The threads should be crushed just before using.

Overnight Multigrain Cereal

This is a fast way to cook steel-cut oats, resulting in a delicious, chewy breakfast combo.

Preparation Time: 2 minutes
Soaking Time: overnight
Cooking Time: 8 minutes (microwave)
Servings: 2

2/3 cup steel cut oats
¼ cup pearled barley
2 ½ cups water
1 sliced banana

Place the oats, barley and water in a 2 quart microwave-safe bowl. Mix well, cover and refrigerate overnight. Uncover bowl, place in microwave and cook at high power for 4 minutes. Stir and cook for 4 minutes longer. Divide into 2 bowls and top with sliced banana.

Hints: This may also be cooked on the stovetop. Place the soaked grains and water into a saucepan and cook uncovered over low heat until the water is absorbed, about 12-15 minutes.

Low-Energy-Dense Soup

This is a simple, nourishing appetizer soup similar to the one in the research paper that was referred to in this month's newsletter Favorite Five. Start your meal off with this soup and you'll eat less food!

Preparation Time: 15 minutes
Cooking Time: 45 minutes
Servings: 6-8

1 onion, chopped
6 cups vegetable broth
2 carrots, peeled and sliced
2 cups chunked red potatoes
2 tablespoons nutritional yeast
2 teaspoons soy sauce
½ teaspoon marjoram
½ teaspoon sage
¼ teaspoon thyme
Several twists of freshly ground black pepper or a dash or two of hot pepper sauce
2 cups broccoli florets
2 cups cauliflower florets

Place the onion and ¼ cup of the broth in a large pot. Cook, stirring frequently, until onion softens, about 2-3 minutes. Add remaining broth and the carrots, potatoes, nutritional yeast, soy sauce and seasonings. Bring to a boil, reduce heat, cover and cook for 20 minutes. Add broccoli and cauliflower and continue to cook for another 20 minutes.

Hints: To make this soup even easier, use two 1 pound bags of frozen carrots, broccoli and cauliflower (usually called California Blend) in place of the fresh, and all you'll have to do is chop the onions and potatoes. Cook the potatoes and seasonings first and add the frozen vegetables for the last 20 minutes of cooking time. This can easily be varied by adding a can of chopped tomatoes and using another blend of frozen vegetables.

Sunny Citrus Salad Dressing
From the kitchen of Eileen VanTassel

Mary says: The product used in the recipe, Instant Clear Jel, was new to me. I have researched it, consulted with Jeff Novick RD about the product, ordered it, and used it and it works well to thicken dressings and sauces that are not going to be heated. Regular Clear Jel can be used to thicken sauces, gravy and puddings that are going to be cooked.

Preparation Time: 10 minutes
Chilling Time: 10 minutes
Servings: makes 1 ½ cups

1 ½ large lemons or two small ones
1 large orange
¼ cup water
1 tablespoon evaporated cane juice sugar or Stevia to taste
1 teaspoon dry mustard
½ teaspoon salt
2 cloves garlic, minced
1 tablespoon white balsamic vinegar
1 tablespoon instant clear jel

Juice the lemons and orange. This should make 1 ¼ cups juice. Place in a blender jar and add the rest of ingredients except instant clear jel. Blend briefly, and while blender is running add the instant clear jel. Dressing will thicken slightly in the refrigerator. If a thicker dressing is desired, add another teaspoon of the instant clear jel.

Hints: Instant clear jel is a modified corn starch and is used to thicken uncooked products. It is great for making salad dressings, and fresh fruit sauces. Strawberry sauce is especially good made this way. Blend a few strawberries in a blender, add a little sweetener and the instant clear jel while blender is running, then pour the sauce over sliced strawberries. The regular clear jel works for cooked items, and is better than cornstarch as it stays smooth and silky even when chilled.

It can be purchased in some natural food stores, and online. Google Instant Clear Jel for more information. Here is a link to Amazon.