

Just a Little More About Starch and *The Starch Solution*

My new publisher, Rodale Inc., with a target date of April 2012, is making great progress on my new book, *The Starch Solution*. The initial manuscript has been sent to their editors.

People continue to ask me the same questions: Why do you use the highly inflammatory word “starch”? Why, especially, in the title of your new book? No one will buy it. Starch is for laundry. Starch is white glop. Starch makes you fat.

My answer: What better way to poke a sharp stick in the reader’s eye than with the word “starch”? I want to get people’s attention and force a reaction. More importantly: “Starch” is the correct scientific term for the foods people need to eat.

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Favorite Five Articles from Recent Medical Journals

- Diabetic Treatments Fail to Help Eyes and Kidneys
- Cardiologists Acting Criminally
- Diet Causes Diverticular Disease
- Niacin Combined with a Statin Is Dangerous
- Cow’s Milk Damages Kidneys and Sickens Children

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Report on the July 2011 Costa Rica Adventure

This was our 18th McDougall Adventure trip to Costa Rica. More than 100 people attended. John and Mary McDougall, along with their grandson, Jaysen, participated fully in the adventures this time. The Hilton Papagayo Hotel is a first class resort, which provided exceptional McDougall food. Mary has included some recipes in this newsletter for the most requested dishes served during this trip. Some of the same guides we have worked with for almost 18 years cared for our travelers.

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Featured Recipes

McDougall Sauce

Fennel with Broccoli, Zucchini and Peppers

Mashed Potato with Carrots

Potato Soup with Oatmeal

Chilled Melon Soup

Fresh Chilled Tomato Soup

Pineapple Pudding

Crunchy Quinoa Salad

Fresh Fruit Crisp

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The Scientific Journal, *Starch*

Each month the international journal *Starch* is published with scientific papers for the investigation, processing, and use of carbohydrates and their derivatives for food and non-food purposes. Thus, the proper scientific name for these high-carbohydrate, vegetarian (vegan) plants foods is “starch.”

Until you realize that you are a starch-eater, the solution to your health and weight problems will remain elusive. Once you understand that the bulk of your diet must come from starches, like rice, corn, beans, potatoes, and sweet potatoes, everything will fall into place. You will now think: It just makes so much sense now. The program is easy to follow, the foods are delicious and satisfying, the excess body fat disappears, the bowels work, my laboratory test results are now great, and my mental and physical energy have become boundless. Most importantly, with starches at the center of your meals, you feel a sense of wellbeing and control. You have finally come home to your food. This way of eating is for life.

Starches Are Plants, but Not All Plants Are Starches

Referring to my dietary recommendations as vegetarian, vegan, plant-food-based, or high-carbohydrate is correct, but not sufficiently specific.

Vegetarian means that meat is eliminated. Most people would include eggs and dairy products in a vegetarian diet and many would also allow fish (or chicken).

A vegan diet avoids all foods from animal origin, but can still be based on Cokes, potato chips, and vegan cheesecake. At least half the vegetarians and vegans I know are overweight and unhealthy because of all the soy meats and cheeses, olive oil, nuts and seeds, simple sugars and refined flours they eat.

A plant-food-based diet could mean lettuce, kale, broccoli, and cauliflower, and therefore, a lifetime of hunger pains and fatigue from lack of energy.

And table sugar is a high-carbohydrate food: enough said.

The word “starch” conveys exactly what you are supposed to eat.

What I love best about your focus on starch in this [lecture](#) is that it’s much simpler for me to understand than focusing on carbs, proteins, and fats. I know what a starch is; I can recognize that food easily. And I can grow starchy foods in my gardens. But how do I grow a protein, a carb, or a fat? Those explanations were always too far removed from what I see on my plate.

Email from Caroline G.

All Plants Contain Starch

Plants synthesize and store carbohydrate in their roots, stems, leaves, flowers, and fruits. Some plant parts, like the seeds (grains and legumes), roots, and tubers concentrate very large amounts of starch in the form of stored energy. This fuel will serve to sustain the plant’s parts during the winter and provide the energy for reproduction during the next growing season. Starch supports the germination of grains (rice and corn) and legumes (beans), and the sprouting of tubers (white potatoes) and roots (sweet potatoes) in the springtime.

McDougall’s Classification of Common Foods:

Starches:

Grains: Barley, buckwheat, corn, millet, oats, rice, rye, sorghum, wheat, wild rice, etc.

Legumes: Beans, peas, lentils, etc.

Starchy Vegetables: Carrots, Jerusalem artichokes, parsnips, potatoes, salsify, sweet potatoes, winter squashes (acorn, butternut, Hubbard, banana), yams, etc.

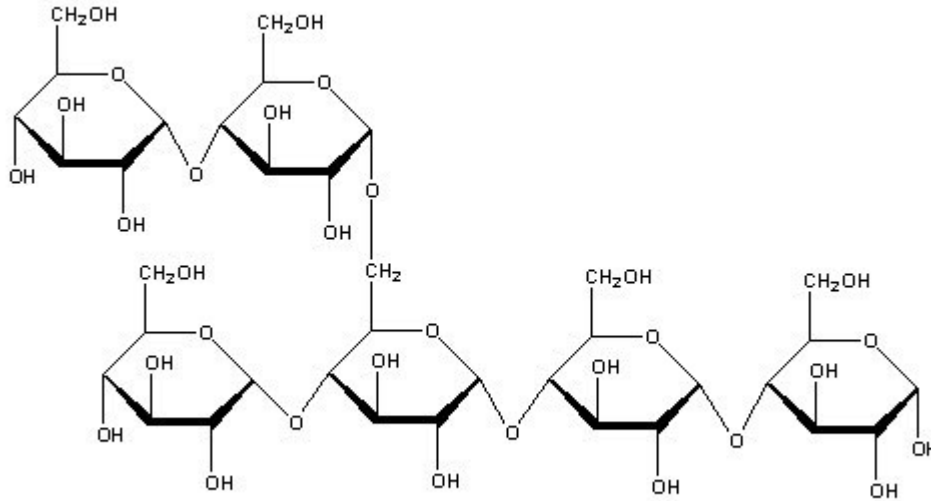
Green, Yellow, and Orange (Non-starchy) Vegetables: Bok Choy, broccoli, Brussels sprouts, cabbage, cauliflower, celery, chives, collard greens, eggplant, garlic, green beans, kale, leeks, lettuce, mustard greens, okra, onions, peppers, radish, spinach, summer squashes, rhubarb, scallions, turnips, zucchini, etc.

Fruits: Apples, apricots, bananas, berries, cherries, grapefruit, grapes, figs, loquats, mangos, melons, nectarines, oranges, papayas, peaches, persimmons, pineapples, plums, tangerines, watermelons, etc.

In practical terms of the foods on your plate, starches are plant parts that contain very large quantities of carbohydrate and therefore can sustain human life. Non-starchy green, yellow, and orange vegetables are too low in energy; you would have to eat two bushel basketsful of cabbage to get sufficient calories to make it through the day. Fruits are plentiful in calories, but they are mostly simple sugars that fail to provide sustained appetite satisfaction.

What Is Starch?

Plants make basic carbohydrates (simple sugars), like glucose, by combining water and carbon dioxide with energy derived from the sun in a process called photosynthesis. The sugars formed are then linked together in long linear (amylose) and branching (amylopectin) chains.



These chains of sugars then aggregate within the cells of plants to form starch granules (grains) in their cytoplasm. The starch granules are located in chloroplasts of green leaves and in amyloplasts of seeds, legumes, roots, and tubers. Starch granules examined under a microscope differ in size, shape, and markings depending on their plant source. Potato starch granules are smooth-surfaced and oval, while corn, rice, and wheat starch granules are less smoothed-surfaced, angular and pentagonal. Potato starch granules are about two to three times larger than wheat, corn, and rice starch granules.



Starch is the main source of digestible carbohydrate in the human diet. During the process of digestion, the enzyme amylase, which

is found in large quantities in human saliva and the intestine, breaks these chains into simpler sugar molecules. The digestive processes are slow and result in a gradual release of glucose from the small intestine into the bloodstream. Eventually, large amounts of glucose enter the body. Most of the starch consumed by people will have already been cooked. Cooking starts the breakdown of starch granules.

Commercial Uses of Starch

Starch in its pure form is a white, odorless, tasteless, carbohydrate powder. Starch granules are not soluble in water, but when heated in water the granules swell and gelatinize. When cooled, this gelatin sets into a paste, which can be used as thickening, stiffening, and gluing agents. The word "starch" is derived from a Middle English word, *sterchen*, meaning to stiffen. Starch is a principal ingredient in laundry products, medicines, cosmetics, and powders.

Papermaking is the largest non-food application for starches, worldwide. The construction industry uses it to make gypsum wall-board, stucco, and various adhesives or glues.

In the food industry, starch is used to make corn syrup, which is used in table syrup, preserves, ice cream, and other confections. Thickeners and stabilizers made from starch are used in puddings, custards, soups, sauces, gravies, pie fillings, and salad dressings.

The Starch Revolution

The central role of starch in human nutrition has been forgotten. All large populations of trim, healthy people, throughout verifiable human history, have obtained the bulk of their calories from starch. Examples of once thriving people include Japanese, Chinese, and other Asians eating sweet potatoes, buckwheat, and/or rice; Incas in South America eating potatoes; Mayans and Aztecs in Central America eating corn; and Egyptians in the Middle East eating wheat.

My book, *The Starch Solution*, will serve as a manifesto to help reverse current health trends. Worldwide, people are fat and sick because of their dependency on meat, dairy, eggs, and oils for calories. The all-too-real changes we are presently experiencing in our climate are being fueled in large part by pollution from the livestock industry. An amazingly simple win-win opportunity stares us in the face: a global switch to a starch-based diet will solve the diseases of over-nutrition and put a big dent in global warming with one U-turn.

Favorite Five Articles from Recent Medical Journals

Diabetic Treatments Fail to Help Eyes and Kidneys

Effect of intensive treatment of hyperglycaemia on microvascular outcomes in type 2 diabetes: an analysis of the ACCORD randomised trial by Faramarz Ismail-Beigi, published in the August 7, 2010 issue of the *Lancet* reported, "We recorded no significant effect of intensive glycaemia therapy on the two prespecified composite microvascular outcomes—1) advanced renal or eye complications, or 2) these two outcomes or peripheral neuropathy."¹

The ACCORD (Action to Control Cardiovascular Risk in Diabetes) study was a randomized trial done in 77 clinical sites in North America. People with type-2 diabetes, high HbA(1c) concentrations (>7.5%), and cardiovascular disease were randomly assigned to intensive (target haemoglobin A(1c) of <6.0%) or standard (7.0-7.9%) glycaemic therapy. On February 6, 2008 the National Heart, Lung, and Blood Institute (NHLBI) stopped the ACCORD study when results showed that intensive treatment of diabetics increased their risk of dying compared to those patients treated less aggressively. However, research, such as the study discussed here, continues to be published on outcomes of these 10,251 participants with type-2 diabetes

Comment: [All six major studies](#) published over the past 14 years show that attempts by physicians to make the patients' blood sug-

ars and hemoglobin A(1c) levels look more "normal" with medications harm the patients. Patients in the intensive treatment groups oftentimes are taking four shots of insulin and three pills daily, and checking their blood-sugar levels four times a day—their entire lives are focused on this disease. Compared to people treated less aggressively, they have a greater risk of death, heart attacks, and hypoglycemia reactions, as well as gaining about twice as much body weight. Based on these consistent results, what excuses do doctors use to justify treating their patients aggressively?

The primary excuse is that such extraordinary efforts will reduce damage to the eyes (retinopathy), kidneys (nephropathy), and nerves (neuropathy). These problems are referred to as *microvascular complications*, because they involve small blood vessels rather than the larger blood vessels of the heart and brain (macrovascular). *However, the research that supports benefits for reducing microvascular complications is insufficient to justify the proven harms from aggressive treatment for people with type-2 diabetes.*²

Summary of Results for Microvascular Complications

Study	# of Participants	Benefit Found?
Diabetes Control and Complications Trial ³	1441	Yes - type 1
Stockholm Diabetes Intervention Study ⁴	91	Yes - type 1
UK Prospective Diabetes Study (UKPDS) Group ⁵	753	Yes – type 2
Japanese Study ⁶	110	Yes – type 2
ADVANCE ⁷	11,140	Yes – type 2
ACCORD Study ¹	10,251	No – type 2
Veterans (VADT) study ⁸	1,791	No – type 2

Evidence for the benefits of tightly controlling blood sugars to low levels (near normal based on a hemoglobin A(1c) of 6%) was first seen with patients with type-1 diabetes (formerly called childhood diabetes and is due to severe damage to the pancreas). One large study and one small study have shown small benefits on microvascular disease occurrence from treatment of patients with type-1 diabetes with intensive insulin therapy.^{3,4}

For type-2 diabetes studies, results are more contradictory and overall indicate little or no reduction in microvascular complications with intensive therapy. One large, one medium, and one small study showed small benefits of oral agents and/or insulin in treating type-2 diabetics. However, two very large studies recently published, the ACCORD and the Veterans Study, did not show benefits from intensive therapy for microvascular disease. To put these findings in a clinically relevant perspective, the benefits reported for microvascular disease in all of these five studies of patients with type-2 diabetes were limited to a reduction of protein in the urine (microalbuminuria).^{1,5-8} Reductions in serious kidney (nephropathy, kidney failure) and eye (retinopathy, visual deterioration) disease were not found with intensive treatment in any of these studies.²

Consistent with my conclusions, researchers published an analysis of 13 randomized studies involving 34,533 patients in the July 27, 2011 issue of the *British Medical Journal* and found that intensive glucose treatment did not significantly affect all-cause mortality or cardiovascular death.² There was a 15% reduction in the risk of non-fatal heart attacks and a 10% reduction in protein in the urine (microalbuminuria), but more than a two-fold increase in the risk of severe hypoglycemia (dangerously low blood glucose levels) with intensive treatment.² They concluded: "The benefit:risk ratio of intensive glucose lowering treatment in the prevention of macrovascular and microvascular events remains uncertain. The harm associated with severe hypoglycemia might counterbalance the potential benefit of intensive glucose lowering treatment...Intensive glucose lowering treatment of type 2 diabetes should

be considered with caution and therapeutic escalation should be limited.”

My overall conclusions are: Based upon the overall benefits, costs, and risks, people with type-2 diabetes should be treated conservatively, with little or no medications to lower blood sugar. (Type-1 diabetics always require insulin.) A healthy starch-based, low-fat diet should be the foundation of their care. This diet along with exercise, followed by substantial weight-loss, will cure almost all people with type-2 diabetes. Furthermore, a healthy low-protein diet (especially low in animal protein) will substantially reduce the amount of protein in the urine (microalbuminuria) of patients with diabetes.⁹⁻¹¹ A low-fat, starch-based diet has also been shown to reverse some of the eye damage caused by diabetes.^{12,13} This is the same low-fat, low-protein, high-starch diet (for example, the McDougall Diet) that dramatically reduces the risk of macrovascular diseases (strokes and heart attacks), without adverse effects or costs.

[I do occasionally prescribe](#) long-acting insulin for people with type-2 diabetes under specific circumstances. In the past I have made efforts to [require by law](#) that people in the state of California be told that medications used to treat type-2 diabetes will substantially increase their risk of death and bodily damage. This year I plan to further my efforts with the state legislators.

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Cardiologists Acting Criminally

Impact of National Clinical Guideline Recommendations for Revascularization of Persistently Occluded Infarct-Related Arteries on Clinical Practice in the United States by Marc W. Deyell in the July 11, 2011 issue of the *Archives of Internal Medicine* reported, "... no change in the adjusted rate of PCI for total occlusions identified at least 24 hours after MI following the publication of the OAT or the revision of the major guidelines."¹ They further commented: "The results of this study are a cause for concern on two levels. First, they imply that many stable patients with recent MI and persistent infarct artery occlusion continue to undergo a costly and ineffective procedure. Second, a large public, scientific, and human patient investment in the generation of robust clinical evidence has yet to broadly influence US practice."

Comment: Angioplasty (PCI) has been shown to be of benefit for patients who have suffered from a heart attack when the procedure is performed within the first few hours of the occlusion of the heart artery by a blood clot. However, within as little time as 90 minutes the damage that has been done to the heart muscle becomes permanent. Therefore, opening of the occluded artery with angioplasty (PCI) 24 hours or more after a heart attack has been proven beyond any doubt to provide no benefits and is actually harmful and costly.

The Occluded Artery Trial (OAT) was a large, randomized controlled trial funded by the National Heart, Lung, and Blood Institute that showed no reduction in death, reinfarction (repeat heart attacks), or class IV heart failure when angioplasty was performed more than 24 hours after a heart attack.² These findings are in addition to all other studies done, which consistently show that performing angioplasty, with or without stents, for people with chronic coronary artery disease [does not save lives](#). Following this research, guidelines for cardiologists provided by the American College of Cardiology and the American Heart Association have called for a change in practice behaviors. This study by Deyell demonstrates that cardiologists are ignoring the research and recommendations to stop these harmful and costly procedures.

An accompanying editorial suggested the reasons for this malpractice are tied to money: "In addition, in a fee-for-service health system and in an environment in which more and more physicians are being compensated on the basis of relative value unit productivity, it remains to be determined whether personal financial gain might play a role in continuing old practices and in performing procedures shown to be of no benefit."³ The editorial also commented that widespread publicity of physician misconduct, with the potential for lawsuits brought by patients and their families, could quickly change medical practice behaviors.

People who take your money and cause you harm are called criminals, and they should be punished. Somehow doctors have been relegated to a god-like position, higher than the Wall Street and sub-prime mortgage investors are, and as a result, their questioned professional behaviors have not attracted much public attention, so far. I have made efforts to [require by law](#) that people in the state of California be told that heart surgery for chronic coronary artery disease does not save lives, and is costly and harmful.

This year I plan to further my efforts with the state legislators.

- 1) Deyell MW, Buller CE, Miller LH, Wang TY, Dai D, Lamas GA, Srinivas VS, Hochman JS. Impact of National Clinical Guideline Recommendations for Revascularization of Persistently Occluded Infarct-Related Arteries on Clinical Practice in the United States. *Arch Intern Med.* 2011 Jul 11.
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Diet Causes Diverticular Disease

Diet and risk of diverticular disease in Oxford cohort of European Prospective Investigation into Cancer and Nutrition (EPIC): prospective study of British vegetarians and non-vegetarians by Francesca L. Crowe, published in the July 19, 2011 issue of the *British Medical Journal*, found, "Consuming a vegetarian diet and a high intake of dietary fibre were both associated with a lower risk of admission to hospital or death from diverticular disease."¹ This study was of 47,033 men and women living in England or Scotland, of whom 15,459 (33%) reported consuming a vegetarian diet.

Comment: This recent study found that people with a higher fiber diet (greater than 25 grams daily, compared to an average of less than 10 grams consumed by most Westerners and close to 100 grams on the McDougall Diet) had a lower risk of being admitted to a hospital with or dying from diverticular disease. Vegans (who consume no animal foods) had an even lower risk. Dietary fiber is only present in plant foods. Refining, such as in making white flour, removes much of this beneficial fiber. Animal foods, including meat, poultry, fish, and dairy products contain no fiber.

Dr. Denis Burkitt, known as "The Fiber Man," served as a missionary doctor in Uganda and was appointed senior consultant surgeon to the Ugandan Ministry of Health in 1961. He observed that the diseases he had been trained to treat in Scotland were absent among rural Africans. He saw almost no cases of type-2 diabetes, obesity, appendicitis, diverticular disease, hemorrhoids, dental caries, varicose veins, pulmonary embolism, inflammatory bowel diseases (Crohn's disease and ulcerative colitis), or hiatus hernia, and only one case of gallstones, in 20 years of practice. The reason he saw no diverticular disease in the general population of rural Africans was because of their primarily vegetarian (actually vegan), high-fiber diet based on starches.²

A high-fiber diet results in large stools that are easy to pass. If there is minimal fiber in the diet then the stool is hard to pass and movement requires contractions of the bowel to occur at very high pressures. Years of elevated pressures produce ruptures in the walls of the intestine (balloon-like bulges) called diverticula. Half of the people who have followed the Western diet for more than 50 years have diverticular disease.

When the diverticula become irritated by the unhealthful remnants of digested food, the openings in them can close up, allowing the fluids to become stagnant and infected—a condition known as diverticulitis. Switching to a high-fiber diet will greatly reduce the risk of future bleeding and infection; however, the diverticula do not disappear with a change in diet. The commonly held notion that nuts and seeds get caught in diverticula and cause diverticulitis is unsupported by any scientific research and is untrue.

You can learn much more about the role of the Western diet in the cause of common intestinal diseases by reading my book, [Dr. McDougall's Digestive Tune-up](#).

1) Crowe FL, Appleby PN, Allen NE, Key TJ. Diet and risk of diverticular disease in Oxford cohort of European Prospective Investigation into Cancer and Nutrition (EPIC): prospective study of British vegetarians and non-vegetarians. *BMJ*. 2011 Jul 19;343:d4131. doi: 10.1136/bmj.d4131.

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Niacin Combined with a Statin Is Dangerous

Trial of niacin alongside statin is stopped early by Jacqui Wise in the May 31, 2011 issue of the *British Medical Journal* reported in a short letter that, "The US National Institutes of Health has stopped a clinical trial studying a combination of niacin (nicotinic acid) and a statin 18 months earlier than planned because of poor results."¹

The AIM-HIGH* trial found that adding high dose, extended release niacin to a statin in patients with heart and vascular disease did not reduce the risk of cardiovascular disease and stroke. In fact there was a small and unexplained increase in ischaemic stroke rates among those receiving the combination treatment." There were 28 strokes (1.6%) in those taking the niacin compared with 12 strokes (0.7%) in the control group.

Comment: The AIM-HIGH trial, a multicenter clinical trial with about 90 sites in the United States and Canada, randomized 3,414 patients to either gradually increasing doses up to 2000 mg a day of niacin (Niaspan) or placebo. They were also prescribed simvastatin (Zocor) and, if needed, ezetimibe (Zetia) to lower the patients' blood cholesterol levels even further.

Cholesterol-lowering medications are not without hazards. A combination of these two medications (Zocor and Zetia), called Vytorin, was almost removed from the market as a result of research published on January 14, 2008 showing that Vytorin dramatically lowered cholesterol levels, without improvement in survival, compared to Zocor alone; and it doubled the thickness of the patients' arteries (intimal-media thickness).² This thickening is associated with an increased risk of stroke and heart attacks. On June 8, 2011, the Food and Drug Administration recommended that the use of drugs containing 80 mg of [simvastatin](#) be sharply curtailed because of the high risk of muscle injury (rhabdomyolysis). The addition of niacin adds another layer of harm to patients treated with commonly prescribed cholesterol-lowering medications.

I do prescribe statins to my patients with a high risk for artery disease. To be specific, if a patient has a history of a heart attack, heart surgery, a transient ischemic attack (TIA), or stroke then I will usually prescribe a statin medication with the goal of lowering their cholesterol level below 150 mg/dL. However, for people with a lower risk of an impending heart tragedy (the average American with simply an elevated blood cholesterol level), cholesterol-lowering medications are [so ineffective](#) that benefits cannot be detected. Plus any benefits present from prescribing these medications may be overshadowed by the harms caused by these drugs. Even though I do not prescribe cholesterol-lowering medications to otherwise healthy people, I also prescribe the McDougall Diet to everyone, which lowers cholesterol an average of 32 mg/dL within seven days.

When I must prescribe cholesterol-lowering medications then I usually choose the generic brand pravastatin (Pravachol). In one review this formula showed a greater reduction of cardiac events (heart attacks, angioplasty, bypass surgery, sudden death, and overall mortality) than did other kinds of statins.³

*AIM-HIGH stands for: Atherothrombosis Intervention in Metabolic Syndrome with Low HDL/High Triglyceride and Impact on Global Health Outcomes.

1) Wise J. *BMJ*. 2011 May 31;342:d3400. doi: 10.1136/bmj.d3400.

2) Lenzer J. Unreported cholesterol drug data released by company. *BMJ*. 2008 Jan 26;336(7637):180-1.

3) Ichihara K, Satoh K. Disparity between angiographic regression and clinical event rates with hydrophobic statins. *Lancet*. 2002 Jun 22;359(9324):2195-8.

Cow's Milk Damages Kidneys and Sickens Children

Early-Childhood Membranous Nephropathy Due to Cationic Bovine Serum Albumin by Hanna Debiec, published in the June 2, 2011 issue of the *New England Journal of Medicine* found, "Some patients with childhood membranous nephropathy have both circulating cationic bovine serum albumin and anti-bovine serum albumin antibodies."¹

These researchers found a distinct form of membranous nephropathy in children 5 months to 2.3 years of age. Human exposure to bovine serum albumin (beef and cow's milk protein) is common through the diet, and small amounts of dietary proteins may be absorbed in an undigested or partially digested form from the gastrointestinal tract in healthy persons. Antibodies to cow proteins are present in virtually all infants exposed to cow's milk. They further suggested that if cow protein is detected, eliminating it from the diet could be beneficial. Apparently all four children with circulating bovine serum albumin-related membranous nephropathy underwent a complete or partial remission when they stopped consuming the cow proteins. (Cow protein comes from all forms of dairy products: milk, skim milk, cheese, ice cream, yogurt, etc. and beef products.)

Comment: Membranous nephropathy is the most common cause of a form of kidney disease referred to as the *nephrotic syndrome* (a nonspecific condition in which the kidneys are damaged and they then lose large amounts of protein into the urine). The outcome can lead to complete kidney failure and death. In this condition antibody deposits can be found on the blood vessels of the kidneys and these antibodies damage the kidneys. This research identifies that the antibodies that attack the kidneys are formed in response to beef and cow's milk protein that enters the person's blood stream after consuming these animal foods. Other animal proteins, including those from pork, have been found to cause the same kidney problems.²

Thirty-five years ago (1977) it was reported in the medical journal, the *Lancet*, that cow's milk caused nephrotic syndrome in children.³ Most importantly, when cow's milk was stopped, all six children who were studied were cured. As little as one ounce of cow's milk was enough to cause reactions in all children. Imagine the avoidable suffering that has happened over the past three and a half decades. As shocking is the almost certainty based on past performances that this report in the June 2011 *New England Journal of Medicine* will change nothing in terms of medical advice, because of the widespread ignorance and inertia of physicians.

How many doctors give advice to their patients to stop consuming cow's milk and beef? Almost none. Eliminating animal foods and eating a healthy starch-based diet also benefits adults with nephrotic syndrome and is the fundamental [treatment for all forms of chronic kidney disease](#).

1) Debiec H, Lefeu F, Kemper MJ, Niaudet P, Deschênes G, Remuzzi G, Ulinski T, Ronco P. Early-Childhood Membranous Nephropathy Due to Cationic Bovine Serum Albumin. *N Engl J Med*. 2011 Jun 2;364(22):2101-10.

2) McCrory WW, Becker CG, Cunningham-Rundles C, Klein RF, Mouradian J, Reisman L. Immune complex glomerulopathy in a child with food hypersensitivity. *Kidney Int*. 1986 Oct;30(4):592-8.

3) Sandberg DH, Bernstein CW, McIntosh RM, Carr R, Strauss J. Severe steroid-responsive nephrosis associated with hypersensitivity. *Lancet*. 1977 Feb 19; 1(8008):388-91.

Report on the July 2011 Costa Rica Adventure

This was our 18th McDougall Adventure trip to Costa Rica. More than 100 people attended. John and Mary McDougall, along with their grandson, Jaysen, participated fully in the adventures this time. The Hilton Papagayo Hotel is a first class resort, which provided exceptional McDougall food. Mary has included some recipes in this newsletter for the most requested dishes served during this trip. Some of the same guides we have worked with for almost 18 years cared for our travelers.



New Destination for January 7 to 14, 2012

[The Marriott, Los Suenos in Southwest Costa Rica](#)

Travel & Leisure Magazine, June 2011, rated the Marriott, Los Suenos, as one of the top 10 best hotels in Central and South America. This trip is all-inclusive (hotel, food, adventures, alcoholic and non-alcoholic beverages). Right now there is a \$200 pp early signup discount. Airline transportation has never been less

expensive. We are using our same reliable official Costa Rican guides. Food is all low-fat, vegan, McDougall-style. This trip will be sold out soon—there is very limited space.

Go to our website and [secure your place](#) for this once-in-a-lifetime adventure trip.

For more information and to signup call Carol at (800) 941-7111 or (616) 874-8155 or write to carol@drmcdougall.com.

[Testimonies and photos from previous McDougall Adventure trips](#) to Costa Rica are available.





Featured Recipes

McDougall Sauce

This is quite a spicy salad dressing that was prepared for our group during the July 2010 Costa Rica trip. It was again a favorite during the July 2011 trip and was served at almost every meal as a salad dressing and as a topping for small whole cooked potatoes. John and I enjoyed it so much that we spooned some of it on almost everything we ate (except for the desserts). To make this a bit less spicy, remove the seeds from the jalapeno pepper.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Resting Time: 1 day

Servings: variable

- 1 7 to 8 ounce can chipotle peppers in adobo sauce
- 2 ounces rice vinegar
- 1 jalapeno, coarsely chopped (seeded for less heat)
- 1 ½ cups water

Place all ingredients in a large saucepan and slowly bring to a simmer. Pour ingredients into a food processor and process until smooth. Pour into a covered container and let rest for 1 day.

Fennel with Broccoli, Zucchini and Peppers

This was one of my favorite vegetable combinations during the July 2011 Costa Rica Adventure and I immediately asked for the recipe. I don't often cook with fennel so this was an interesting and delicious change for me. I made this myself a few days ago and it was just as wonderful as I remembered it! This will be a regular on our rotating meal plan.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 4

- 2 cups sliced fresh fennel (see hints below)
- 1 cup broccoli florets
- 1 cup sliced zucchini
- ½ cup coarsely chopped red bell pepper
- 2 cups vegetable broth
- Freshly ground black pepper

Place the vegetables and 1 cup of the broth in a large non-stick sauté pan. Grind some fresh black pepper over the vegetables. Cover and steam for 5 minutes, then remove the cover and continue to cook, stirring frequently until most of the broth is absorbed and the vegetables are beginning to stick to the bottom of the pan. Add another ½ cup of the broth and a few more twists of pepper. Continue to cook and stir, uncovered, until broth is again absorbed and vegetables begin to stick again. Add the remaining broth and more black pepper. Continue to cook until broth is absorbed again. Taste and add more black pepper if desired before serving.

Hints: Fresh fennel is sometimes sold labeled anise, and with several inches of fine leafy fronds attached. Cut the fronds off at the top of the bulb, trim the root end, cut the entire bulb in half lengthwise and then slice thinly. 2 medium sized bulbs should yield about 2 cups sliced. If you have a bit more than 2 cups, just use the extra amount in this recipe. Slice the zucchini in half lengthwise and then slice thinly. 1 zucchini should yield about 1 cup. 1/2 of a red bell pepper should yield about ½ cup of ½ inch size pieces.

Mashed Potato with Carrots

This was another favorite request from the July 2011 Costa Rica Adventure. I used peeled russet potatoes in this recipe, but other kinds of potatoes could also be used; even sweet potatoes would work well.

Preparation Time: 15 minutes

Cooking Time: 30 minutes

Servings: 6

8 medium russet potatoes, cut into large chunks

2 carrots, cut into 1 inch pieces

1 cup unsweetened soy milk

1/8 cup honey

1 jalapeno pepper, seeded and minced

Place the potatoes and carrots in water to cover in a stainless steel pot, bring to a boil, cover and cook until tender, about 20 minutes. Drain. Add soy milk to the pot and mash well using a hand potato/bean masher. Stir in the honey and jalapeno pepper. Mix well. Return to heat and cook until heated through before serving.

Hints: Potatoes and carrots may be peeled before using in this recipe, or just scrub them well and proceed as directed above. This is a slightly sweet dish, even more so if you use sweet potatoes instead of white potatoes. Agave nectar may be used instead of the honey, if desired. I usually just serve this plain, with vegetables on the side, but it may be spiced up with a bit of Sriracha hot sauce, or another sauce or gravy.

Potato Soup with Oatmeal

Don't skip over this recipe until you've tried it. I know it sounds rather strange, but it was one of the most requested recipes on the July 2011 Costa Rica Adventure trip. The oatmeal adds a smooth texture to the soup when blended with the potatoes.

Preparation Time: 15 minutes

Cooking Time: 25 minutes

Servings: 6-8

8 medium potatoes, peeled and chunked

4 cups vegetable broth

2 cups unsweetened soy milk

1/3 cup uncooked oatmeal (not instant)

Freshly ground pepper to taste

Sea salt (optional)

Place potatoes, vegetable broth, soy milk and oatmeal in a large pot. Bring to a boil, reduce heat, cover and simmer for about 20 minutes until potatoes are tender. Transfer to a food processor or blender and process until very smooth. Add freshly ground pepper, and optional salt, if using, to taste before serving.

Chilled Melon Soup

This simple, refreshing soup was enjoyed at several meals during our recent Costa Rica Adventure, always made with a different kind of melon. Cantaloupe, honeydew and watermelon were favorites of mine.

Preparation Time: 15 minutes

Chilling Time: 1 hour

Servings: 4-6

2 melons, peeled, chopped and seeded

2 ¼ cups water

1/8 cup fresh minced ginger

2/3 cup ice

Place all the ingredients in a food processor or high speed blender and process until very smooth. Refrigerate to allow flavors to blend.

Hints: If using watermelon, you may need a bit less water. Start with about 1 cup less, and adjust to taste. This works best in a high speed blender, such as a Vitamix.

Fresh Chilled Tomato Soup

This is a very refreshing soup that was served for lunch during the July 2011 Costa Rica Adventure trip. Try this at home on those hot summer days when you don't feel like cooking and have way too many tomatoes growing in your garden!!

Preparation Time: 20 minutes

Chilling Time: 2 hours

Servings: 8

4 ½ pounds fresh, ripe tomatoes

4 ¼ cups water

¾ cup unsweetened soy milk

Tabasco sauce to taste

Freshly ground pepper to taste

Sea salt (optional)

Put a large pot of water on to boil.

Wash and core the tomatoes. Make a shallow x on the bottom of each tomato and plunge into boiling water for 30 seconds. Remove with tongs and set on a dry paper towel to drain and cool. Peel the skin off with your fingers, starting at the x on the bottom of the tomato. (Also see hints below.) Coarsely chop the tomatoes and place in a high speed blender or food processor with a

small amount of the water. Process until smooth. Place in a large container and add the rest of the water and the soy milk. Mix well. Season with Tabasco and pepper to taste. Add a bit of sea salt, if desired. Chill for at least 2 hours to allow flavors to develop fully in the chilled soup.

Hints: Tomatoes may also be peeled with a serrated vegetable peeler, saving the step of the boiling water plunge. Serrated peelers can be found online or at cookware stores.

Pineapple Pudding

The official name for this in Costa Rica was Pineapple Compote, but to me it seems more like a pudding. This can easily be varied by using different kinds of juices. My favorite by far was the one made with pineapple juice, although I made it at home using orange juice and it was equally delicious. If you have a high speed blender, such as a Vitamix, this is much easier to prepare. Serve this in individual dessert bowls topped with fresh berries.

Preparation Time: 10 minutes

Cooking Time: 10 minutes

Chilling Time: 2 hours

Servings: 8-10

1 cup fresh pineapple chunks

4 cups fresh fruit juice (pineapple, orange, apricot, etc.)

2 cups water

Zest of 1 orange or lemon

$\frac{3}{4}$ cup cornstarch

Place the pineapple and juice in a high speed blender (or place pineapple and 2 cups of the juice in a food processor). Process until very smooth. Transfer to a large saucepan and add remaining ingredients, mixing very well with a whisk. Bring to a boil over medium heat, stirring constantly with the whisk. Cook and stir until mixture boils and thickens. Pour into a large bowl, cool slightly and cover with plastic wrap, placing the wrap directly on the surface of the pudding. Refrigerate for at least 2 hours to cool before serving. Scoop out into individual bowls for serving.

Crunchy Quinoa Salad

We were in Michigan this June of 2011 taking care of some office issues with Carol, who manages the telecommunications part of the McDougall business. Many of you know that Carol is my sister, and she loves to cook as much as I do, so of course we had to try some new recipes while we were together. This salad was put together using produce from her neighbor, Dave's, garden. Feel free to change the vegetables according to what you have in your garden or have found at the farmer's market.

Preparation Time: 30 minutes

Chilling Time: 1-2 hours

Servings: 6

1 cup uncooked quinoa, well rinsed

2 cups vegetable broth

3 2 inch strips of lemon zest

1 ½ cups asparagus, sliced into ½ inch pieces
1 cup snow peas, cut in half
½ cup kohlrabi, peeled and sliced into thin strips
1/3 cup radishes, thinly sliced
3 tablespoons lemon juice
2 tablespoons chopped fresh chives
2 tablespoons chopped fresh parsley
1 tablespoon chopped fresh cilantro (optional)
1 teaspoon chopped fresh mint
Freshly ground pepper
Dash sea salt

Place quinoa in a pot with the vegetable broth and bring to a boil. Reduce heat, stir in the pieces of lemon zest, cover and cook for 15 minutes. Remove from heat, stir, remove pieces of lemon zest (discard) and let quinoa cool slightly.

Meanwhile, put a large pot of water on to boil, drop in asparagus and snow peas and cook for 2-3 minutes until crisp-tender. Remove from pot with tongs and drop into a bowl of ice water. Drain.

Combine quinoa, asparagus, snow peas, kohlrabi and radishes in a large bowl. Add remaining ingredients and mix well. Season with freshly ground pepper and sea salt, if desired. Chill for 1 to 2 hours before serving to allow flavors to mingle.

Hints: Wash the lemon and then peel with a vegetable peeler, yielding very thin strips. Use the remaining lemon for the juice in this recipe. Kohlrabi may be unfamiliar to you, but I highly recommend it in this recipe. Look for it in farmer's markets or in large supermarkets or natural food stores. If you can't find it, you may just omit it, or use fresh zucchini or cucumber instead.

Fresh Fruit Crisp

I make many variations of this recipe during the summer months, changing the fruit as necessary when it comes in season. The crisp topping is pretty much the only part of the recipe that stays the same. My sister, Carol, and I made this last month with fresh strawberries from her neighbor, Dave's, garden. It served 5 of us, with no leftovers for the next day!

Preparation Time: 30 minutes

Cooking Time: 30-45 minutes

Servings: 6-8

Topping:

½ cup quick cooking oats
2 tablespoons cornmeal
2 tablespoons pure maple syrup or agave nectar
1 teaspoon vanilla

Filling:

4-5 cups sliced fresh fruit (see hints below)
1/3 – ½ cup fruit preserves
2-3 teaspoons lemon juice
1/8 teaspoon nutmeg (optional)
3 tablespoons white whole wheat flour

Prepare the topping by combining the oats and cornmeal in a bowl. Mix the syrup or nectar with the vanilla and pour over the oat mixture. Mix well to combine, using your fingers, if necessary. Set aside.

Preheat oven to 375 degrees.

Place the fruit in a large bowl. Combine the preserves, lemon juice and nutmeg (if using) in another bowl. Spoon over the fruit and mix gently. Sprinkle with flour and mix again. Place in a shallow square baking dish or pie plate. Bake for 20-30 minutes, depending on fruit used. Remove from oven and reduce oven temperature to 350 degrees. Crumble the oat mixture over the fruit and return to oven. Bake for an additional 15 minutes. Let rest for 15 minutes before serving. Scoop out with a large spoon to serve.

Hints: This is wonderful with almost any kind of fresh fruit. To make with fresh strawberries, use strawberry preserves and bake for 20 minutes before adding the topping. To make with fresh peaches or nectarines, use apricot preserves and bake for 30 minutes before adding the topping. Or try this with a combination of peaches and rhubarb for a delicious variation. This may also be made with fresh berries, such as blackberries or blueberries. Use about ¼ cup of sugar instead of the preserves to combine with the fruit and bake for 20 minutes before adding the topping. (These are also fun baked in individual ramekins. Total baking time will only be about 20 minutes in this case; 10 minutes without topping and 10 minutes with topping.) Experiment with your own combinations of fresh fruit, using whatever is in season. Try this with plums or apples and vary the kind of preserves used to suit your taste. Serve with rice or soy ice cream for a special treat on a hot summer night!

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