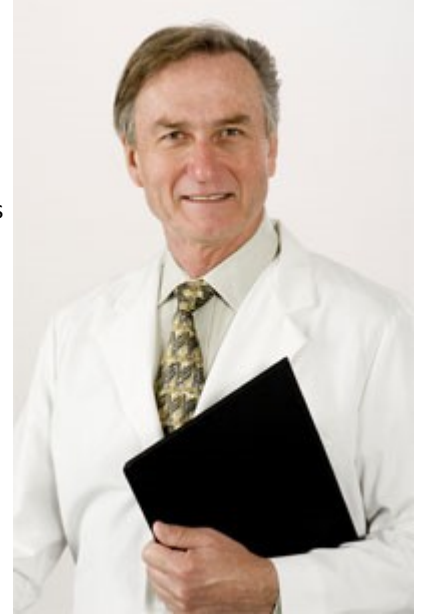




## The McDougall Promise: You Will Achieve Success at My 10-Day Residential Program

Eight times a year between 40 and 80 people come to my residential program in Santa Rosa, California with great expectations of improved health and weight loss. For many attendees this is seen as their last hope; they have tried everything else. Having been on weight-loss programs in the past, they have suffered the constant nausea and constipation that result from eating meat, cheese, and butter-based diets (Atkins) as well as the pains of starvation from traditional dieting. And in most cases they have regained all of their lost weight. Most participants are taking a bag full of expensive pills and many have been through major surgeries. Fortunately, our attendees quickly discover that they have made a very wise decision to travel to the McDougall Program.

Because our participants want and deserve more out of life, most have made great sacrifices to be with us. Mothers and fathers are separated from their very young children for 10 days. Often a year's worth of vacation time is used up. Our program fee (which is 1/20th the cost of heart surgery) can amount to a lifetime of savings for some. Typically one whole day is spent traveling by car, bus, and/or airplane to reach our program. Given the sacrifices our participants make, they should expect great results from the McDougall Program. And they get them.



### Dr. McDougall's Promise to Participants

On the first evening, which is usually a Friday, people gather for my introductory lecture. Many appear tired, lost, and confused after their long day of travel. My welcoming remarks include firm statements on what they can expect over the next few days:



Grilled Portobello Mushrooms  
Mashed Potatoes  
Sweet Potatoes

1) I, Dr. McDougall, will personally care for each of you during the Program. Attending the 10-Day live-in Program is the only way I take on new patients. Once we commit to each other, I will be one of your doctors for our lifetimes.

2) You will see objective improvements over the next week. These measurable changes include a reduction in blood pressure, cholesterol, triglycerides, glucose, body weight, waist measurements, and/or medications taken. These numbers are documented. While improvements in bowel movements, oily skin, leg edema, and joint swelling are consistently observed, these observed changes are not recorded with any "hard numbers."

Those people who start with the most serious problems usually see the most dramatic changes. It is unrealistic, however, to expect to see decades of damage from

an unhealthy diet and bad habits fully reversed in only a few days.

3) You will also experience subjective benefits, such as the relief of headaches and body aches, and improvements in mobility and exercise performance. When medications are discontinued, the side effects are relieved.

4) You will be able to eat as much delicious food as you want. Even so, most overweight participants will lose weight (see below). This is quite an accomplishment when you consider that the average *weight gain* on a seven-day cruise (eating the Western diet) is eight pounds.

5) You will love the food served at our program. This is true from the beginning for most participants. We serve very familiar dishes such as “healthy” lasagna and chocolate brownies the first night, pizza for the first lunch, bean burritos for the second dinner, and so on. However, for some people the food is so unfamiliar that they do not enjoy it for the first few days. Tastes change quickly, however, and often by the third day I hear, “The food is getting so much better. Why didn’t you serve the shepherd’s pie or pasta and marinara sauce the first evening?” It’s simply a matter of adjustment. The focus of the Program is to make healthful dietary changes permanent for you.

6) You will stop taking unnecessary pills and shots. In most cases this means blood pressure, type-2 diabetic, cholesterol, laxative, and antacid medications can be safely discontinued under medical supervision.

7) I am a real medical doctor and I will write prescriptions for most of the additional medications that you might need during the Program. On those occasions, whether or not you should be taking these pills is open for discussion between us, and together we will decide the right course of action.



**Stuffed Peppers  
Barbeque Bean Salad  
Baked Yams**

If you need medication, I will recommend those that are most effective, time-honored, safest, and least expensive. For example, the cost is \$10 for 90 pills of thyroid supplements, diuretics for hypertension (chlorthalidone), and statins (pravastatin) for cholesterol at a discount pharmacy (Wal-Mart and/or Costco).

8) By the end of the Program you will understand your overall condition and what needs to be done in order to achieve further benefits after you leave. Imagine what you accomplish in the short time with us multiplied over the next several weeks and months. Three pounds of weight loss soon becomes 30 pounds permanently gone.

9) A letter summarizing your 10-day stay with us will be sent to you shortly after the Program ends. This is an official record of medical discharge that you are encouraged to share with your doctors at home.



**Spicy Yam Stew  
Stuffed Mushrooms  
Coleslaw**

10) The end of the 10 days\* does not mean the end our relationship. I will be available to provide reasonable medical help to you. I have office hours almost every month in Santa Rosa, where we can have personal visits together. I am also readily available by e-mail and phone (like you would expect from the new form of “concierge medicine” sold to people for three thousand dollars and more annually).

\* The actual Program includes nine overnight stays and measurements are made a full seven days apart. However, because it usually begins on a Friday and ends on the following Sunday, we call this a 10-Day Program.

#### **Our Goal: The Best Vacation You Have Ever Had, But...**

The most general and sincere promise I can make to you is that every one of our staff will work tirelessly to make this 10-day experience the best time and money you have ever spent. At graduation, usually the second Saturday evening of the program, I will remind you of the promises I made to you a little more than a week before. Fortunately, with extremely rare exceptions, those promises are kept. Usually, poor communication and unrealistic expectations cause disappointment. Here are a few of the most common issues that are addressed during the Program:

#### **Issue # 1: “I didn’t lose enough weight.”**

The average weight loss over seven days is three pounds; that is almost half a pound a day. This number is an average, with some people losing more than 10 pounds in a week, which means others lose less. The entire staff is painfully aware that too little a loss, or even a gain, can be heartbreaking for people who came to lose weight (even when they see other remarkable changes, like a 50-point drop in cholesterol and stopping three blood pressure medications). Our goal is not to see how many pounds (kilos) you can lose in a week, but for you to permanently lose your excess body fat. This can best be accomplished by teaching you a diet that allows you to eat delicious and readily available foods to the full satisfaction of your appetite. Here are some of the reasons the



scale may be unkind:

1) We feed you exceptionally well. During the Program we want you to experience as many delicious foods as possible. Each lunch and dinner consists of a variety of 15 to 20 items, including a salad and two fat-free dressings, assorted cold vegetable salads, soup, raw and steamed vegetables, dishes of flavored rice, beans, and potatoes, and a cooked entrée or two. Most nights after dinner, dessert is served. The service is all-you-can-eat buffet style. Because of the unrestricted eating that is available, some people—especially those with known eating disorders—will over-stuff themselves. We teach a special maximum weight loss version of the McDougall Program to deal with these special needs.

By the fourth day of the Program I hear, “I must be gaining weight; I have never eaten so much.” When we weigh people at this point most have actually lost weight, although often not as much as they were hoping for. I usually tell them during my next morning’s lecture that the McDougall Program is not designed primarily as a weight-loss program. The Program is designed to permanently cure common diseases, and that the life-long loss of excess body fat is only a side benefit. If my program were focused on losing as much weight as possible in the seven days between weighing, then I would portion the foods (one main plate with a limited amount of brown rice and broccoli would be brought to your table by a waiter). As a last resort I threaten to come in and cook the meals (I am a terrible cook).



**Baked Potato  
Mardi Gras Beans  
Shredded Salad**

2) Many people have been on the McDougall Diet for months. Having already lost 20 to 75 pounds previously, the dining room offers a feast compared to the simpler fare they were eating at home. Presented with this all-you-can-eat assortment, some people regain a couple of lost pounds. That is okay because they know the power of the Program.

3) The repletion of glycogen stores can mean six added pounds. Because many other diets, such as semi-starvation and low-carb (Atkins-type) are lacking in carbohydrates, they deplete the body’s natural reserves of sugars, known as glycogen, stored in the liver and muscles. With re-feeding of a carbohydrate-abundant diet (the McDougall Diet) the body will, as expected, store two pounds of glycogen along with four pounds of water. Even though this is not body fat, and glycogen is stored invisibly, the weight shows up on the scale. Waist measurements that are done twice during the Program reassure people that they have lost fat and gained some muscle.

4) Many people stop diuretics (taken for edema or high blood pressure) and gain one to four pounds of water weight.

5) Women can gain several pounds of water weight with their menstrual cycle.

6) Many attendees are already trim, or underweight, and appreciate the weight gain. An increase in appetite naturally happens when people begin to feel better and after medications with appetite-suppressing side effects are stopped.



**Shepherd's Pie  
Tomato Salad  
Grain and Bean Salad**

## **Issue #2: “My cholesterol did not come down.”**

We serve a no-cholesterol, very low-saturated-fat diet, so you would expect that the numbers obtained from the medical laboratory seven days apart would always show a reduction in this risk factor. The average reduction in blood cholesterol is 30 mg/dL in one week. Those with the highest starting values usually see the greatest reductions. Rarely, this number remains the same or rises. A rise is expected when cholesterol-lowering medications (such as statins) are stopped at the beginning of the Program.

Triglycerides (blood fats) can go up significantly in some sensitive people. This happens especially when people eat large amounts of food and large amounts of simple sugars, including fruits and juices (we serve no juices at the Program). Type-2 diabetics who stop their insulin may also see this rise. With a significant rise in triglycerides, there can be an associated rise in cholesterol.

I believe cholesterol-lowering medications (statins) are over-prescribed. In general, I recommend [these medications](#) only for people at high risk of a stroke or heart attack. However, for people with a history of a heart attack, coronary heart surgery, TIA, or stroke, my usual goal is to lower their blood cholesterol to 150 mg/dL or less, and medications are often required. Otherwise, “healthy people” should not be taking statins because they [do not reduce](#) the risk of heart attacks and death even with elevated numbers.

### Issue #3: “My blood pressure did not come down to normal.”

I try to stop blood pressure-lowering medications for most patients on their first visit with me (beta-blockers are reduced more slowly). We monitor your blood pressure at least once a day. I must recommend this seemingly radical change in medications because my greatest fear is that with the change in diet and exercise at our Program people may become hypotensive (too low a blood pressure) and injure themselves (by falling).

I believe blood-pressure-lowering medications are over-prescribed. I use the [British Guidelines](#) to start medication. In general, this means medications are prescribed when the blood pressure is sustained for months at a level of 160/100 mmHg or greater. [Too aggressive treatment](#), meaning reducing the diastolic blood pressure (lower number) below 85 mmHg with medication increases a patient’s risk of heart attacks and strokes. When medication is needed I try to first use the time-honored diuretic, [chlorthalidone](#).

### Issue #4: I stopped all of my diabetic pills and my blood sugar is now worse.”

I try to stop all diabetic pills and most of the insulin taken by people with type-2 diabetes on our first visit. (With type-1 diabetes, insulin may be reduced but is never stopped.) Sometimes the blood sugars fall and other times they rise with this medication change. You will be checking your blood sugar daily with your home monitor and report the results to our staff. I must recommend this seemingly radical change in medication because with the change to the McDougall Diet and increased exercise, people may become hypoglycemic (too low a blood sugar) and injure themselves (also by falling).

In addition to dangerous hypoglycemic reactions, [long-term aggressive treatment](#) of blood sugar in an attempt to achieve a normal blood sugar (measured by HgB A1c levels) causes an increased risk of heart attacks and death. In general, [treatment of blood sugar](#) is required if the patient loses too much weight, develops symptoms of diabetes (such as excessive urination), and/or worries about the elevated numbers. Any of these developments suggest that the patient is not truly type-2, but suffers from an insufficient production of insulin by the pancreas. I use a long-acting variety of insulin (Lantus) as a once-a-day shot to treat when necessary.



Vegetable-Bean Enchilada  
Mexican Rice  
Bean Tacos

### Issue #5: “I did not stop all my medications.”

I make every reasonable attempt to eliminate all unnecessary medications on our first visit. This may seem radical to some new patients meeting me for the first time, but most of the medications people are taking are [not indicated](#) according to “evidence-based medicine.” Plus the diet and exercise changes I prescribe will likely reduce your needs even further.

I only have a short time to personally observe you during the Program in order to evaluate your responses and make adjustments in your medications. Therefore, I must make timely decisions. Most people leave my program taking no prescription medications.

Many times having only one week is insufficient to make full adjustments in dosages and kinds of medications required. In these cases your local doctors and/or I will help you make adjustments after leaving the Program. My final letter to you usually includes my recommendations for future adjustments.

### My Program Is Your Best Chance

The entire McDougall staff and I will make every reasonable effort to help you regain your lost health and appearance. Fortunately, the human body has a remarkable capacity to recover when relieved of the burdens of the rich Western diet and a lifetime of bad habits. Your realistic expectations should be met and you should expect to leave in much better shape than when you arrived. Most importantly, you will have hope for a brighter future and many more years of life to be lived to compensate for the short time

you spent with us at the McDougall 10-Day Program.

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