



## Lessons from the Past, Directions for the Future: The WWI Starch Solution for Denmark

The recent escalation in the severity of temperatures, droughts, storms, and floods has diminished my hopes that the stability and safety that I personally enjoyed during my lifetime will continue into the future for my children and grandchildren. The most immediate threat from this climate change is to our food supply. How can we best adapt to a more difficult world?

Recent history provides many examples of populations of people whose lives have been disrupted by circumstances beyond their control. The best illustrations come from the widespread food shortages that plagued the lives of people living during World War I and II in Western Europe. Some survived these hardships better than others, and here is where valuable lessons for our future can be learned.

One result of the British naval blockade of the North Sea during WWI was that over 400,000 Germans died due to malnutrition from 1914 to 1918. Denmark, which remained neutral during this conflict, was also severely affected by the blockade. But in contrast to the German experience, the Danes thrived. This turn of fortune was due to the brilliance of the physician and nutritionist, Mikkil Hindhede (1862-1945), who served as the manager of the Danish National Laboratory for Nutrition Research in Copenhagen and food advisor to the Danish government during World War I.

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Amsterdam Beans

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Baked Butternut Squash Mac &  
Cheesy

Greek Stuffed Peppers

Yam Chickpea Spinach Curry

Herbed Tofu Ranch Dip

Zesty Queso Sauce



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One result of the British naval blockade of the North Sea during WWI was that over 400,000 Germans died due to malnutrition from 1914 to 1918. Denmark, which remained neutral during this conflict, was also severely affected by the blockade. But in contrast to the German experience, the Danes thrived. This turn of fortune was due to the brilliance of the physician and nutritionist, Mikkel Hindhede (1862-1945), who served as the manager of the Danish National Laboratory for Nutrition Research in Copenhagen and food advisor to the Danish government during World War I.

Based on his suggestions, the people of Denmark switched from a diet plentiful in meat to a diet where the bulk of their calories came from starchy grains and vegetables. Other countries (like Germany) continued to believe in the importance of an abundance of meat for their people and as a result could not adapt to the changing times.

### Three Million People become Starch-Eaters

Following Dr. Hindhede's advice, most of the pigs were sold off and the number of cows for dairy was reduced by one-third. Alcohol production was also limited. These basic changes made available grains for human consumption that would have otherwise been used to feed food-animals and make spirits. His previous work, and that of contemporary scientists, had already proven the nutritional excellence of a diet based on starches, along with fruits and vegetables. At that time, educated people knew that the minimum need for protein was so low for man that it could not be reached; therefore, removing meat would be of no adverse consequence.

In his [1920 article in \*The Journal of the American Medical Association\*](#), Dr. Hindhede wrote, "As research has also shown that man can retain full vigor for a year or longer on a diet of potatoes and fat and for half a year or more on a diet of barley and fat, reliance was placed on our potatoes and the large barley crop, which was given to man and not to the pigs, as heretofore, with the result that the pigs died of starvation, but the people received sufficient nutrition." "Our principal foods were bran bread, barley porridge, potatoes, greens, milk and some butter. Pork production was very low; hence the farmers ate all the pork they raised, and the people of the cities and towns got little or no pork. Beef was so costly that only the rich could afford to buy it in sufficient amount."

### Death Rates Plummet for Starch-fed Danes

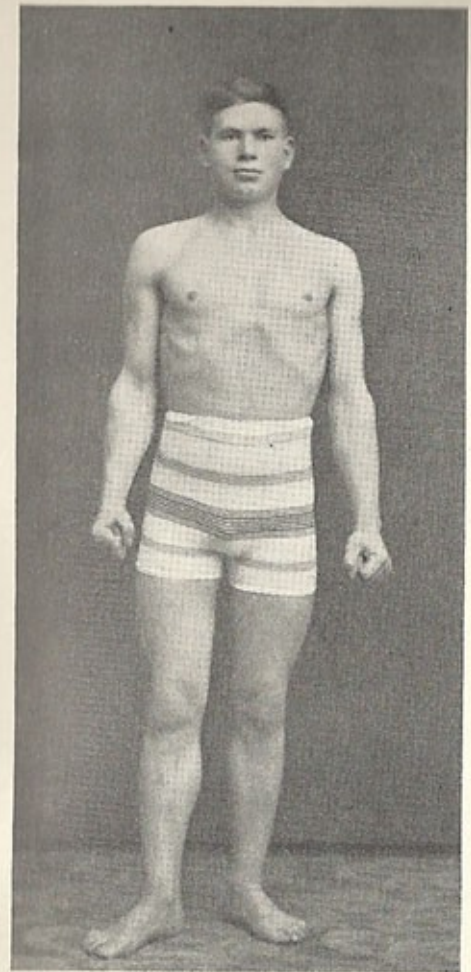
What were the results of this change in diet for the 3 million people living in Copenhagen? During the years of the most severe food restriction, 1917 to 1918, the death rate was reduced by 34%, which translated into 6,300 lives saved. These were the lowest death rates ever reported for Denmark, even for those years prior to the war. Dr. Hindhede tied this reduction in mortality directly to a diet based on consuming starches in place of meat: "This result was not a surprising one to me. Since 1885, when I began my experiments with a low-protein diet (mostly vegetarian), I have been convinced that better physical conditions resulted from this standard of living...As the result of extensive studies in this field I am convinced that over-nutrition, the result of palatable meat dishes, is one of the most common causes of disease."

[Similar reductions of disease and mortality](#) were seen in other Western European countries during both World Wars (WWI and WWII). For example, [deaths from diabetes decreased](#) in England and Wales during both wars. However, one important difference was that the people of Denmark were well fed, while much of Western Europe's population was hungry. Dr. Hindhede wrote, "While not all readers will agree with what I have said, no one can dispute the fact that the people of Denmark have no cause to regret that during the war their diet consisted mostly of milk, vegetables and bran. If Central Europe had adopted a similar diet, I doubt that any one would have starved."

### Lessons for Our Future

I am an optimist, but...the worst drought in the United States in nearly a half-century has occurred over the summer of 2012. Twenty to 40 per cent of the crops of soybeans and corn, which feed the pigs, cows, and poultry, have been destroyed; and food prices are rising worldwide. Since, as the saying goes, "you can't change the weather," what else can we fix? We can fix our food supply. Rather than feeding the crops to animals, we could instead eat the corn, wheat, soybeans, and potatoes ourselves. [The savings would be world-changing.](#)

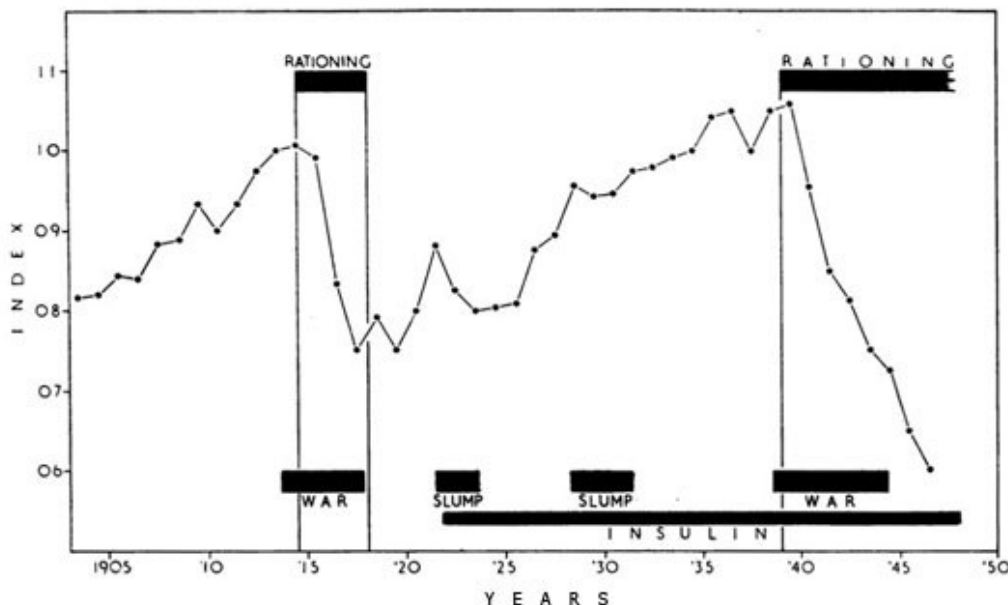
### Madsen After 1 Year of Eating Potatoes and a Little Fat



Madsen efter 1 Aars Kartoffelkost.

From the book, Fuldkommen Sundhed og Vejen dertil (Perfect Health and the Path to It), 1934, by Mikkil Hindhede.

### Mortality from Diabetes in England and Wales



Converting plant energy into animal energy is wasteful: It takes about 7 pounds of edible, healthy grains to produce just 1 pound of beef, 4 pounds for a pound of pork, and 2 pounds for a pound of chicken. Reallocating land from animal to crop production would increase our food

resources at least seventeen-fold: Crops like potatoes can produce 17 times the calories as animals on the same piece of land. There would be additional positive consequences of replacing animal foods in our diet with plants.

The rate of progression of global warming would be slowed. Fossil fuels (the primary source of climate change) used in the production of food would be reduced forty-fold. Consider that about 2 calories of fossil fuel energy are required to cultivate 1 calorie of starchy vegetable food energy; with beef, the ratio can be as high as 80:1. With this same change in eating we would also reduce the needless suffering from the health consequences of our lives of excess, including obesity, heart disease, type 2 diabetes, arthritis, and breast, prostate, and colon cancer, to name a few. We would reduce our national debt by vastly reducing the health care costs associated with these unnecessary illnesses. And we would free a great portion of the world from starvation.

Those who continue to hold to the old ways, believing that meat and dairy are an essential part of a diet, worth preserving at all costs, will perish like the German citizens did in WWI. You choose. Would you rather eat enough potato enchiladas to fully satisfy your appetite or starve with a few strips of bacon? Would you rather help save the planet or contribute to its destruction? We have had this simple knowledge about how to save ourselves for more than a century. Do we have the will to act on it now, before it is too late?

A special thanks to Stefan Juhl M.D., Danish Neurologist, for information on and translation of the work of Dr. Mikkel Hindhede.

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## Favorite Five from Recent Medical Journals

### MS Drugs Are Criminally Expensive Failures

**Association Between Use of Interferon Beta and Progression of Disability in Patients With Relapsing-Remitting Multiple Sclerosis (MS)** by Afshaneh Shirani, published in the July 18, 2012 issue of the *Journal of the American Medical Association*, found that, "Among patients with relapsing-remitting MS, administration of interferon beta was not associated with a reduction in progression of disability." The investigators conclude, "The ultimate goal of treatment for MS is to prevent or delay long-term disability. Our findings bring into question the routine use of interferon beta drugs to achieve this goal in MS."

(80% of MS is the relapsing-remitting variety. The progressive variety (20%) shows even fewer benefits from MS medications.)

**Comment:** Since January 15, 2009, I have been conducting a study, along with the neurology department of Oregon Health & Science University (the medical school in Portland), of the effects of the McDougall Diet on people with multiple sclerosis (MS). We have finished enrollment as of March 2012. Analysis of the data will continue throughout this year and scientific reports will follow. The study protocol requires participants to remain on their MS medications; the most common class used is called "interferon" (referred to as "interferon beta" and "beta interferon"). I have told study participants that I believe that these medications are unjustified because of their lack of benefits, side effects, and costs. I have also reminded them that study protocol requires that they continue all MS-related medications for the duration of our investigation (one year).

MS lesions occur in the brain and spinal column when the body attacks itself (an autoimmune disease). Interferon is believed to act by suppressing the inflammation that follows the attacks. Interferon beta is sold under the trade names Avonex, Rebif, Betaseron, Betaferon, and Extavia. It is given by intramuscular injection at intervals as frequently as every other day, by the patient. The cost of the medication alone is \$36,000 annually. The most commonly reported side effects are inflammation at injection site, flu-like symptoms, damage to the liver and blood, depression, and seizures. If patients were honestly informed, few would agree to take interferon. And if the costs came out of their own pockets, rather than being paid for by insurance companies, no patient would waste their money on MS medications because they don't prevent long-term disability or won't prolong the length of their life.

Pharmaceutical companies have funded almost all previously published studies on drug treatments. Financial bias considered; re-

sults all of this investigation still shows only minimal benefits. However, this current study from the *Journal of the American Medical Association* appears to be free of conflicts of interest and is supported by the Canadian Institutes of Health Research and the National Multiple Sclerosis Society. This lack of influence from drug money is important for the honest interpretation of these results. And the authors say it clearly: the drugs don't work.

Other medications commonly used for MS are Copaxone and Tysabri, with costs exceeding \$42,000 annually for the drug alone. The long-term benefits from these two medications have not been established to be any better than those found with interferon. Thus, there are no good alternatives for people with MS, save one: diet.

I believe, based on nearly a half century of [work by Roy Swank, MD](#), former head of the neurology department of Oregon Health & Science University, that the McDougall Diet will stop this devastating disease in the vast majority of patients. Hopefully, our current clinical research will confirm my belief. Regardless, the McDougall Diet costs nothing to implement, has no adverse side effects, causes loss of excess body fat, and solves multiple health problems. Every patient diagnosed with MS should be told by his or her neurologist to follow our healthy diet, but this advice is rarely, if ever, given. As part of their "faith-based medicine," physicians believe only in the benefits of drugs, regardless of the overwhelming evidence to the contrary.

Shirani A, Zhao Y, Karim ME, Evans C, Kingwell E, van der Kop ML, Oger J, Gustafson P, Petkau J, Tremlett H. Association Between Use of Interferon Beta and Progression of Disability in Patients With Relapsing-Remitting Multiple Sclerosis. *JAMA*. 2012 Jul 18;308(3):247-56.

### One Simple Colon Exam Will Suffice

**Colorectal-Cancer Incidence and Mortality with Screening Flexible Sigmoidoscopy** by Robert E. Schoen, published in the June 21, 2012 issue of the *New England Journal of Medicine*, found, "Screening with flexible sigmoidoscopy was associated with a significant decrease in colorectal-cancer incidence (in both the distal and proximal colon) and mortality (distal colon only)."<sup>1</sup> From 1993 through 2001, 154,900 men and women 55 to 74 years of age were assigned to either screening with flexible sigmoidoscopy, with a repeat screening at 3 or 5 years, or to usual care. Half (46%) had only one exam and the other half had a repeat exam in 3 to 5 years. The results were a 21% reduction of colon cancer incidence and a 50% reduction in mortality. These findings are from a large US study known as the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial.

**Comments:** These results from the PLCO trial are remarkably similar to those of the **Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial**, published in the May 8, 2010 issue of the *Lancet*.<sup>2</sup> In this massive undertaking, 170,432 individuals 55 to 64 years of age were assigned to either once-only flexible sigmoidoscopy or no screening. For those who completed the sigmoidoscopy screening, the incidence of colorectal cancer was reduced by 33% and mortality by 43%.

Now there are two major studies published in our two best medical journals (*NEngl J Med* and *Lancet*), involving more than 335,000 people, which establish that screening for colon cancer is effectively accomplished by a sigmoid exam, performed once during a person's life.

Colon cancer is prevented by examinations with a scope when precancerous polyps are removed before they turn into real cancer that spreads throughout the body and can then kill. The colon can be directly examined with two different lengths of instruments. Colonoscopy is performed with a 6-foot flexible tube, rather than the 2-foot equally flexible sigmoidoscope. Colonoscopy requires a thorough bowel preparation (lasting as long as three days), sedation, and at least 30 minutes to perform. The cost is around \$3,000. The risks from the sedation and passage of the tube are considerable. The worst outcome is that a few healthy people suffer from perforation of the colon by the colonoscope and die. In contrast, a much more comfortable sigmoidoscope exam requires at most a day of preparation, costs about \$200, and can be completed in 10 minutes. No sedation is required and harm is rarely caused to the patient. [Read more about these exams.](#)



I recommend my patients have one sigmoid examination around age 60. If all is found to be normal, no polyps or cancer, then no further examinations to prevent colon cancer need to be performed for the remainder of the patient's life. When abnormalities are detected future procedures are often required. This onetime recommendation is for people who have eaten the Western diet. Eating animal foods causes both polyps and colon cancers and puts the average Westerner at high risk. People who have eaten healthy for a lifetime will reap few benefits from a bowel examination, because their risk for colon disease is so much lower. The bottom line is: colon cancer prevention is best achieved by putting healthy foods, rather than a scope, into a person's intestine.

1) Robert E. Schoen, M.D., M.P.H., Paul F. Pinsky, Ph.D., Joel L. Weissfeld, M.D., et al; for the PLCO Project Team. Colorectal-Cancer Incidence and Mortality with Screening Flexible Sigmoidoscopy. *NEngl J Med* 2012; 366:2345-2357 June 21, 2012.

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

### **Surgery for Prostate Cancer Does Not Save Lives**

**Radical Prostatectomy versus Observation for Localized Prostate Cancer** by Timothy J. Wilt, published in the July 19, 2012 issue of the *New England Journal of Medicine*, found, "Among men with localized prostate cancer detected during the early era of PSA testing, radical prostatectomy did not significantly reduce all-cause or prostate-cancer mortality, as compared with observation, through at least 12 years of follow-up." The authors' conclusion is, "Informing men of the favorable long-term effects of observation on mortality, bone metastases, urinary and erectile function, and quality of life, and increasing the use of observation may avert the harms of unnecessary biopsies, and interventions, while maintaining excellent long-term disease-specific survival."

In this study of 731 men, 364 were assigned to radical prostatectomy, and 21 (5.8%) of this group died from prostate cancer or the treatments, as compared with 31 (8.4%) of the second group (367 men) assigned to observation. (This is an absolute risk reduction of only 2.6 percentage points.) The study population was representative of men in the community at large. Their average age at enrollment was 67 years, and as a result of this advanced age, many died of diseases commonly seen in later life, such as heart disease (rather than from their prostate cancer). The average PSA level was 7.8 ng/ml and about half of the men were classified as having higher risk cancer based on a Gleason score of 7 or greater. (The Gleason score is determined by examining the prostate tissues under a microscope.)

**Comments:** Unfortunately, the negative findings of this study will seldom be frankly discussed by the urologist with a man newly diagnosed with prostate cancer. Nor will their doctors explain the results of two large randomized trials involving 182,000 men [in Europe](#) and 76,693 men [in the US](#), which showed little or no reduction of death in men with PSA-detected prostate cancer, who were subsequently treated with the best surgical, radiation, and chemotherapy treatments that modern medicine has to offer.

Surgery is painful and risky. After the operation, urinary leakage, which requires diapers, and sometimes indwelling catheters, occurs in about half of the treated patients. Problems of sexual dysfunction can be expected in as many as 80 percent of men. All combined, published scientific research should have long ago put an end to PSA testing and the treatments that follow. Unfortunately, the truth is unlikely to change this [multi-billion-dollar business](#).

My recommendation is first for men to not get PSA blood tests or digital rectal exams to detect prostate cancer. For the estimated 241,740 men who have already been discovered to have prostate cancer in the US in 2012, nothing more should be done to them (unless they have symptoms requiring relief). The strategy of doing nothing is called "watchful waiting," "active surveillance," and "expectant management." These obscure terms fail to focus on the first rule of medicine, according to Hippocrates: "Do no harm." Doing nothing should be referred to as "humane treatment." [Read more about prostate cancer](#).

Wilt TJ, Brawer MK, Jones KM, Barry MJ, Aronson WJ, Fox S, Gingrich JR, Wei JT, Gilhooly P, Grob BM, Nsouli I, Iyer P, Cartagena R, Snider G, Roehrborn C, Sharifi R, Blank W, Pandya P, Andriole GL, Culkin D, Wheeler T; Prostate Cancer Intervention versus Obser-

vation Trial (PIVOT) Study Group.

*N Engl J Med.* 2012 Jul 19;367(3):203-13.

### **Fish Oils Fail to Prevent Heart Disease**

**N-3 fatty acids\* and cardiovascular outcomes in patients with dysglycemia by The ORIGIN Trial Investigators**, published in the June 11, 2012 issue of the *New England Journal of Medicine*, found, "Daily supplementation with 1 g of n-3 fatty acids did not reduce the rate of cardiovascular events in patients at high risk for cardiovascular events."<sup>1</sup> In this study, triglyceride levels (a risk factor for heart disease) were reduced by 14.5 mg per deciliter (mg/dL). Because of their high risk of developing cardiovascular disease (heart disease and strokes), patients with elevated blood sugars (dysglycemia), characterized by diabetes, would be the ones most likely to show any benefits from a therapy like n-3 fatty acids (fish oils), if benefits existed. The pharmaceutical company, Sanofi, funded this study of 12,536 patients and Pronova BioPharma Norge provided the fish-oil supplement.

\*N-3 fat, also known as omega-3 fat, is most commonly obtained from fish for the production of supplements. Flaxseed oil is another common source of these fats. Only plants synthesize omega-3 fats; fish concentrate these pre-synthesized pharmacologically active oils in their bodies.

**Comments:** Many physicians and patients believe that fish oil supplements will improve health, and more specifically, reduce the risk of dying of a heart attack. Heart attacks occur when a blood clot suddenly forms in a heart artery as a result of the rupture of a small plaque. Omega-3 fats inhibit blood clotting and in this manner are believed to prevent heart attacks. Although, hypothetically, these supplements should be beneficial, a recent meta-analysis of only the highest quality studies (blinded, randomized, placebo-controlled trials) showed no effect on cardiovascular outcomes.<sup>2</sup> This means the speculative benefits from the blood-thinning effects of fish oils fail to compensate for the harmful effects of the meat- and dairy-based Western diet.

Eating fish oil has serious downsides. The blood-thinning properties increase the risk of generalized bleeding; these consequences could mean death from a car accident. Fish oil suppresses the immune system. The result might be a reduction of arthritic pains, but this same suppression will accelerate cancer growth. Fish oil is 100% fat, and the fat you eat is the fat you wear. Thus, it causes weight gain. Approximately one billion dollars are spent on this supplement annually, compared to multivitamin sales of \$4.8 billion. You can expect these supplements to remain popular because selling fish fat is big business.

Read more about this subject in "[Confessions of a Fish-Killer](#)," a chapter in my new book, *The Starch Solution*.

1) The ORIGIN Trial Investigators. n-3 Fatty Acids and Cardiovascular Outcomes in Patients with Dysglycemia. *N Engl J Med.* 2012 Jun 11. [Epub ahead of print].

2) Kwak SM, Myung SK, Lee YJ, Seo HG; for the Korean Meta-analysis Study Group. Efficacy of Omega-3 Fatty Acid Supplements (Eicosapentaenoic Acid and Docosahexaenoic Acid) in the Secondary Prevention of Cardiovascular Disease: A Meta-analysis of Randomized, Double-blind, Placebo-Controlled Trials. *Arch Intern Med.* 2012 Apr 9.

### **Folic Acid Fails to Prevent Heart Disease**

**The effect of folic acid based homocysteine lowering on cardiovascular events in people with kidney disease: systematic review and meta-analysis** by Meg J Jardine, published in the June 13, 2012 issue of the *British Medical Journal*, concluded, "Folic acid based regimens should not be used for the prevention of cardiovascular events in people with kidney disease." This review of 11 trials included 4,389 people with chronic kidney disease. Because of their high risk of developing cardiovascular disease (heart disease and strokes), patients with kidney disease would be the most likely subjects to show any benefits from a therapy like folic acid, if they existed.

**Comments:** Folic acid, taken as a supplement, is believed to reduce the risk of dying from heart disease by lowering homocysteine

levels found in the blood. Homocysteine is a risk factor for heart attacks, strokes, and other diseases commonly seen in people who eat the Western diet. Unfortunately, lowering this laboratory test number (like lowering triglycerides with fish oil in the study above) does not solve the health problems. The real fix for common diseases is a simple cost-saving, starch-based diet (the antithesis of the Western diet).

Read more about the failures and harms of folic acid supplements in "[Just to Be on the Safe Side](#), Stay Away from Supplements," a chapter in my new book, *The Starch Solution*.

Jardine MJ, Kang A, Zoungas S, Navaneethan SD, Ninomiya T, Nigwekar SU, Gallagher MP, Cass A, Strippoli G, Perkovic V. The effect of folic acid based homocysteine lowering on cardiovascular events in people with kidney disease: systematic review and meta-analysis. [BMJ](#). 2012 Jun 13;344:e3533. doi: 10.1136/bmj.e3533.

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## July 2012 Recipes

### Easy Fresh Sweet Corn

I just returned from a trip to Michigan with my daughter, Heather, and my grandsons, Jaysen, Ben and Ryan. We always do a lot of cooking while we are at my sister, Carol's, house and this year I learned a nifty trick for cooking lots of fresh sweet corn with no fuss at all. This is perfect for use during the summer months while there is sweet corn in abundance and you'd like to keep cooking to a minimum! You just

need a medium sized clean cooler, some boiling water and the corn, of course.

Clean the ears of sweet corn and break or cut in half. Place in a clean cooler. Pour boiling water over the corn ears to cover them completely, close the lid to the cooler, and let rest for 30 minutes. That's it!! The corn is perfectly done with hardly any effort at all, and the best part is that it will stay fresh and hot in the covered cooler for up to 2 ½ hours so you can eat it when you're ready and then leave it hot and ready for a quick snack later.

### Baked Beans

By Mary McDougall

I am continuously looking for a great baked bean recipe, with tasty beans and savory/sweet seasonings. I made this version for our family 4th of July party and we all liked it so much, it is going to become a new addition to our 10 day program menus.

Preparation Time: 15 minutes

Cooking Time: 2 hours for beans, 1 hour to bake

Servings: 6-8

2 cups dried cranberry beans

6 cups water

1 onion, chopped

1 green bell pepper, chopped

1 red bell pepper, chopped

½ cup brown sugar

1/3 cup prepared mustard

¼ cup molasses

Place beans and water in a large pot, bring to a boil, reduce heat and simmer for at least 2 hours until very tender. Pour off any



excess water and set aside.

Preheat oven to 350 degrees.

Place onions and bell peppers in a non-stick sauté pan with a small amount of water and cook and stir for about 5-10 minutes, until softened. Combine the beans and vegetables in a covered casserole dish. Place the remaining ingredients in a small bowl and mix well. Pour over the beans and vegetables and stir well to mix. Cover and bake for 1 hour. Stir and let rest for a few minutes before serving.

### Recipes By Tiffany Hobson

The following six recipes are contributed by Tiffany Hobson. Tiffany has been having so much fun in her kitchen over the last few months that I enjoy sharing her delicious creations with all of you. Tiffany is the executive assistant to the McDougall's. She heads operations for all McDougall Programs, is the tour director for McDougall Adventures, and oversees the Nursing Continuing Education. Tiffany has a BA in Rhetoric from University of California, Berkeley and is nationally certified as a Pharmacy Technician. She has the pleasure of assisting Dr. McDougall when seeing patients. Tiffany also helps Mary with recipe development.

### Sopa de Caldo Verde

Traditionally made with chorizo, this hearty Portuguese soup is great without it. You may also change a few quantities of this soup to make it a pasta dish, which is what I do when I make this for outdoor gatherings. Both taste great warm or cold.

Preparation Time: 20 minutes

Cooking Time: 40 minutes

Servings: 6-8

6-¾ cups vegetable broth

1 large sweet onion, roughly diced

4 cloves garlic, minced

2-3 tablespoons crushed red pepper chili flakes

2-3 teaspoons paprika

4 ½ cups potatoes, chopped (Yukon, New or Fingerlings)

1 15-ounce can of white or red kidney beans

3-5 carrots, peeled and chopped

½-1 cup ditalini, cavatelli or any small pasta **for soup**

**OR** 1 ½ cups ditalini, cavatelli or any small pasta **for pasta dish**

1 bunch curly kale, stemmed and chopped

Fresh ground black pepper to taste

Salt to taste

In a non-stick pot, sauté the onion in ¼ cup vegetable broth, stirring occasionally, over medium heat until the onion becomes translucent, about 5-7 minutes. Add garlic, stir and cook for another 3 minutes. Add the red pepper chili flakes and paprika and mix well. Add the remaining ingredients, except the kale and pasta. Bring to a boil, reduce heat and simmer for 20 minutes. Add pasta and mix well. Add the kale on top and place the lid back on and simmer for 8 minutes. Mix everything up well and let sit for 2 more minutes. **For soup:** Scoop into bowls and add fresh ground black pepper and salt to taste, if desired. **For pasta:** Allow the

pasta some extra time to soak up the vegetable broth. This is great to make the night before a day outing. Serve with fresh ground black pepper and salt to taste, if desired.

Note: You may use Hungarian or Smoked Spanish paprika, both taste great in this dish. If you like your food extra spicy, add more red pepper chili flakes.

### **Portuguese Arroz**

Preparation Time: 10 minutes

Cooking Time: 45-50 minutes

Servings: 6-8

1 ½ cups yellow onion, finely chopped

4 teaspoons garlic, minced

½ - 1 teaspoon crushed red pepper chili flakes

1 bay leaf

1 ½ cups tomatoes, chopped (see Note)

2-¼ cups water

1-cup vegetable broth

3 tablespoons fresh Italian parsley leaves, chopped

3 tablespoons fresh cilantro leaves, chopped

1 ½ cups long grain brown rice, uncooked

Fresh ground black pepper to taste

Salt to taste

In a non-stick 11 inch pan, sauté the onions with ¼ cup water and cook, stirring occasionally, until soft, about 7 minutes. Add the garlic, crushed red pepper chili flakes and bay leaf and cook for 1 minute, stirring well. Add the tomatoes, mix well, and cook until they begin to soften, about 2 minutes. Add the remaining water, vegetable broth, parsley and cilantro and stir. Increase the heat to high and bring to a boil. Add rice and stir well. When the liquid returns to a boil, stir again and cover the pot with a lid and reduce heat to low. Cook the rice undisturbed for 35 minutes. Mix the rice well and continue to cook for another 10 minutes, or until the rice is tender. Let the rice stand for 5 minutes. Remove the bay leaf and fluff the rice with a fork. Serve with fresh ground black pepper and salt to taste, if desired.

Note: I love fresh Roma tomatoes in this recipe; however, you may use any kind of tomatoes you wish. To cut down on the preparation time, use chopped Pomi tomatoes. Pomi tomatoes are sold at most stores in an aseptic box and are the freshest tasting packaged tomatoes I have used. They are a great item to always have on hand in your pantry.

### **Amsterdam Beans**

This is a quick and easy meal that uses canned beans and jarred pasta sauce, yet tastes delicious and is very filling. This may be eaten at room temperature, heated or even cold. Serve it plain in a bowl, or over cooked rice or other grains.

Preparation Time: 2 minutes

Cooking Time: 5-10 minutes (if eating this warmed)

Servings: 4

1 12.3-ounce jar of Tondini beans (or a 15 ounce can of your favorite white beans)  
¾ -1 cup of your favorite oil-free pasta sauce  
1-3 tablespoons bouquet garni, Italian herb, or any other herb mix  
Fresh ground black pepper to taste  
Salt to taste

Mix the beans, pasta sauce and herb mix of choice together. Serve at room temperature. To serve heated, place ingredients in a pot and heat over medium high heat for 5 to 10 minutes. To serve cold, place in a bowl and allow to cool for 10 minutes in the freezer, or place in the refrigerator and allow to cool for an hour or so before serving. Serve with fresh ground black pepper and salt to taste, if desired.

Note: To serve in a bowl only add ¾ cup of pasta sauce. If serving over rice, use 1 cup of pasta sauce.

### **Kale with Blueberry Strawberry Reduction Sauce**

I am always trying to think of new ways to get my friends to eat healthy. The first time I made this, I did not tell my friends what they were about to eat. They were in heaven; they thought I was actually serving them dessert!

Preparation Time: 15-20 minutes

Cooking Time: 30-40 minutes

Servings: 4-6

1 cup blueberries, cleaned  
1 cup strawberries, cleaned with the tops cut off and quartered  
1 cup balsamic vinegar  
2 bunches lacinato kale, cleaned and chopped

In a non-stick 11-inch pan over low to medium heat, add the blueberries, strawberries and balsamic vinegar. Allow this to cook slowly, stirring occasionally. When the sauce starts to boil stir the ingredients until the boiling stops. The sauce will begin to boil after 1 or 2 minutes. Continue this pattern of allowing the sauce to boil and stirring it occasionally (not frequently) until the sauce settles down. The object is to boil down the sauce so it becomes thick, and this will happen as the fruit slowly boils into the balsamic vinegar. The sauce will start to look “jammy” as it cooks down. This process usually takes about 30 minutes. You should end up with a thick layer of sauce coating the bottom of the pan. Add the kale **on top** of the sauce and cover for 2 minutes. Do not mix the kale with the sauce yet because the kale needs a chance to steam. After 2 minutes, uncover the pan and mix the kale well with the sauce. Turn off the heat and allow the flavors to blend together for 5 minutes, making sure all the sauce is mixed in with the kale. Serve immediately.

### **Scalloped Potatoes**

Growing up, I never like scalloped potatoes. This recipe came about from a bet that there was no way I could replicate it, especially because I never ate it as a kid. I made this a few times before being happy with the end result. I really like this without onions, but when I made it for Mary with onions she loved it. This is why I have listed onions as an optional item. As for the bet with my friend, I won.

Preparation Time: 25 minutes

Cooking Time: 1 hour 30 minutes

Servings: 6

1 recipe Absolutely Fabulous No Queso Sauce (recipe below)

8 cups thinly sliced Yukon potatoes

1 yellow onion, chopped finely (optional)

1 ½ cups unsweetened soymilk

1-5 dashes cayenne pepper

Several shakes of paprika

Fresh ground black pepper to taste

Salt to taste

Preheat oven to 350 degrees. Clean potatoes and cut them into length-wise quarters. Slice thinly by hand, or use a food processor to allow technology to do the work for you. Cover the 8 cups of sliced potatoes with cold water and set aside.

Prepare the Absolutely Fabulous No Queso Sauce. As the sauce is blending, place the unsweetened soymilk and cayenne pepper into a saucepan and cook over low heat, stirring the contents together with a whisk. Add the Absolutely Fabulous No Queso Sauce to the saucepan and whisk together well. Cook and continually stir the sauce with a whisk for 5 minutes.

Drain the potatoes in a colander. Place a little bit of the sauce in a glass Pyrex baking dish and, using a rubber spatula, spread throughout the bottom. Place 4 cups of the sliced potatoes evenly into the pan. If using onions, spread half of the onions on top of the potatoes. Pour 2 cups of the sauce over the potatoes (and onions) and use a rubber spatula to smooth the sauce so it covers everything. Repeat this process to add a second layer of potatoes, onions and remaining sauce. Sprinkle paprika over the top layer. Bake uncovered for 1 hour 25 minutes, or until the potatoes are done. Serve with fresh ground black pepper and salt to taste, if desired.

### **Absolutely Fabulous No Queso Sauce**

Preparation Time: 3 minutes

Servings: variable

¼ cup raw cashews

1 cup roasted butternut squash, mashed

¾ cup water

8 ounces pimientos

¼ cup nutritional yeast

3 tablespoons cornstarch

½ teaspoon salt

Place all the ingredients into a blender until completely smooth. If you own a Vitamix, this process will take 3-4 minutes. If you own a regular blender, this process will take 5-7 minutes. With a regular blender you may need to strain the sauce to make sure you do not have any cashew pieces.

Note: Butternut squash is a winter vegetable. To bake it, preheat the oven to 400 degrees. Cut the squash in half, length-wise, and remove the seeds. Place on top of parchment paper and bake for 35 minutes.

You may not be able to buy it fresh during the summer months, but it can be purchased frozen in bags. Remove from bag and place the cubes on a baking sheet on top of parchment paper. Preheat the oven to 400 degrees. Pour about ¼ cup of vegetable

broth on top and bake for 30 to 40 minutes. Remove cubes from baking sheet and mash them in a bowl. You need 1 cup of mashed squash for the recipe.

**The following five recipes were contributed by Veronica Patenaude. They are from her upcoming e-book, *Comfort Foods From Around The World*. There is more information about Veronica in the April 2012 newsletter. Or you can visit her website at [www.lowfatveganchef.com](http://www.lowfatveganchef.com).**

### **Baked Butternut Squash Mac & Cheezy**

Serves 6

#### **Ingredients:**

1 2/3 cups mashed butternut squash (about 1/2 medium squash cooked)  
16 oz package elbow macaroni or spirals (GF if desired)  
1/2-3/4 cup vegetable broth  
1 large onion, diced  
4 cloves garlic, minced  
3 tsp miso paste  
3 cups almond milk (unsweetened original) or soy milk  
2 tbsp flour or cornstarch  
3/4 cup nutritional yeast flakes  
1/4-1/2 tsp black pepper  
1/2-1 tsp smoked paprika  
1/2 tsp Herbamare or salt



#### **Topping:**

2/3 cup breadcrumbs (GF if desired)  
1/2 tsp dried basil  
1/4 tsp dried oregano  
1/4 tsp smoked paprika

#### **Directions:**

1. Peel and cube the butternut squash and boil in a large pot just until soft. Or cook in a pressure cooker at high pressure for 5-7 minutes. Drain well. (Tip, if your squash is hard to peel or cut, pop it in the microwave for 3-4 minutes to soften the skin to make it easier to cut.) Measure out 1 2/3 cup of mashed squash and set aside.
2. Preheat oven to 350 degrees.
3. In a large pot, bring water to a rolling boil. Add pasta and cook until just before tender. Generally it's about 5 minutes. Drain well in a colander and rinse in cold water. Do not overcook the pasta!
4. In a large saucepan heat vegetable broth over medium heat and add the onions and garlic. Cook for 5-6 minutes until tender,



adding broth when needed to prevent burning.

5. Add cooked onions and any remaining broth from pan into Vita mix or food processor, add mashed squash and miso and blend until combined. Set aside

6. In the same large saucepan add 1 cup of the almond milk and sprinkle 1 tbsp of the flour (or cornstarch) when hot and whisk in. Add the remaining 2 cups of milk and sprinkle in another tbsp of flour (or cornstarch). Whisk together fast. (It's ok if there are a few small bits remaining.)

7. Cook for a minute or two until hot and quickly add the squash mixture and whisk in. Heat through another minute or two and then add the nutritional yeast and whisk in. Turn off heat and add remaining seasonings starting with the lower amounts. Taste and add additional seasonings to your liking.

8. Add drained pasta to sauce pot and stir to coat. Spread out in a casserole dish. Sprinkle breadcrumbs evenly over top. Sprinkle basil, oregano and paprika over the breadcrumbs.

9. Bake for 20-30 minutes just until pasta is tender. (20 minutes if you overcooked your pasta, 30 minutes if you didn't.)

Serve with steamed broccoli or a green salad.

#### **Additional Tips:**

You can use frozen cubed butternut squash and cook it and mash it, or use canned butternut squash. Both are sold at natural food stores.

Smoked paprika has a much better flavor than regular paprika. McCormick makes one, or you can get it at a specialty market or Whole Foods.

#### **Greek Stuffed Peppers**

Serves 3-4 for entree or 6-8 as a side dish

#### **Ingredients:**

6 large or 8 small bell peppers  
1 large onion, diced  
3 small zucchini, peeled and diced  
3 medium carrots, peeled and diced  
1 cup vegetable broth  
3 cups cooked brown rice or cooked white rice  
5 tbsp tomato paste  
3/4 cup fresh parsley, chopped  
3/4 cup fresh dill, chopped  
1/2-1 lemon, juiced  
1/4 tsp pepper  
1/2 tsp Herbamare or salt



#### **Directions:**

1. Preheat oven to 350 degrees.
2. Cut around stem of peppers like you would cut a jack-o-lantern top, retaining the top with stem. Remove seeds carefully and wash and dry thoroughly.
3. Place peppers in an oven safe dish and arrange upright and put tops back on. Bake at 350 degrees for 30 minutes.
4. Meanwhile in a large pan, saute onions, carrots and zucchini in vegetable broth for 5-6 minutes.
5. Stir in the rice and tomato paste and coat thoroughly.
6. Add parsley, dill, lemon juice, pepper and Herba mare (or salt) and stir to combine.
7. When peppers are ready, take out of oven and fill with stuffing.
8. Place tops back on peppers and bake for an extra 30-40 minutes until the peppers are soft.
9. Serve with additional wedges of lemon and dill for garnish if desired.

**Additional Tips:**

Store any extra peppers in an airtight container in the fridge. These make a perfect lunch entree and can be frozen, defrosted and reheated for later as well.

**Yam Chickpea Spinach Curry**

Serves 2-3

**Ingredients:**

- 1 15 oz can chickpeas, drained or 1 1/2 cups of cooked chickpeas
- 1 large onion, diced
- 3 cloves of garlic, minced or pressed
- 1 inch of ginger, minced or pressed
- 1-2 cups vegetable broth as needed for cooking
- 2 15 oz cans of diced tomatoes
- 1 tsp cumin, ground
- 1 tsp coriander, ground
- 1 tsp turmeric, ground
- 1/2 tsp Herba mare or salt
- 4-5 tsp sugar (or to taste)
- 1 cup of yams/sweet potatoes, peeled and diced 2" thick
- 2 cups of fresh spinach, packed or 1 cup frozen, drained
- 1/4 tsp garam masala (or to taste)

**Directions:**

1. If using canned chickpeas, rinse before using. If you're using dried chickpeas, soak in water the night before and pressure cook with salt for about 10 minutes before using for the recipe.

2. Saute onion, garlic and ginger in vegetable broth until translucent, about 5 minutes over medium heat. Add more vegetable broth as necessary, to keep from burning.
3. Add diced tomatoes and seasonings except for garam masala.
4. Add chickpeas and stir to combine and cook over medium low heat for about 15 minutes until tomatoes have broken down, the chickpeas have softened and the flavours meld, stirring occasionally. Add a little more vegetable broth or water as needed if your tomato juice is running low.
5. In another pot, gently steam the yams just until tender so they retain their shape, about 10-15 minutes. Set aside.
6. Add the spinach to the vegetable mixture and stir to combine. Cook for another minute or two until it's wilted and heated through.
7. Add yams and stir to combine. Be careful not to break the yams apart by over mixing. Add some garam masala to taste, as desired.
9. Serve with fresh rice.

### **Herbed Tofu Ranch Dip**

#### **Ingredients:**

- 1 package firm silken tofu
- 2 tbsp lemon juice
- 1 clove of garlic
- 1 tsp granulated onion
- 1/2 tsp nutritional yeast
- 2 tsp maple syrup or liquid sweetener
- 1/4 tsp Herbamare or salt
- Fresh ground pepper
- 1 tbsp parsley, chopped
- 2 tbsp green/spring onions, sliced (green tops only)

#### **Directions:**

1. Place ingredients (except for parsley and green onions) into blender and blend until smooth. Taste test and adjust salt and pepper if desired. Add parsley and green onions and blend on medium high until the pieces are broken up a bit.
2. Refrigerate if desired before serving and serve with veggies or rice crackers.



### **Zesty Queso Sauce**

Makes about 2 cups

2/3 cup canned fire roasted tomatoes  
1 cup water  
1/2 tsp onion powder  
1/4 tsp smoked paprika  
1/4 tsp garlic powder  
5 tbsp nutritional yeast  
1/8 tsp salt  
Fresh ground pepper  
3 tbsp all purpose flour or cornstarch  
1/8 tsp xanthan gum

**Directions:**

1. Combine tomatoes, water, onion powder, paprika, garlic powder, and nutritional yeast in a blender and blend until smooth. Season to taste with salt and pepper. Add flour or cornstarch and xanthan gum and blend again.
2. Pour mixture into a pot and heat over medium heat until the sauce thickens.
3. Add additional spices if desired, such as diced jalapeños, chipotle or chili powder etc.
4. Serve with chips, on enchiladas, in burritos or use as a topping for baked potatoes.
5. Store any leftovers in a container in the fridge and use within 3-5 days.