"Vegan," “Plant-Based,” “Starchivore”: What Do You Call Yourself?

You might consider it unwise to take advice on what to call yourself, dietarily speaking, from a writer who titled his latest book, The Starch Solution. After all, starch is a distasteful word, more often associated with laundry, Wonder Bread, and fattening foods than with health and attractiveness.

You may ask, “Why didn’t he take an easier, less reader-offensive route?” I could have called my book: The Vegetarian Solution, The Plant-based Diet Solution, or the Complex Carbohydrate Solution. But these non-descriptive titles fail to clearly explain what I advise people to eat: starch.

Almost daily I receive an e-mail from someone struggling with a diet they describe as “vegetarian,” “vegan,” “nutrient-dense,” and/or “plant-based.” Fortunately, their struggles can be eliminated by one simple inexpensive exchange of foods. After adding starch into their diet—bread, pasta, rice, corn, beans, and/or potatoes—in generous amounts, they communicate a sense of relief, feelings of wellbeing, and a mind-set of self-control.

Favorite Five Articles from Recent Medical Journals

- Calcifications of Mummies’ Arteries Due to Meat in Their Diet
- Macular Degeneration Is Due to Western Diet
- Chelation Therapy Found Helpful for Heart Disease
- Mediterranean Diet Study Promotes Nuts and Olive Oil for Industry
- Vegetable Oils Increase Heart Disease and Death

Featured Recipes

- Asian Wraps
- Barbecue Tofu Wraps
- Hummus Wraps
- Mediterranean Garbanzos
- Broccoli Bisque
- Simple Marinara Sauce
- Pizzas How You Like Them
"Vegan," “Plant-Based,” “Starchivore”: What Do You Call Yourself?

You might consider it unwise to take advice on what to call yourself, dietarily speaking, from a writer who titled his latest book, The Starch Solution. After all, starch is a distasteful word, more often associated with laundry, Wonder Bread, and fattening foods than with health and attractiveness.

You may ask, “Why didn’t he take an easier, less reader-offensive route?” I could have called my book: The Vegetarian Solution, The Plant-based Diet Solution, or the Complex Carbohydrate Solution. But these non-descriptive titles fail to clearly explain what I advise people to eat: starch.

Almost daily I receive an e-mail from someone struggling with a diet they describe as “vegetarian,” “vegan,” “nutrient-dense,” and/or “plant-based.” Fortunately, their struggles can be eliminated by one simple inexpensive exchange of foods. After adding starch into their diet—bread, pasta, rice, corn, beans, and/or potatoes—in generous amounts, they communicate a sense of relief, feelings of wellbeing, and a mind-set of self-control.

I am Not a “Veg” Anything

Don’t call me a “vegetarian” or a “vegan doctor,” even though, for all practical purposes, I am one. To avoid misnomers, I claim to eat a thinly sliced two-inch-square piece of turkey every other Thanksgiving. Whether or not this is true, or on which Thanksgiving I eat this ceremonious bird, I will never reveal. Until the day comes when thin vegans outs number the fat ones, the turkey and I will continue our biannual sacrifice.

Avoiding meat (vegetarian) or all animal foods and products (vegan) is not necessarily healthful. Cakes, candies, cookies, French fries, pies, and potato chips can all qualify as vegan. Painlessly, one can become an ethical vegan, overnight, by replacing beef with soy burgers or mozzarella with soy cheese. All four of these foods are high in fat and/or protein and none contains the health-supporting ingredients that are required for strength, good looks, and longevity.

I am More than a Plant-Eater

“Vegetarian” was fashionable in the 1970s and “vegan” has been growing in popularity. And the labels “plant-based” and “plant-food-based” are now becoming trendy. But don’t forget; Coca Cola is entirely plant-food-based and could fit under any of these labels. Okay, that’s an unfair example. My concern is really for well-intentioned people wearing message-board T-shirts with “Plant Based” on the front side and “Powered by Kale” on the back.

When I think about plants, I immediately think of “greens” like broccoli, cabbage, celery, kale, and lettuce. This category of foods is also known as “green, yellow, red, and orange non-starchy vegetables.” These foods are chock-full of vitamins and minerals but are deficient in calories. “Powered by Kale” is mathematically
near impossible. An average man would need to eat 75 cups (that's 11 pounds) of leafy kale greens daily to meet his energy needs. Beriberi, scurvy, or pellagra (all diseases caused by severe vitamin deficiency) would be of no worry as this plant-based dieter starved to death.

To compensate for the missing energy in a diet dominated by salads, people add concentrated sources of calories found in olive or other vegetable oils. Unfortunately, these purified oils also lead to obesity, greasy skin and hair, type-2 diabetes, heart disease, and cancer. (Note: These oils are an isolated ingredient, consisting of empty fat calories; lacking in fiber, carbohydrate, protein, vitamins, and minerals.)

The newest label I've heard is “whole-food, plant-based diet (WFPBD).” Because “whole-food” excludes empty calories from pure oil, white flour, and refined sugar, we are moved toward better food choices. But this collection of words still fails to identify the source of the most essential ingredient in our diets: calories.

What to Eat for Energy

The first purpose of eating is to obtain energy (calories) to run the body’s machinery. We do not eat to satisfy a need for any other nutrient: not for protein, calcium, or vitamin C. While animal foods (like meat and cheese) can provide energy via the metabolism of animal fat and protein, educated people know that animal-derived foods should be avoided for health, environmental, and animal rights issues. That leaves the plant kingdom. Three categories of foods from plants—fruits, nuts and seeds, and starches—can effectively satisfy the energy needs of humans. (As mentioned, “greens” alone cannot.)

Fruitarian diets have been a passing fancy. (Apple’s co-founder, Steve Jobs, ate only fruits for a short period of his life.) Fruits are plentiful in calories because of their simple sugars, like glucose and fructose. Unfortunately, because simple sugars digest rapidly, they provide little long-term, between-meal, appetite satisfaction. This is the reason apples are never referred to as “comfort foods.”

High-fat plant foods, like nuts, seeds, olives, and avocados, are loaded with calories. Unfortunately, these calories are almost exclusively from fat. Our appetite is insensitive to fats consumed because of the lack of regulatory feedback mechanisms. From fats we receive no reliable signals that we have eaten enough and now it is time to stop. As a result, nuts and seeds consumed at one’s pleasure translate into excess weight gain.

The appetite is highly sensitive to sugars, especially sugars found in the complex forms, called starches. A precise feedback mechanism between the appetite and sugars insures satisfaction without overconsumption. This is why rice, corn, beans, potatoes, breads, and pastas are known as “comfort foods” and the reason why historically people who have followed starch-based diets have always been trim and hardy. (Remember: rice and Asians, corn and Mayans, potatoes and Incans, wheat and Egyptians.)

To Move Forward, Think Starch

The third and most important category of calorie-sufficient foods from the plant kingdom is starch. Scientists freely use the word “starch,” and the scientific journal Starch is where articles about the food and commer-
cial uses of this basic foodstuff are published. So why do lay people shun this proper verbiage when describing their diets?

In an effort to sanitize and separate this noun from the laundry room, “starch” became known as a “complex carbohydrate” in 1977 during the writing of “The Dietary Goals of the US.” That was a big mistake. When was the last time you ate a plateful of complex carbohydrate? The effect of this name change was that the proper word for the primary source for calories consumed throughout all of human history—starch—vanished from our dietary vocabulary. The confusion that followed contributed to the doubling of obesity and diabetes over the past half-century.

For more than 35 years I have referred to the McDougall Diet as “starch-based with the addition of green and yellow vegetables and fruits.” Based on my extensive medical experience, your goal when asked, “What do you call yourself,” should be to answer: a “starchivore,” or a “starchitarian.”

Favorite Five Articles from Recent Medical Journals

Calcifications of Mummies’ Arteries Due to Meat in Their Diet

“Atherosclerosis across 4000 years of human history: the Horus study of four ancient populations,” by Randall C. Thompson in the April 6, 2013 issue of the medical journal the Lancet, found that, “Atherosclerosis was common in four pre-industrial populations including pre-agricultural hunter-gatherers. Although commonly assumed to be a modern disease, the presence of atherosclerosis in pre-modern human beings raises the possibility of a more basic predisposition to the disease.”¹ The article ends with an erroneous statement: “The presence of atherosclerosis in pre-modern human beings suggests that the disease is an inherent component of human ageing and not characteristic of any specific diet or lifestyle.”

Using high-tech computer technology with x-rays, a method called Computed Tomography (CT) scanning, investigators examined the preserved remains of mummies from Egyptian, Peruvian, Puebloan (from the southwest US), and Unangan (Inuit Eskimos from Aleutian Islands of modern day Alaska) populations. Mummies from all four regions showed disease. Of 137 bodies examined, 47 (34%) had probable or definite ather-

Investigators provided information in this article about the diets of all four populations. Note that all, as hunter-gatherers, consumed animal foods:

Egyptians: Cattle, sheep, goats, pigs, hyenas, ducks, geese, quails, pheasants, and fish.
Peruvians: Alpaca, guinea pigs, ducks, Andean deer, birds, crayfish, and fish.
Puebloans: Rabbits, mice, big horn sheep, mule deer, and fish.
Unangans: Seals, sea lions, sea otters, whales, shellfish, sea urchins, eggs, and fish.

Except for the Unangans, the diets of these ancient people also contained important amounts of starches, vegetables, and fruits.
osclerosis; over an estimated age of 40, half had atherosclerosis.

Finding calcium with CT scanning is considered *pathognomonic* for atherosclerosis, the most common kind of artery damage. (Pathognomonic means a sign or symptom of a disease that is so characteristic that it can be used to make a diagnosis.) Among modern people who follow the high-meat Western diet, calcification is ubiquitous in men by the age of 60 years and in women by 70 years.

**Comment:** People love to hear good news about their bad habits, and publication of this headline-grabbing article put the roast-beef sandwich back on the “guilt-free foods” list for many. These investigators reached a commonly held belief that dying from complications of atherosclerosis is an inevitable consequence of natural aging (with a little bad luck and genetics). Although with advancing age artery damage does become more common and severe, this disease also affects the very young. Autopsy data from American casualties of the Korean and Vietnam wars found atherosclerosis in 77% and 45%, respectively, of young men, with severe disease in 5%. A large autopsy study in the US of accident victims, aged 15–19 years, found atherosclerosis in the aortas in all of the remains, with heart (coronary artery) lesions in more than half. This extent of disease is typically only found in people following a diet high in meat. Similar examinations of the arteries of populations following diets with much less meat (and more starch), such as the Japanese, show healthier arteries at all ages. (Dairy, which I refer to as “liquid meat,” and synthetic trans-fats, also play a major role in modern day atherosclerosis.)

All four ancient populations, whose remains were reported on in the current *Lancet* study, consumed animal foods. Accurate written records of actual dietary habits are available only for the Egyptians. Hieroglyphic inscriptions on temple walls indicate that the royalty regularly consumed beef, sheep, goats, wild fowl, bread, and cake. A conservative estimate is that the diet of the privileged few who were mummified—the kings, queens, priests, and priestesses—was more than 50% fat, with a significant portion being saturated fat (from meat)—these fat figures are the same as those for the diets of modern Western people.

The diet of the people living in what is now known as Alaska was undoubtedly almost exclusively from animal foods—little else was available in their harsh winter environment for seven months of the year. What exactly the inhabitants of ancient Peru and those of southwestern US (Puebloans) ate centuries ago is up to speculation. However, meat must have been present at some periods of their lives in amounts sufficient to cause inflammation of their arteries, leaving the fingerprints of calcification.

Examination of the few hunter-gatherer populations surviving into modern times further establishes the “meat connection” to atherosclerosis. Researchers find that recently living, primitive-people who base their diets on animal flesh, such as the Inuits (Eskimos), suffer from heart disease and other forms of atherosclerosis; whereas those, such as the Tarahumara Indians of Mexico and numerous rural pastoral societies in Africa, who base their diets on plant foods (starches), are free of these diseases.

CT scanning of modern-day people worldwide demonstrates dramatic differences in artery health, which can only be due to their eating habits and not due to their genetics. For example, the Japanese living in Japan, who consume a starch (rice)-based, low-meat diet, show calcification of the aorta half as often (36% vs. 69%)
as do Japanese-Americans, whose diet is much more meat-based.6 Furthermore, calcification of the coronary (heart) arteries is strikingly lower among the native Japanese compared to Americans (13% vs. 47%).7

Most importantly, this Lancet study of atherosclerosis across 4000 years of human history of four ancient populations proves that “it’s the food.” You have heard the phrase “diet and lifestyle” in reference to the cause of common modern diseases, such as atherosclerosis. “Lifestyle” specifically refers to lack of exercise, the habit of cigarette smoking, and the burdens of various stresses associated with present-day living. These ancient people had none of these negative “lifestyle” factors affecting them, which leaves only their diet. “Lifestyle” is the scapegoat for people wanting to avoid the truth about the meat on their dinner table.


Macular Degeneration Is Due to Western Diet

“Cholesterol-enriched diet causes age-related macular degeneration-like pathology in rabbit retina,” by Bhanu Dasari published in the August 18, 2011 issue of the journal *BMC Ophthalmology*, found that, “… cholesterol-enriched diets cause retinal degeneration that is relevant to age-related macular degeneration (AMD)¹. Furthermore, our data suggests high cholesterol levels and subsequent increase in the cholesterol metabolites as potential culprits to AMD.”

Multiple Studies Find Shared Risk Factors for Heart Disease and AMD:

* Overweight people have more than twice the risk of progression over the next five years of this disease from the mild form, which affects nearly 8 million people in the United States, to the severe, blinding form. Other common risk factors shared by both diseases are cigarette smoking, lack of exercise, high cholesterol, and hypertension. (Note, however, that cholesterol-lowering statin medications do not benefit AMD.)²

* A diet high in all kinds fats, including animal, trans-fats (margarines, shortenings), monounsaturated fats (olive oil), and other vegetable fats, increases the risk of developing AMD by two to three times compared to a diet low in fat.

* A diet low in fruits and vegetables is associated with an increased risk of AMD.

* Vigorous physical activity decreases the risk of AMD.

* As people in non-Western countries, for example Japan, Taiwan and China, switch from their native diets based on starches (like rice) to Western diets (meat and dairy foods) their risk of AMD increases.

**Comment:** AMD is the leading cause of blindness in people age 64 or older living in Western countries. The severe form, with impairment of vision, affects 1.7 million people in the United States, with 200,000 new cases annually. Characteristically, this is a disease of progressive, but painless, loss of the central vision in the macula of both eyes simultaneously. The macula is the part of the retina that provides our most acute and detailed vision, and is used for visual activities like reading, driving, recognizing faces, watching television, and other fine work.

Supplements and medications are not a savior. The popular belief that vitamins and minerals slow AMD comes from a single large trial in the United States (the Age-Related Eye Disease Study), funded by the eye care product company Bausch & Lomb, which also manufactured the supplements used in the study.³ How-
ever, a 2012 Cochrane Database Review found that the use of vitamin and mineral supplements, alone or in combination, by the general population had no effect on AMD. Most importantly, vitamin supplements should be avoided because they increase the risks of overall mortality, heart disease, and cancer. Omega-3 (fish) fats have also been suggested as a means to prevent or slow the progression of AMD. Not yet true according to another Cochrane Review.

Age-related macular degeneration (AMD) is a progressive condition that is untreatable by any commonly practiced means—unless diet-therapy were to be included. I view this condition as being similar to other vascular diseases, like heart attacks, strokes, and impotence—all due to the Western diet high in meat, dairy products and other junk food. A healthy starch-based diet is the only hope to prevent and slow the progression towards blindness from this disease. Unfortunately, vision already lost cannot be recovered, even with a healthy diet. Now, when you can still read this newsletter, would be a good time to switch to a starch-based diet (if you haven’t already done so).

References:


**Chelation Therapy Found Helpful for Heart Disease**

“Effect of Disodium EDTA Chelation Regimen on Cardiovascular Events in Patients with Previous Myocardial Infarction: the TACT Randomized Trial,” by Gervasio A. Lamas published in the March 17, 2013 issue of the *Journal of the American Medical Association*, found that, “Among stable patients with a history of MI, use of an intravenous chelation regimen with disodium EDTA, compared with placebo, modestly reduced the risk of adverse cardiovascular outcomes, many of which were revascularization procedures (heart surgeries).” The
April 2013  The McDougall Newsletter  Volume 12, Issue 04

Does Olive Oil and Eating Nuts Really Prevent Heart Disease?

Common knowledge is that using olive oil (monounsaturated fat) and eating nuts (polyunsaturated fats) protects against heart disease, but there is evidence that questions the purported benefits:

* Serial angiograms of people’s heart arteries show that all three types of fat—saturated (animal), monounsaturated (olive oil), and polyunsaturated (omega-3 and omega-6 oils)—were associated with significant increases in new atherosclerotic lesions over one year of study. Only by decreasing the entire fat intake, including poly- and monounsaturated-oils, did the lesions stop growing.

* Dietary polyunsaturated oils, both the omega-3 and omega-6 types, are incorporated into human atherosclerotic plaques; thereby promoting damage to the arteries and the progression of atherosclerosis.

* A study in African green monkeys found that when saturated fat was replaced with monounsaturated fat (olive oil), the olive oil provided no protection from atherosclerosis.

* One of the most important clotting factors predicting the risk of a heart attack is an elevated blood factor VII. All five fats tested—rapeseed oil (canola), olive oil, sunflower oil, palm oil, and butter—showed similar increases in triglycerides and clotting factor VII.

Most likely, any heart benefits of a Mediterranean diet are due to it being a more vegetarian diet. The trial included 1708 patients treated with either a chelation regimen of 40 infusions of disodium EDTA, ascorbate, B vitamins, and other components or a placebo salt solution (saline). Treatment reduced cardiovascular events (death, recurrent heart attack, stroke, hospitalization for angina, and heart surgery) by 18% compared to a placebo. Patients with diabetes and those with a past history of a heart attack had especially good results, with about a 40% reduction in risk of future cardiovascular events. (EDTA is an abbreviation for ethylenediaminetetraacetic acid. Each infusion takes about three hours and the first 30 infusions are administered at weekly intervals.)

Comment: Since the 1950s, medical doctors have used chelation therapy as a treatment for toxic metal poisoning. Administered intravenously, intramuscularly, or orally, these agents remove mercury, iron, arsenic, lead, uranium, plutonium and other heavy metals from the body. ("Chelation" is derived from the Greek word “chele”—the claws of a crab—referring to how it surrounds and binds metal ions.)

Apparent success in reducing calcium deposits, which are found in artery wall plaques in the later stages of atherosclerosis, led to the treatment of heart patients with EDTA beginning in 1956. This approach was never accepted by traditional medical doctors and was left to a few renegades practicing what is referred to as “alternative medicine.” The American College for Advancement in Medicine, the largest professional organi-
zation supporting this approach, estimates that 800,000 patient visits for chelation therapy were made in the United States in 1997. The use of chelation therapy has expanded beyond helping those with heart disease to disorders as divergent as autism, Alzheimer’s disease, Parkinson’s disease, COPD, and diabetes.

Improvements among heart patients undergoing chelation therapy have been attributed to the “placebo effect” and to diet and lifestyle changes, such as quitting smoking, losing weight, eating more fruits and vegetables, avoiding meat and dairy products, and exercising regularly, concurrently encouraged by the chelationists. One of the greatest concerns expressed by traditional medical doctors is that chelation therapy will divert needy patients away from what really works, which they believe to be heart surgery. However, this is faulty reasoning because bypass surgery and angioplasty for chronic coronary artery disease do not save lives. Hopefully, publication of this study will cause more heart patients to pause before undergoing the knife.

In the past I have taken a relatively neutral position on chelation therapy, saying that it rarely does harm, is relatively inexpensive, and is enthusiastically supported by most of the treated patients whom I have met. This article will cause me to be more positive when someone asks my opinion on this conservative approach. However, diet-therapy is by far the most effective, non-toxic, cost-free treatment for heart and other chronic diseases, and remains the only approach that I can unreservedly recommend.


Mediterranean Diet Study Promotes Nuts and Olive Oil for Industry

“Primary prevention of cardiovascular disease with a Mediterranean diet,” by Ramón Estruch published in the April 4, 2013 issue of the New England Journal of Medicine, found that, “Among persons at high cardiovascular risk, a Mediterranean diet supplemented with extra-virgin olive oil or nuts reduced the incidence of major cardiovascular events.”¹ The study, lasting five years and involving about 7,447 people ages 55 to 80 living in Spain compared one group following the olive oil- and nut-supplemented Mediterranean diet to another group on a “low-fat” diet. Two Spanish companies supplied the olive oil (Hojiblanca and Patrimonio Comunal Olivarero), and the nuts came from a producer in Spain (La Morella Nuts) and the California Walnut Commission. Plus, many of the authors have extensive financial ties to food, wine, and other industry groups.

Comment: This article made worldwide headlines by showing how adding olive oil and nuts will reduce the risk of cardiovascular disease compared to a “low-fat diet.” However, a careful read of the article reveals that only the risk of stroke was reduced by the tested Mediterranean diet. The diet had no effect on heart attacks or death rates overall. Most important to note is that participants in the “low-fat” group made no real changes—their total fat consumption decreased insignificantly from 39% to 37% of the calories.

Regardless of any cardiovascular advantages, one major disadvantage of simply replacing one kind of fat with
another, i.e., saturated fats (meats and dairy) with olive oil and nuts, is that there will be no weight loss. When this same group of researchers published their findings from this study in 2006 they found that their olive oil group lost less weight than did the low-fat group (0.19 Kg) and the nut group lost about the same (0.26 Kg) as the low-fat group in three months.² (Remember, the low-fat group was really following a high-fat diet.) For comparison, the McDougall Diet has demonstrated an average weight loss of five times as much: 1.6 Kg (3.5 pounds) in a week, and participants are encouraged to eat as much as they want from the buffet. (The McDougall Diet is based on starches such as rice, corn, potatoes, beans, etc.; olive oil is prohibited and nuts are used very sparingly.)

Olive oil makes people fat. The real-life obesity-causing effects of olive oil are seen in countries in southern Europe. When 54 obese women in a Mediterranean country were studied, they were found to be following a diet low in carbohydrates (35% of calories) and high in fats (43% of calories)...and 55% of total fat calories came from olive oil.³ Overweight and obesity lay the foundation for type-2 diabetes and degenerative arthritis of the lower extremities, as well as cancer, heart disease, and strokes.


**Vegetable Oils Increase Heart Disease and Death**

“Use of dietary linoleic acid for secondary prevention of coronary heart disease and death: evaluation of recovered data from the Sydney Diet Heart Study and updated meta-analysis,” by Christopher E. Ramsden published in the February 4, 2013 issue of the *British Medical Journal,* found that, “... substituting dietary linoleic acid in place of saturated fats increased the rates of death from all causes, coronary heart disease, and cardiovascular disease.” The original data came from the Sydney Diet Heart Study (SDHS), conducted from 1966 to 1973 on 458 men aged 30-59 years with a history of a recent coronary event. Participants replaced animal fats from meat and dairy sources, and margarines and shortenings, with safflower oil. Safflower oil is a concentrated source of linoleic acid, also known as an omega-6 fat.

**Comment:** Advice to replace saturated fats with vegetable oils has been the cornerstone for dietary guidelines for preventing heart disease for the past 60 years. This substitution does lower blood cholesterol levels and this is why scientists believed benefits would be found in terms of real life events (fewer heart attacks, death, and heart surgeries). The traditional “diet-heart theory” predicts lowering cholesterol by any means will diminish the deposition of cholesterol in the arterial wall and slow the progression of atherosclerosis. This was not the case in this major study, as well as in two previous randomized controlled trials, showing similar adverse effects from substituting animal-derived and trans-fats with these pure vegetable fats.

Why is pure vegetable oil, like safflower oil, harmful? Because oil is no longer a food—at best it is a medicine and at worst it is a serious toxin. To get oil from a food (olive, orange, corn, etc.) it must be mechanically extracted. The end product is an isolated ingredient (pure oil). One way that pure oils cause damage is because they are easily oxidized when unprotected by their natural surroundings (the ingredients provided by the rest of the food before the oil was extracted). Oxidized oils contain “free radicals” that donate electrons that damage the arteries and other tissues. With the loss of their protective surroundings, pure oils are also much more fattening than the whole food. In addition, flooding the body’s cells with isolated concentrated oil (pure oil) creates nutritional imbalances, leading to metabolic derangements as serious as cancer. The McDougall Diet strongly recommends against consuming pure oils of any kind, including the so-called “good fats” like omega-3 fats. Oil, as clearly demonstrated in this major study, would be more accurately classified as a poison, rather than a food.

Featured Recipes

By Heather McDougall

Wraps are great. Especially in the summer when you don’t feel like cooking and are eating outdoors a lot more than usual. Wraps do well on picnics and in lunchboxes. They are delicious warm or cold. I like to keep a variety of tortillas in my refrigerator such as whole wheat, corn, or corn/wheat varieties. I heat them up individually on a dry non-stick griddle until warmed on both sides (about 30 seconds per side), then smooth on a layer of spread, a starch (beans, rice, potatoes), fresh and sautéed vegetables, add a sauce and top with hot sauce, if desired. If you always have a number of spreads and veggies on hand, a quick meal is never far off. I have included a few of our favorite wrap recipes below, and there are a number of other wrap ideas in the June 2010 McDougall Newsletter.

ASIAN WRAPS

You can easily skip the tortilla and just have this in a bowl, but my family likes to make their own wraps -- tortilla, rice, tofu, coleslaw, veggies, peanut sauce, and Sriracha sauce.

Serves 4-6

2 cups cooked brown rice
8 spinach tortillas
2 cups fresh vegetables, sautéed and raw

Options Include: Options Include:
Bean sprouts
Kale
Bok choy
Scallions
Mushrooms
Carrots

Coleslaw:
You can make this even easier by using a bag of already shredded cabbage and carrot mixture in the pre-packaged lettuce section of your grocery.

2 cups finely shredded cabbage (red & green)
1 cup finely shredded carrot
2 tablespoons rice vinegar
1 teaspoon chili garlic sauce
1 teaspoon agave
Put the cabbage and carrot in a large bowl. Mix the rice vinegar, chili garlic sauce and agave in a small bowl, add to the cabbage-carrot mixture. Stir well. Let sit while you prepare the rest of the meal.

**Marinated Tofu:**
20 ounces extra firm tofu (Wildwood is my favorite)
2 tablespoons rice vinegar
2 tablespoons light miso
1 tablespoon soy sauce
1 tablespoon tahini
1 tablespoon agave nectar
2 teaspoons mirin

Drain the tofu and cut into small cubes.

Place the remaining ingredients in a small bowl and whisk until smooth. Pour over the tofu and toss to coat well. Let rest for at least 30 minutes, mixing occasionally to make sure the tofu is well covered with the marinade.

Turn the tofu and the marinade into a large non-stick sauté pan. Dry fry for about 10 minutes, turning occasionally with a spatula to make sure the cubes are well browned on all sides.

**Thai Peanut Sauce:**
*This is a higher-fat sauce because of the peanut butter. However, I have recently discovered PB2, by Bell Plantation. This stuff is amazing! It’s basically powdered peanut butter, with 85% of the fat removed. You mix it with water and use as you would regular peanut butter. You can’t tell the difference.*

½ cup vegetable stock
¼ cup peanut butter
1 tablespoon soy sauce
1 tablespoon hoisin sauce
½ tablespoon agave nectar
1 teaspoon lime juice
1 teaspoon chili garlic sauce

Place all ingredients in a blender or food processor and process until smooth. Pour into a saucepan and heat through before serving. Serve warm.

**Asian Ginger Sauce:**
*If you do not want to use a peanut sauce, the sauce below is a good low-fat alternative.*

½ cup low-sodium soy sauce
¼ cup orange juice
1 tablespoon rice vinegar
1 tablespoon mirin
1 tablespoon agave nectar
1 tablespoon hoisin sauce
1 tablespoon white miso
1 teaspoon crushed garlic
1 teaspoon grated fresh ginger
½ teaspoon crushed red pepper
2 tablespoons cornstarch

Combine all ingredients in a saucepan and whisk until smooth. Bring to a boil while stirring and cook and stir until thickened. Serve warm.

To assemble wraps; warm the tortillas, place a line of the rice down the center of the tortilla, add coleslaw and whichever vegetables you choose, a few cubes of the tofu and top with either or both of the sauces. Roll up and eat.

BARBECUE TOFU WRAPS

This may be made ahead and reheated just before serving. It is wonderful as a leftover for lunch the next day or two.

Serves 6-8

16 ounces extra firm tofu
2 teaspoons ground cumin
2 teaspoons chili powder
3 teaspoons rice vinegar
½ cup vegetable broth
1 onion, chopped
1 red bell pepper, chopped
1 cup frozen corn kernels, thawed
1 15 ounce can black beans, drained and rinsed
1½ cups cooked brown rice
1 cup barbecue sauce
8-10 corn or flour tortillas

Drain the tofu and cut into small cubes. Place in a shallow bowl and sprinkle with cumin, chili powder and vinegar. Stir gently to mix. Set aside, mixing occasionally.
Place the vegetable broth in a large non-stick frying pan. Add onion and bell pepper. Cook, stirring occasionally, for 5 minutes. Stir in corn, black beans, brown rice and barbecue sauce. Cook for an additional 2 minutes. Add tofu and continue to cook about 3 minutes longer, stirring gently when needed.

Warm tortillas. Spoon about ½ to ¾ cup of the mixture down the center of the tortilla. Fold up bottom of tortilla, roll up sides and eat.

**HUMMUS WRAPS**

*A fast, delicious, no-cook meal for those hot summer nights during the next couple of months.*

Serves 4-6

Spinach, Whole Wheat or Corn Tortillas  
Hummus  
Shredded Carrots  
Kalamata Olives, chopped  
Pickled Sweet Peppers, chopped  
Alfalfa Sprouts  
Cucumber, diced  
Avocado, diced  
Lettuce, Shredded  
Sriracha Hot Sauce or salsa

Prepare all the vegetables ahead of time and place in individual bowls. Let each person assemble their own wrap, placing a line of the hummus down the center of the tortilla, and then layering on their choice of vegetables and hot sauce, if desired. Roll up and eat!

**Hummus**

1. 15 ounce can garbanzo beans, drained and rinsed  
2. 3 tablespoons lemon juice  
3. 2 cloves garlic, crushed  
4. 1-2 tablespoons water  
5. 1 tablespoon tahini (optional)  
6. dash sea salt

Place all ingredients in a food processor and process until very smooth.

*Hints: Add other ingredients to this basic Hummus, for flavor and variety.*  
½ cup roasted red peppers plus ½ teaspoon ground cumin
½ cup chopped parsley or cilantro
1-2 teaspoons chopped jalapeno pepper

**MEDITERRANEAN GARBANZOS**

*My mom came up with this recipe on the same day that she made the Cheezy Baked Macaroni (March 2007 Newsletter), thinking that my son, Jaysen, would love the pasta and that this dish would be too spicy for him. He ate 6 bowls of this dish and only a few bites of the pasta. You never know. This would be great in a wrap with brown rice or whole wheat couscous, or without the tortilla and in a bowl.*

Serves 6-8

2 onions, chopped
3 cloves garlic, minced
¼ cup vegetable broth
2 15 ounce cans garbanzo beans, drained and rinsed
1 28 ounce can crushed tomatoes with basil
1 large fresh tomato, chopped
1 teaspoon oregano
1 teaspoon crushed red pepper flakes
2 tablespoon lemon juice
4 cups packed chopped fresh spinach
freshly ground black pepper

Place the onion and garlic in a large pot with the vegetable broth. Cook, stirring occasionally until onion is tender, about 4 minutes. Add beans, tomatoes, oregano and red pepper flakes. Mix well, bring to a boil, reduce heat, cover and cook for 30 minutes, stirring occasionally. Add the lemon juice, spinach and several twists of freshly ground pepper. Cook for an additional 5 minutes, until spinach is tender.

**BROCCOLI BISQUE**

*This is such an easy recipe to make and re-heat. I love this over brown rice and steamed cauliflower.*

Serves: 6-8

4 cups broccoli florets
3 cups vegetable broth
2 cups frozen chopped hash brown potatoes
1 onion, chopped
1 teaspoon dried dill weed
2 ½ cups non-dairy milk
1 tablespoon Dijon mustard
dash white pepper
Salt to taste

Place the broccoli, broth, potatoes, onion and dill weed in a medium pot. Bring to a boil, cover and cook over medium heat for 15 minutes. Process in batches in a blender. Return to pot, add the non-dairy milk, the mustard and the white pepper. Heat through and serve at once. Add salt to taste.

HINTS: I make this in a stainless steel pot and process it with an immersion blender directly in the pot. (An immersion blender is a small, hand-held appliance that will blend foods without removing them from the cooking pot or bowl. Do not use an immersion blender in a non-stick pot.) If you buy the broccoli florets frozen in bags it saves quite a bit of the preparation time.

SIMPLE MARINARA SAUCE

We eat pasta often in our house. We have it in all shapes and sizes, but usually with the same sauce – a simple red. The one below is so easy to make and great to have on hand. We have this with garlic bread and a salad. I also pack this over pasta in my sons’ school lunches. They like this hot or cold. You can also use this on pizza. My boys love to help make pizzas and we have pizza dinners at least once a week during the summer, made outside on the grill. See recipe below.

Serves 6-8

1 onion, coarsely chopped
4-6 whole garlic cloves
1 cup firmly packed fresh basil leaves
2 28-ounce cans chopped tomatoes with their juice (San Marzano is my favorite)
1 ½ cups tomato juice (a tomato-vegetable blend is a good choice)
salt to taste

Place all ingredients in a large pot. Bring to a boil, reduce heat, cover and simmer for 1 ½ hours. Puree in batches in a blender until it reaches desired consistency.

Hint: Keep this covered in the refrigerator for 3-4 days, if it lasts that long in your house.
PIZZAS HOW YOU LIKE ‘EM

This is a bit labor intensive, so I make a double-batch of this dough and put it in the freezer. This way, I always have it on hand and can make more when I have the time. You can make this pizza dough any size and shape you want. My boys like to make their own pizzas, so I give them personal-sized dough balls and they roll it out and add their own toppings.

Serves 8-10

7 cups unbleached white flour or whole wheat flour
1 teaspoon active dry yeast
1 – 4 teaspoons salt
3 cups water, plus more if dough is too dry

In a stand mixer with dough hook, add flour, yeast and salt and mix on low speed until combined. Slowly add water until combined, then knead with dough hook for 2 more minutes, or until dough starts to pull away from bowl and form a big ball on the hook. If the mixture seems too dry, add a bit more water.

Put this mixture in a large clean bowl, cover with plastic wrap or silicone cover and a towel and place in a draft free area for 18-24 hours.

The next day, turn mixture out onto a floured work surface. Shape into a long oval shape and cut into 6 even sections, or 3 if you like your pizza thicker. Next, take each section and fold the ends towards the middle, flip over, shape into a ball and place on a baking sheet with parchment paper. Do this with all pieces. Cover the dough with plastic wrap and a towel and let sit for one hour. If you don’t want to use the dough right away, simply place in plastic baggies and place in the freezer.

After one hour, take each ball and roll out on a floured surface until it is the thickness you like your pizza. Transfer to a large wooden pizza spatula with parchment paper on it. Next, I put all of the toppings on and bake on a preheated pizza stone in my BBQ as high as it will go, for about 8 minutes. The parchment paper makes it so easy to transfer to the pizza stone. Simply pull the paper and the crust right onto the stone. Yes, you can cook the parchment paper.

Some of our favorite pizzas:
Mexican: refried beans, black olives, onions topped with lettuce, tomatoes and salsa after cooking
Thai: peanut sauce, red peppers, baked tofu, onions topped with cilantro and/or greens after cooking
Veggie: tomato sauce, red peppers, mushrooms, black and green olives, onions, pepperoncinis
Greek: hummus, kalamata olives, roasted red peppers, red onions