



Beware of Interventional Cardiologists (Heart Surgeons)

On March 16, 2015, during the hours following the McDougall Advanced Study Weekend I developed a viral infection that affected my inner ears. I totally lost my hearing, my balance was disturbed, and I became very weak. At about midnight I walked to the bathroom, lost all control of my muscles, fell down to the floor onto my buttocks, and was unconscious for a few minutes. I woke with severe pain. With Mary's help I managed to return to bed. She wanted to call an ambulance, but I refused. I knew what could happen. I would be taken to the hospital, x-rayed, and found to have fractures of my lower vertebrae, pelvis, and a spiral fracture of my left femur (I knew this by the way I felt). Treatments of my fractures, including surgery may have been planned. But that was a minor concern of mine. I was afraid of what else might happen to me once under medical care.

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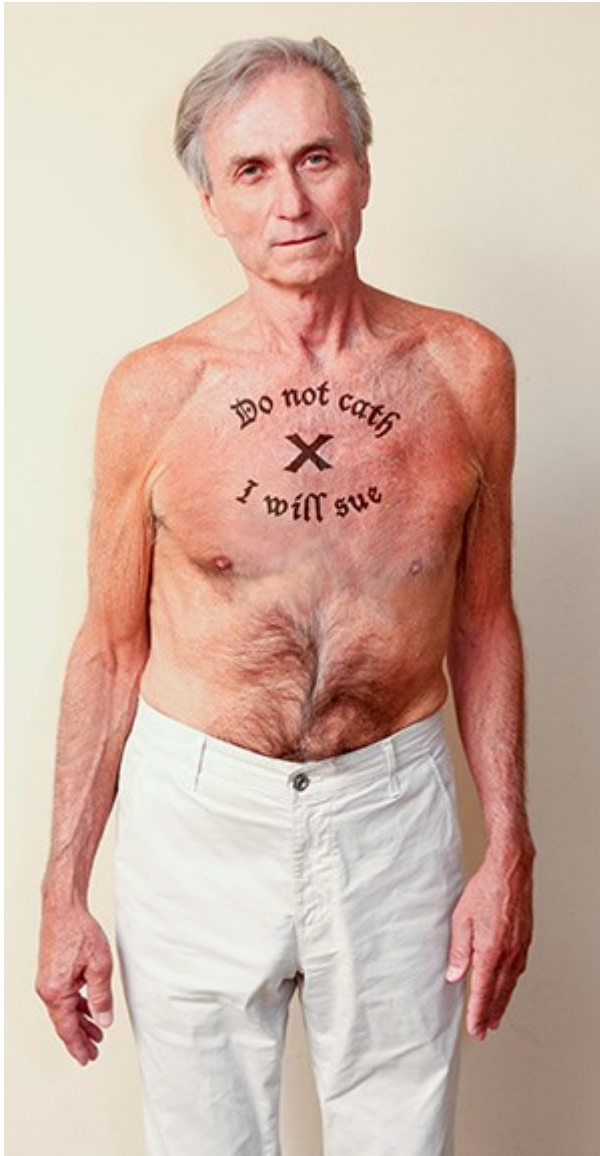
Featured Recipes

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In my nearly defenseless condition, they would have wanted to know the condition of my heart before anything else would be done. This decision for them would be easy to justify: after all, I was an elderly male (67) and I had a past history of serious atherosclerosis, having suffered a major stroke at age 18. I have no doubt that there are old blockages (scars) in my arteries that developed as a young man eating the Western diet (my highest cholesterol had once been 338 mg/dL). Twenty years ago I had a CT heart scan (performed out of curiosity) showing significant amounts of calcification in my coronary arteries demonstrating that I had atherosclerotic plaque disease. These blockages were, however, old fibrous scars. Since I changed my diet at age 27 my cholesterol has dropped to below 150 mg/dL and I am confident that no new disease has

formed. But the scars (with calcium in them) remain for a lifetime.

The plaques found on my heart scan are healed, stable, non-lethal, and of no risk to me—unless they were to be discovered and treated by a cardiologist or a bypass surgeon. If I would have gone to the hospital after my fall in March of 2015, I would have been facing the standard practice of prophylactic revascularization: angioplasties with stents placed before any other treatment to my bones would be provided. Remember, I refused to go to the hospital so I avoided this common scenario. I healed at home.

Before continuing, I would like to tell you my outcome. My hearing has completely returned to normal and my balance is pretty good. It took about three months for my fractures to heal and after six months I was almost pain free. I can say I am back to 100% a year after this near tragedy. But, how do I protect myself in the future from unnecessary investigations of my heart if I have an accident that leaves me unable to defend myself? Have a tattoo written on my chest?

Prophylactic Revascularization Has Long Been Known to Be Unnecessary

One of my friends was not as fortunate as me. At age 90, fully active, traveling around the world and working everyday, he was found to have colon cancer in April of 2015. I recommended he have conservative surgical treatment. His physicians requested that his heart arteries be studied before the cancer surgery. During his prophylactic revascularization two stents were placed, he suffered two heart attacks, and four cardiac arrests. He survived but has spent the past year in a convalescence home. He has made recovery, but my guess is he will never be the same. In retrospect all would agree that prophylactic revascularization should not have been done and conservative surgery (even as simple as a diversion colostomy) would have avoided much unnecessary suffering. (Hindsight is wonderful, but his physicians knew better at the time.)

Logically, it seems like the right thing to do, to open any blocked arteries before a required surgery, such as hip replacement or a cancer removal, is performed. [Cardiovascular complications](#) are the leading cause of death following non-cardiac operations. Prophylactic revascularization has been promoted as a potential solution. However, in 2004 [The Coronary Artery Revascularization Prophylaxis \(CARP\)](#) trial showed no benefit from this strategy. A study published in the March 2016 issue of *JAMA Internal Medicine* of 194,444 patients undergoing non-cardiac procedures found that [half of them](#) had received a recommendation to have this useless, costly, and harmful heart surgery performed before their necessary surgery. The majority of people have these chronic blockages. Therefore, if the cardiologist looks into your heart then you will likely be found to be in need of their services.

CHANCE OF 50% OR GREATER CLOSURE OF ONE OR MORE CORONARY ARTERIES IN MEN UNDER THE AGE OF FORTY BASED ON CHOLESTEROL LEVELS

Cholesterol (mg/dL)	% of positive
Angiograms	
less than 200	20
201-225	38
226-250	48
251-275	60
276-300	77
301-350	80
Greater than 350	91

Heart Surgery Does Not Save Lives for Chronic Coronary Artery Disease

As a physician well studied in the cause and treatment of coronary artery disease, I can defend myself, my family, and many of my patients, from most unnecessary medical treatments (if I am fully conscious). However, most people are unaware of the real benefits and harms of common treatments, and are at the mercy of their doctors. According to [a letter](#) in the 1992 issue of the *Annals of Internal Medicine* titled, Money, Fun, and Angioplasty "...the combination of three factors, never so closely associated before in the history of medicine, has been synergistic in promoting coronary angioplasty: It is very lucrative; patients are mostly self-referred; and it is fun to perform. This procedure was introduced in 1979 and now more than 800,000 angioplasty procedures are performed annually in the U.S. [Angioplasty](#) is an artery-clearing procedure usually in-

volving the placement of a stent, a metal mesh tube used to prop open a diseased section of a heart artery.

PROBABILITY OF FINDING CORONARY ARTERY DISEASE BASED ON AGE

Age	% found with significant blockages
28	21.8
30	26.0
32	30.7
34	35.9
36	41.3
38	47.0
40	52.8
42	58.5
44	64.7
46	68.5
48	70.8
50	73.4
55	79.3
60	84.1
65	88.0
70	91.0

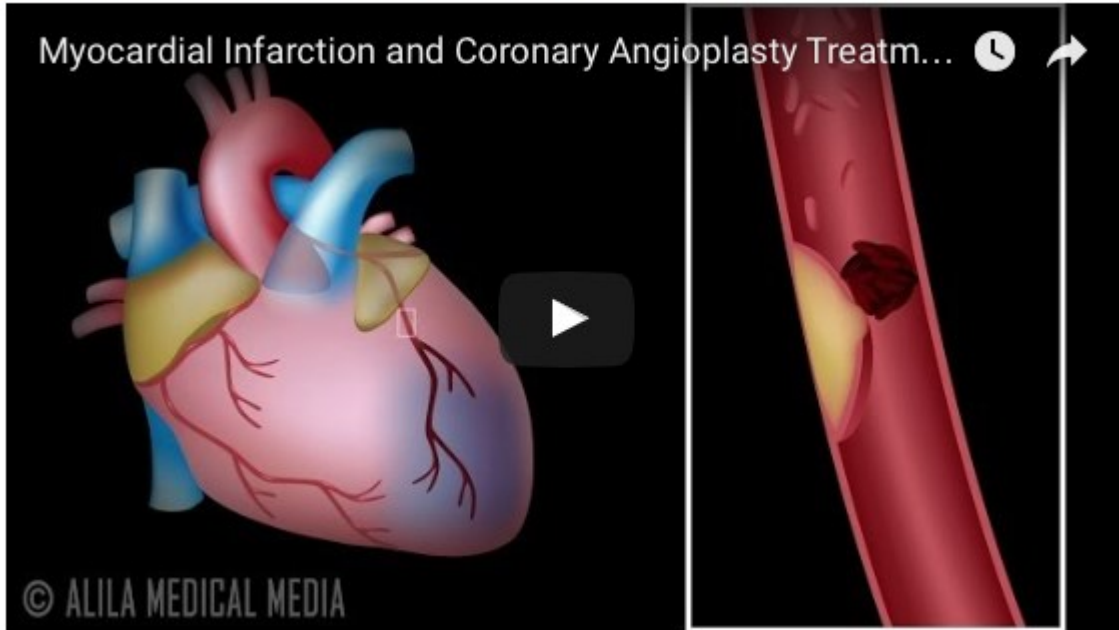
Angioplasty can be lifesaving if done within minutes of a heart attack. At this stage, this condition is called "acute coronary artery disease." The event is a result of the [rupture of a volatile plaque](#) inside an artery wall, similar to a pimple rupturing on a teenager's face. In the process of healing the rupture, a blood clot forms, causing a partial or complete blockage of the flow of blood to the heart muscle. If the blockage is large enough then the heart muscle lying distal dies. The goal of angioplasty is to open the blood clot within 90 minutes of the onset of chest pain. Unfortunately, if the procedure is attempted after six hours, it is too late; the heart muscle is dead and no survival benefits are found with surgery.

The Formation of Chronic Disease (Old Blockages)

After the rupture of a volatile plaque and the formation of a blood clot, the healing continues with the con-

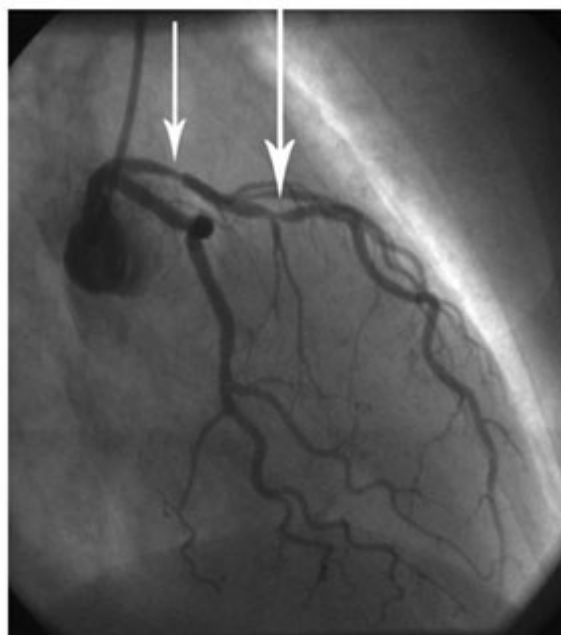
version of the affected area into scar tissue over the next several weeks. This process of plaque rupture, clot formation and, finally, a scar, occurs many times in many places throughout the 44,000 miles of arteries in the human body. Eventually multilayer scars may result in a closure of an artery by 50%, 70%, 90%, or 100%. These multilayer scars are the blockages that are seen on an angiogram or CT heart scan in chronic coronary artery disease. They should be considered history!

Animation of Plaque Rupture and Angioplasty



Only after obstructing 70% or more of the lumen of the artery do these blockages produce symptoms such as chest pain (angina). Most angioplasties, as well as coronary artery bypass grafting (CABG), are performed on patients with chronic coronary artery disease. You must understand that these surgeries are directed at hard, fibrous, stable, non-lethal scars, medically referred to as "blockages" or "plaques," in order to understand

Shadows of fibrous non-lethal blockages
These are the areas that are dilated or bypassed



why these treatments do not save lives. To repeat for emphasis, these blockages, seen as shadows on an angiogram, are non-lethal scars: old healed disease. The killing part of the disease is the initial rupture of a volatile plaque and the clot that quickly forms, days to decades before their discovery by the cardiologist.

Failure of Heart Surgery Unquestionable, but Doctors Won't Stop

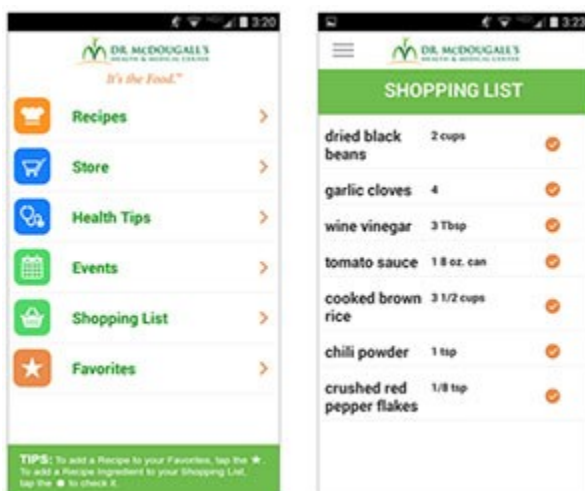
[Studies consistently](#) demonstrate, beyond any informed person's doubt, that angioplasty offers no benefit in terms of reducing death or other cardiovascular events over optimal medical therapy in the setting of chronic coronary artery disease. This knowledge is [universally accepted](#) in the medical business. Research showing the failure of angioplasty to save lives has been extended to [15 years](#) after treatment. Even successfully treating [completely blocked coronary arteries](#) does not save lives.

Following these consistent research findings of the failure of angioplasty to save lives, cardiologists were advised in 2007 by the American College of Cardiology and the American Heart Association to change their practice behaviors. In 2011 studies published in the [Archives of Internal Medicine](#) and the [Journal of the American medical Association](#), however, showed that cardiologists were still doing business as usual, with no reduction in unnecessary angioplasties. In [an editorial](#) accompanying the *Archives of Internal Medicine* article, an expert wrote about these ghastly findings: "In addition, in a fee-for-service health system and in an environment in which more and more physicians are being compensated on the basis of relative value unit productivity, it remains to be determined whether personal financial gain might play a role in continuing old practices and in performing procedures shown to be of no benefit."

Save Yourself

Your goal is to keep yourself and your loved ones away from the medical businesses. However, sometimes that is not possible (for example, following a serious accident). Services provided by the medical businesses could also be life-saving in other acute events, such as an angioplasty performed within 90 minutes of a heart attack. However most medical problems are due to chronic illnesses caused by the way we eat and our bad habits. It's the Food! Fix that which is fixable and avoid future tragedy.

Featured Recipes



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BBQ PULLED JACKFRUIT

What is jackfruit? Jackfruit is a large, starchy, fibrous fruit that is sweet when it is ripe and is eaten as a dessert. When it is unripe it is used in savory dishes as a vegetable. It reminds me a lot of the giant fresh breadfruit that was available all over Hawaii when we lived there. You can find it in cans in most Asian markets. For this recipe, be sure to buy the kind packed in water or brine, not the sweetened variety. This recipe should be

made in a crockpot because it needs a long time to simmer in order for the jackfruit to take on the barbecued flavor.

This is a very unique recipe inspired by a restaurant meal enjoyed by my sister and brother-in-law in Grand Rapids, Michigan. They ordered a Barbecued Pulled Jackfruit sandwich just because it looked interesting, and enjoyed it so much that they went home and immediately looked for recipes online so they could enjoy it at home. There are actually quite a few recipes for barbecued jackfruit online and even more for other savory jackfruit dishes. This is my sister, Carol's, and my version of Barbecued Pulled Jackfruit.

Preparation Time: 10 minutes

Cooking Time: 8 hours

Servings: 8

1 20 ounce can young green jackfruit in brine or water

1 onion, chopped

1-2 garlic cloves, crushed

1 cup barbecue sauce (approximately)

¼ cup water

Drain the jackfruit and rinse several times with water. Let rest in the strainer to remove as much water as possible while sautéing the onion and garlic.

Sauté the onion and garlic in a non-stick pan until softened slightly, about 5 minutes.

Place the jackfruit in the bottom of a crockpot, (it won't look like there is much of it, but as it breaks apart there will be plenty for 8 servings), spoon the onions and garlic over the top and add ½ cup of barbecue sauce and the water. Stir gently to mix well, cover and cook on high heat in the crockpot for about 3 hours before stirring. After 3 hours stir gently and add about ¼ cup more barbecue sauce. Cook for an additional hour on high.

Uncover and stir, breaking up the jackfruit as much as possible into strands. Reduce heat to low. Cover and continue to cook for another 3-4 hours, stirring and breaking up the jackfruit until it is all broken into strands. Add the remaining barbecue sauce occasionally, as necessary. The jackfruit will become softer and easier to break apart the longer it cooks. It should be very thick and stringy at the end of the cooking time. Serve on buns, topped with coleslaw ([May 2010 Newsletter](#)), sautéed onions ([May 2010 Newsletter](#)) and Sriracha hot sauce.

Hints: This is a fantastic barbecued sandwich just bursting with flavor. Choose any of your favorite fat-free barbecue sauces in this recipe, the flavor will be slightly different depending on which sauce you choose. The secret is in the long cooking time which gives the sauce plenty of time to meld into the jackfruit. This is a much healthier choice for a barbecued filling than either soy or gluten, with much more flavor.

Note: While I was shopping for the jackfruit I had an opportunity to browse in the large Asian market in Santa Rosa, CA where we live. (By the way, it was much easier to find sweetened jackfruit than the unripe green variety. But, obviously, I found it and it was well worth the effort.) I felt like I had stepped back in time 25 years or so because many of the products that I saw were readily available in all of the markets in Hawaii when we were living there in the 70's and 80's. I plan to spend more time shopping there in the near future and revisiting some of our old favorite recipes along the way. I found a familiar bag of peeled mung beans on this visit and the night after our barbecued jackfruit on buns, we enjoyed an old favorite meal of Mung Bean Dal. The recipe is in the March 2008 newsletter: this time I used the Sweet Curry Powder from Penzeys Spices in the dal mixture, and topped it with Sautéed Golden Onions and Sriracha.

The left over Mung Bean Dal makes a delicious filling for "Dillas"-any version of something similar to quesadillas without the cheese. My version of Yamadillas is in the June 2009 newsletter. For Mung Bean Dillas proceed as below:

Heat a non-stick griddle or large sauté pan over medium heat. Take one tortilla and spread some of the dal mixture on a corn or flour tortilla, smoothing it out almost to the edges. Place another tortilla on top of that one and flatten. Place on the griddle and cook for about 2 ½ minutes on each side, flipping several times to make sure it doesn't burn. Cut into wedges and serve on a plate with salsa and/or other toppings to dip it in.

AULANI LETTUCE TOFU WRAPS

This past month, November, we took a trip to Hawaii with our two oldest grandsons, Jaysen and Ben. We stayed part of the time at the new Disney Aulani Resort, which is a wonderful place for young children. Imagine my surprise when I found a delicious tofu lettuce wrap on the poolside menu! We enjoyed these several times while staying at that resort. Here is my version of the wrap and dressing.

Preparation Time: 30 minutes

Servings: variable

You will need to prepare a recipe of Baked Tofu ([September 2009 newsletter](#)) in advance before assembling this recipe.

Baked tofu strips
Large green lettuce leaves
Shredded carrots
Shredded green papaya (or use mung bean sprouts)
Red pepper strips
Cucumber strips

Place all ingredients for the wraps in separate bowls and set aside.

Dressing:

¼ cup rice vinegar
1 teaspoon mirin
1 teaspoon soy sauce
¼ teaspoon grated fresh ginger
Dash sesame oil (optional)

Combine all the dressing ingredients in a small jar and shake to mix well.

Let each person assemble their own wrap as follows: Take a large lettuce leaf, put a few tofu strips down the center of the lettuce leaf, top with carrots, green papaya (or mung beans), red pepper and cucumber. Pour a small amount of the dressing over this mixture, roll up the lettuce leaf and eat with your fingers. It's messy but fun and delicious!

VEGGIE WRAPS

Roll up and eat! A fast, delicious, no-cook meal for those hot summer nights during the next couple of months.

Preparation time: 10 minutes

Servings: Varies

Spinach, whole wheat, or corn tortillas

Hummus or another spread recipe

Carrots, shredded

Kalamata olives, chopped

Pickled sweet peppers, chopped

Alfalfa sprouts

Cucumber, diced

Avacado, diced

Lettuce, shredded

Siracha hot sauce

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 or spread down the middle of the tortilla, and then layering on their choice of vegetables and hot sauce, if desired.

SLOPPY LENTILS TOO

This is a recipe from one of our first books, one that is still a favorite in our home. It is easy to make and very warming on those cold winter evenings.

Preparation Time: 15 minutes

Cooking Time: 60 minutes

Servings: 6-8

2 cups dried lentils

1 large chopped onion

1 carrot, chopped

1 green pepper, chopped

4 cups water

4 cups tomato sauce

1 tablespoon soy sauce

1 tablespoon parsley flakes

1 bay leaf

1/2 teaspoon basil

1/4 teaspoon garlic powder

Place lentils and vegetables in a large pot with the water. Cover and simmer for 30 minutes. Add remaining ingredients and simmer for 30 minutes longer. Serve over bread or whole grains.

Hint: Add some fresh spinach or other leafy greens near the end of the cooking time for a delicious variation.

TEX-MEX BEAN BURGERS

These burgers are served in a bun with typical taco toppings, giving them a decidedly Mexican flavor.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Servings: 5

1 15 ounce can cannellini beans, drained and rinsed
1 cup whole wheat bread crumbs
1 4.5 ounce can chopped green chilies
2 green onions, chopped
1 tablespoons egg replacer mixed in $\frac{1}{4}$ cup warm water
 $\frac{1}{4}$ cup cornmeal

Preheat oven to 350 degrees.

Place the beans in a medium bowl and mash slightly with a bean masher. Stir well, then add bread crumbs, green chilies, green onions and egg replacer mixture. Mix well. Place the cornmeal in a shallow bowl. Shape the mixture into 5 patties, each about $\frac{1}{2}$ inch thick. Dip each side into the cornmeal, then place on a non-stick baking sheet.

Bake for 20 minutes, 10 minutes on each side.

To serve, place some shredded lettuce on the bottom of the bun, put the burger on the lettuce, then top with guacamole (or Broccomole) and salsa, and the top of the bun.

Hints: I usually double this recipe when I make it so we have some extra for lunch the next day. These keep well in the refrigerator and may also be frozen. They reheat well in the microwave or on a griddle.

