Lose a Half Pound a Day by Correcting Your Setpoint
Results of the 10-day Live-in McDougall Program

We have collected data on 280 people during the past 2½ years (since moving to our new location in Santa Rosa, California) and the results show that overweight and obesity are cured most effectively with major changes in the composition of the diet – no gimmicks and no hunger – with unlimited quantities of delicious foods. People who eat as much as they want of lasagna, mu shu Chinese vegetables and rice, Tex-Mex Casserole, Bean Burritos, and highly flavorful soups with breads lose, effortlessly, on average, a half a pound of excess body weight daily (with very little daily exercise).

Those scoffing at 3.5 pounds of weight loss in 7 days, please consider this means 14 pounds in a month, and 84 pounds in half a year – a very reasonable amount to lose by eating delicious foods. And the weight loss continues until you reach your ideal body weight because you have finally tuned your metabolic processes of homeostasis to your new, desired setpoint.

Weight Loss at the McDougall Live-in Program*, Santa Rosa, California
(Figures are presented as averages and pounds – kilograms in parenthesis)

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>Age</th>
<th>Initial Wt.</th>
<th>Final Wt.</th>
<th>Loss in 7 Days</th>
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<tbody>
<tr>
<td>Total</td>
<td>280</td>
<td>58.5</td>
<td>191.8 (87.2)</td>
<td>188.3 (85.6)</td>
<td>3.5 (1.6)</td>
</tr>
<tr>
<td>Men</td>
<td>105</td>
<td>62</td>
<td>214.9 (97.7)</td>
<td>211.0 (95.9)</td>
<td>3.9 (1.8)</td>
</tr>
<tr>
<td>Women</td>
<td>175</td>
<td>57</td>
<td>178.5 (81.2)</td>
<td>175.3 (79.7)</td>
<td>3.2 (1.5)</td>
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</tbody>
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These figures include everyone who completed the program – including those who gained weight because they started underweight, and those who gained “water weight” from discontinuing diuretic blood pressure pills.

*Information is available at [www.drmcdougall.com](http://www.drmcdougall.com).

Homeostasis and Your Setpoint

*Homeostasis* is the process by which your body maintains itself in a *stable condition*. Maintenance of this equilibrium within the body is accomplished by internal mechanisms, such as regulations of appetite, physical activity levels, energy expenditure, and hormones. This stable condition has also been described as your *biological setpoint*. Ideally this setpoint would result in you being trim, active, and healthy. When it comes to body weight, however, over 2/3 of the US population have their setpoint set too high. They are maintaining a stable condition, through homeostasis, that is undesirable – both for appearance and health. Trapped by this setpoint, every attempt at dieting ends in failure.
Maintaining Your Setpoint

The concept of setpoint has been established by experiments that force people to temporarily change the amount they eat.\(^1,2\) When people are asked to diet (eat fewer calories), they lose weight, but once they return to unrestricted eating, they regain back to their usual weight (back to their biologic setpoint). The same occurs when people are forced to eat more than usual – they gain weight, but when allowed to eat without restrictions, they return to their usual weight (setpoint). Based on these observations you will feel out of control, because regardless of how hard you try to “eat less” you will eventually end up back at your fixed, predetermined, body weight. The concept of setpoint has also helped people overcome guilt caused by failing to lose weight – after all, it is really not their fault – their body is established at an un-moveable setpoint.

Adjustments for Survival

Your body always makes the best adjustment possible in order to survive and maintain a steady state (homeostasis), especially under adverse conditions. For example, stress yourself with cigarette smoking and appropriate changes result, such as mucous production and coughing, in order to eliminate toxic pollutants from the lungs and an increase in enzymatic activities to detoxify the poisons that enter the bloodstream. These adaptions remain until the stress from the smoke is removed – then the body readjusts to the new (and healthier) condition.

When your body is nourished with very rich foods, adaptions are made. Diets high in fats force the body to a new, but stable state, where the excess energy is stored in the abdomen, buttocks, and thighs. This adaption might be desirable for people experiencing periods of famine – that extra stored fat would allow them to survive during food scarcity. However, in our society where food is always abundant, this new setpoint forced by excess fat calories is detrimental.

Diet Composition Moves Setpoint

Your setpoint is determined by the composition of your diet – in other words, the portions of the macronutrients – the fats, carbohydrates, proteins, dietary fibers, and water. Dietary fats (including vegetable oils) are the primary force for moving the setpoint higher (toward obesity).\(^3,5\) Fat’s powerful effects occur because it is very calorie dense (9 calories/gram); fat offers little satisfaction for the hunger drive, and the body effortlessly stores fat. Higher amounts of carbohydrate lower the setpoint because carbohydrate is less calorie dense (4 calories/gram), carbohydrate is very satisfying to the appetite, and excess is easily burned off, rather than stored. The amounts of protein, fiber, and water in the foods have only minor influences on your setpoint.
Diet Composition Sets the Setpoint

*Free-oils are like olive oil, corn oil, flaxseed oil, etc.

Your goal is to establish a trim, active, and healthy stable condition (setpoint). A natural, low-fat, plant-food-based diet – a diet of unprocessed starches with green and yellow vegetables and fruits – is the correct diet for the human body – and allows you to look, feel and function your best. If you are now overweight, the McDougall diet and moderate exercise will change your stable state (setpoint) from one of being too fat, to one of being trim.

The setpoint also acts to cause people who are underweight to gain on the McDougall Program. Two "starved appearing" women attended our Santa Rosa Live-in Program recently. Their frail condition was caused by a self-imposed diet focused mostly on very low-calorie green and yellow vegetables with very few starchy vegetables (rice, breads, potatoes, etc.). As a result, they achieved a state of homeostasis characterized

### Low Setpoint

<table>
<thead>
<tr>
<th>Calories</th>
<th>Fat</th>
<th>Carbohy-Fiber</th>
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<tbody>
<tr>
<td>Low</td>
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### Desirable Setpoint

<table>
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<th>Calories</th>
<th>Fat</th>
<th>Carbohy-Fiber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
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<td>High</td>
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### High Setpoint

<table>
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<th>Calories</th>
<th>Fat</th>
<th>Carbohy-Fiber</th>
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</thead>
<tbody>
<tr>
<td>High</td>
<td>High</td>
<td>Low</td>
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### Main Foods

- Green & Yellow Starches
- Meats,
by being underweight. This is an expected adaption which allows an improved chance for survival during times of food scarcity – underweight people live on fewer calories.

When the compensation of their diet was changed during the live-in program to one based on higher calorie starches (rather than very low-calorie green and yellow vegetables) their setpoints changed appropriately. After seven days of consuming this new diet, they had each gained 6 pounds. The exact same buffet of delicious foods caused weight loss in our overweight participants. Therefore, whatever you weigh right now, the principle of setpoint is so fundamental that changing the composition of your diet always works for you – you can count on it, without ever counting a calorie again. Next month I will discuss refinements you can make in order to fine-tune your setpoint.

Billions of People Prove Setpoint Works for Everyone

You are not alone. The right food choices to maintain an ideal stable state (setpoint) have been made by most of the people who have ever walked on this planet. Even now, 60% of the world’s population consumes foods with a composition that causes them to have a trim setpoint. Notice that everyone is thin and looking young – even the shopkeepers, teachers, homemakers, weavers, and government officials; people who exercise very little. Examples of populations of trim people living on starch-based diets include:

People from the Middle East eating platefuls of chickpeas and rice.

Africans with diets of beans and grains.

The people in Peru living on potato-based diets.

New Guinea mountain people with 90% of their diet from sweet potatoes.

The farmers in central Mexico living on corn tortillas, beans, and rice.

Asians from China to Thailand thriving on rice-based diets.

You need only look at the United States, Western Europe, or any other place where a high-fat diet and fat people have become the norm, to observe the effects rich foods have on setpoint.

References:
6) Hays NP, Starling RD, Liu X, Sullivan DH, Trappe TA, Fluckey JD, Evans WJ. Effects of an ad libitum low-fat,
high-carbohydrate diet on body weight, body composition, and fat distribution in older men and women: a randomized controlled trial.

The Year in Review

The 10 Most Important Health Reports
From the McDougall Newsletter

Not only did you hear of these important issues first by reading our monthly publication, but the news was reported in terms that were meaningful to you and to those you love. Taking action on any one of these timely reports has the real potential to save you from suffering and to save you money – in other words, a longer better life at no cost to you.

1) People Are Infected with Leukemia Viruses from Cows  
(February 2004)

The Real Issues: Nine out of ten herds of cattle in the United States (and most other cattle-producing countries) are infected with bovine leukemia viruses.

Importance to You: 74% of people eating the American diet (from beef and dairy products) have been infected with these viruses. Bovine leukemia viruses are known to cause leukemia and lymphomas in animals, and the same is suspected for people.

Action to Take: Stop consuming meat and dairy products and never begin feeding them to your children and grandchildren. Even if you are already infected, a plant based diet can reduce your risk for developing these cancers.

2) Atkins Medical Report Shows Effects of His Diet  
(February 2004)

The Real Issues: Dr. Robert Atkins’ medical report (following his death in April 2003) was released to the public in February of 2004, and it revealed that he was grossly overweight and had cardiovascular (heart and artery) disease.

Importance to You: Over half of the people in the USA and other western countries have experimented with an “Atkins-type,” low-carbohydrate, high-fat, high-protein, high-cholesterol diet (a diet high in meat and dairy). More than 100 years of research says this kind of eating will destroy your health and appearance.

Action to Take: To avoid the unattractive personal appearance and poor health of Robert Atkins, MD, follow the advice which is the opposite of his recommendations. In other words, eat a high carbohydrate, low-fat diet, based on plant foods.

3) “Good” HDL-Cholesterol Is Meaningless  
(April 2004)

The Real Issues: HDL-cholesterol as measured on common laboratory tests fails to help predict your risk of suffering from coronary artery (heart) disease.

Importance to You: HDL-cholesterol can lead to 2 dangerous consequences: 1) Your total cholesterol is high, but your doctor reassures you that there is nothing to worry about because your “good” HDL-cholesterol is also high – as a result, you miss an opportunity to correct the real indicators of trouble (total and LDL-cholesterol) by being falsely reassured. 2) After following a healthy diet (plant-food based) your total cholesterol falls and so does your HDL (a fraction of total cholesterol). Your doctor tells you that you are now unhealthy because of your low-HDL, or worse yet he tells you to eat more meat (cholesterol) in order to raise your HDL-cholesterol.

Action to Take: Strive to get your total cholesterol below 150 mg/dl (and LDL-cholesterol below 80 mg/dl) with a healthy diet (and in some cases, judicious use of medications). Ignore your HDL-cholesterol values – they are largely irrelevant and misleading.

4) PSA Tests Are Dangerous  
(June 2004 and September 2004)

The Real Issues: Men are encouraged to take a PSA test as if it has been shown to save lives – and it does not. Researchers from Stanford University finally admitted to the public that the PSA test is inaccurate and fails to catch the cancer at a stage early enough to be treated effectively by surgery or radiation. The test does far more harm than good.

Importance to You: Without adding a day to your life, this test is very likely to cause you the misery of worry, and any follow-up therapy is likely to cause pain, and/or impotence and incontinence (you may have to wear a diaper or indwell-
ing urinary catheter for the rest of your life).

Action to Take: When your doctor insists upon a PSA test, begin by asking for evidence for the benefits. Then refuse the test. At the same time make dietary changes (low-fat, plant based) that will protect you from prostate cancer.

5) Over-Treating Blood Pressure Kills
(July 2004)

The Real Issues: Using medication to lower blood pressure can increase your risk of dying from heart disease by reducing the flow of blood to vital tissues.

Importance to You: Your doctor is likely working under the incorrect premise that your blood pressure should be forced to normal (110/70 mmHg or less) with his powerful drugs. You may die as a result of his “good” intentions.

Action to Take: Lower your blood pressure with a healthy diet, exercise and good habits (off the alcohol and coffee). Only treat with medications when your blood pressure is sustained (over months) at 160/100 mmHg or higher. Do not lower your pressures below 140/85 mmHg with medications. Pay attention to other “risk factors” like body weight, cholesterol, blood sugar, etc. Without medication a low blood pressure (110/70 mm Hg or less) is healthy.

6) Supplements Can Damage Your Health
(August, November, and December 2004)

The Real Issues: Taking pills filled with concentrated nutrients can increase your risk of heart disease and cancer, and your overall risk of dying.

Importance to You: Vitamins, minerals, and other phytochemicals (plant substances) are essential for your health. When taken as an isolated, concentrated form, as pills, they can cause metabolic imbalances within your cells that can cause you to become ill.

Action to Take: Get your vitamins and other micronutrients from their natural packages (fruits and vegetables). Use supplements rarely (with proper indications), because they are really medications with benefits and adverse effects.

7) Vioxx and Celebrex Increase Heart Attacks
(September 2004)

The Real Issues: Cox-2 inhibitors are no more effective than regular NSAID’s, such as aspirin and Motrin, and they increase your risk of death from heart disease (at least doubled).

Importance to You: The pharmaceutical companies are concerned with profit – period. Knowledge of cox-2 inhibitors causing heart attacks has been published in the scientific literature for more than five years. If your doctor has been unaware of troubles with drugs, and is not working to get you off medication, than search elsewhere for better health care.

Action to Take: Put all your efforts into becoming healthy so that you can avoid the risks associated with the medical industries. Choose simple, time-honored, cheap medications only, and only when medication is necessary.

8) Lumpectomy Best for Breast Cancer
(September 2004)

The Real Issues: Simple, non-deforming surgery (and some anti-estrogen therapy) is as effective as mutilating mastectomies and radiations for breast cancer.

Importance to You: One in eight women will develop breast cancer. Unless you are well-informed, the kind of treatment you receive will depend upon the doctors that oversee your care – for better and, usually, for worse, because most doctors treat women far more aggressively than the 100 years of scientific evidence justifies.

Action to Take: Avoid breast cancer with a healthy diet. If disease does befall you, then become a well-informed consumer. Demand that your doctors justify their recommendations with solid research. Choose less, rather than more, therapy.

9) Meat Leads to Colitis and Arthritis
(November 2004 and December 2004)
The Real Issues: Autoimmune diseases, like arthritis and colitis, are caused by eating the rich western diet (meat and dairy products).

Importance to You: Victims of these diseases are told “we do not know the cause” – not true. They are placed on powerful, expensive, dangerous, and relatively ineffective medications, with a promise of great benefit – not true. What causes disease promotes disease – your best treatment is a change in your diet.

Action to Take: A diet based on starches with the addition of fruits and vegetables, not only prevents serious autoimmune diseases, such as arthritis and colitis, but can be an effective cure – and that is what the research says.

10) Calcium Channel Blockers Kill
(December 2004)

The Real Issues: Calcium channel blockers are profitable, but dangerous, medications used to treat high blood pressure and heart disease. They double your risk of dying of heart disease. They also increase your risk of cancer, bleeding, and suicide. I refuse to prescribe them.

Importance to You: High profits from these medications cause drug companies to teach your doctors dangerous prescribing habits – you suffer. Your health is irrelevant.

Action to Take: Lower your blood pressure with diet, exercise and good habits (no alcohol or coffee). If your elevated blood pressure persists (remains 160/100 mm Hg or greater for months) then use simple diuretics (they cost pennies) – and do not treat too aggressively (see above).
My Favorite Five Articles Found in Recent Medical Journals

Avoid Supplements – Breast Cancer Increases with Folic Acid

Taking folate in pregnancy and risk of maternal breast cancer by Deborah Charles in the December 11, 2004 issue of the British Medical Journal found supplementation with folic acid increased risk of death by 21% to 42% and doubled a woman’s risk of breast cancer. This was a study of 3487 women from a trial of folic acid (folate) supplementation. Higher risks of death and cancer were found with higher intakes of folic acid (0.2mg vs. 5 mg daily).

Comment: Folic acid is a water-soluble B-vitamin and has been found to be very important in metabolism related to cancer development. However, originally this is a natural vitamin synthesized and stored in plants (foliage = plants). As a vitamin pill supplement it is inexpensive and virtually free of obvious and immediate side effects. Taking folic acid before conception, and then for the first three months of pregnancy, reduces the risk of occurrence of birth defects, such as spina bifida, and possibly heart defects and cleft palate. Because of this, women of reproductive age have been told to take vitamins with folic acid. Folic acid supplements can also reduce homocysteine levels (a risk factor for heart disease) in people, and thus has been proposed as a means to prevent heart attacks (however, the benefits are still highly controversial).

The popular belief in the universal benefits of folic acid supplementation has reached the level where our foods (like breads, cereals and pastas) are now commonly fortified with this vitamin. However, the long-term effects of exposure to high concentrations of this supplement are unknown. This article brings out the possibility that women who try to protect their offspring from birth defects may be trading for a higher risk of breast cancer.

Food Means Benefits without Risks

In general, I do not recommend taking supplements and you can read much more about this in my August 2003 newsletter article: Plants, not Pills, for Vitamins and Minerals.

Most of the confusion concerning the importance of vitamins comes from the fact that worldwide there is a correlation with consumption of foods high in vitamins and other nutrients, like folic acid, and a reduced risk of many diseases. Note: this comparison is with the foods people eat — not the pills they take or synthetic vitamins added to foods. Delivering vitamins which have been deprived of their natural packages (fruits and vegetables) into people’s bodies creates over-concentrations and imbalances, which cause the body’s systems to malfunction, and disease can result.


Rheumatoid Arthritis and Meat

Dietary factors for the development of inflammatory polyarthritis by Dorothy Pattison in the December 2004 issue of Arthritis & Rheumatism found people with a high consumption of meat and meat products have more than twice the risk of inflammatory arthritis than do people who consume less. High intake of dairy products also meant almost twice the risk, and high total protein intake was associated with three times the risk of inflammatory arthritis. Not surprisingly, less fruit intake also means more arthritis. This was a study of 23,630 people from Norfolk, England.

Comment: This study adds to the convincing body of evidence that educates people on how to keep their joints healthy and how to cure serious forms of arthritis by changing their diet. Rheumatoid, psoriatic, Lupus, ankylosing spondylitis, and non-specific arthritis are found commonly in populations that eat the rich Western diet. Most importantly, multiple studies have demonstrated that these kinds of inflammatory arthritis can be cured with a change to a low-fat, vegan diet. (Read "Diet: Only Hope for Arthritis" and "Star McDougallers" - Jean Brown, Vanessa, Sabrina, Mayra, Rolling Back Dermatitis...and Phyllis Heaphy. These are found on my web site at www.drmcdougall.com.)

The patient suffering with painful, swollen joints is anxious for the doctor to make a diagnosis – hoping this will lead to a cause for the arthritis and an effective treatment. The truth is, what you call the problem (the diagnosis) fails to help the patient in any real way. Regardless of whether the doctor calls your troubles rheumatoid arthritis, polyarthritis, non-specific arthritis, Lupus or psoriatic arthritis, the facts remain the same: your trusted health professional has no idea of the cause or cure and the same drugs are offered to you regardless of what you call your aching joints: aspirin, NSAIDs, steroids, Plaquenil, cancer chemotherapy, or other disease modifying drugs.

Pattison DJ, Symmons DP, Lunt M, Welch A, Luben R, Bingham SA, Khaw KT, Day NE, Silman AJ. Dietary risk fac-

**Blood Pressure Pills (Calcium Channel Blockers*) Kill**

**Association between cardiovascular outcomes and antihypertensive drug treatment in older women** by Sylvia Wassertheil-Smoller in the December 15, 2004 issue of the *Journal of the American Medical Association* found that taking a certain type of blood pressure medications – calcium channel blockers* – commonly prescribed by doctors, doubles your risk of dying of cardiovascular diseases (heart attacks, congestive heart failure and other major cardiovascular events).1 However, inexpensive diuretics were found to be the safest and most effective means to control elevated blood pressure.

In this study, diuretics were found to be more effective than ACE inhibitors, beta-blockers, and calcium channel blockers, yet sales of diuretics are on the decline and the dangerous, expensive, drugs are the most commonly prescribed. **Comment:** Your health and quality of health-care are determined by money. The news media, over the past few months, have shown you the cold-hearted nature of the pharmaceutical companies, with their promotion of anti-depressants (SSRI) that increase suicide in children and arthritis-pain medication that can more than double your risk of heart attacks (Cox-2 inhibitors – Vioxx, Celebrex, and Bextra). Last month (November 2004) in the lead newsletter article: Sick People Take Medications – Healthy People Are Drug-Free, I gave you the reasons to avoid five classes of medications:

Sulfonylureas for Type-2 Diabetics  
Calcium Channel Blockers* for Hypertension  
Medroxyprogesterone for Menopause  
Cox-2 Inhibitors for Arthritis Pain  
Angiotensin Receptor Blockers for Hypertension or Heart Disease.

Your goal must be to be healthy and not a customer of the doctor (medical) and pharmaceutical industries. You can do this with cost-free procedures, like diet, exercise, and clean habits. Interestingly, I cannot find ICD-9-CM Procedure Codes (codes used by the government and insurance companies to reimburse doctors for treatments) for any of these therapies.

Most of the time (95% +) a change in diet, some exercise, along with associated weight loss, will lower blood pressure to normal and people who follow our program are able to get off all medications. However, on those rare occasions when a patient’s elevated blood pressure persists (remains over 160/100 mm Hg for months) then I prescribe simple diuretics (they cost pennies). There is also an argument that says the safest diuretic is chlorthalidone2 – this is the one I recommend.

* Commonly Prescribed Calcium Channel Blockers: Adalat, Cardene, Cardizem, Covera-HS, DynaCirc, Isoptin, Nifoprop, Norvasc, Plendil, Procardia, Sular, Tiazac, Verelan.


**Shark Cartilage and Cancer – Nonsense and Not Good for Sharks**

**Shark cartilage, cancer and the growing threat of pseudoscience** by Gary Ostrander in the December 1, 2004 issue of the journal *Cancer Research* concluded that after reviewing the scientific literature, that “Scientific evidence to date supports neither the efficacy of crude cartilage extracts nor the ability of effective components to reach and eradicate cancer cells.” However, this popular notion has led to serious depletion of shark populations (along with harvesting them for shark fin soup).

The justification for using shark cartilage for cancer treatment is largely based upon the claim that “sharks do not get cancer.” The authors of this paper investigated the presence of cancer in sharks and found that many forms of cancer do occur in sharks. No one really knows how common cancer is in sharks. Most importantly, even though this
claim has been around for more than 15 years (ever since William Lane’s book “Sharks Don’t Get Cancer,” 1992), not a single controlled study has documented benefits for cancer patients.

**Comment:** People’s fear of sharks and misunderstanding of their importance, along with false beliefs about their benefits for cancer and sexual virility, have resulted in elimination of most of these animals from our oceans. I worry that I may not be able to show my grandchildren many of nature’s most wondrous creatures because people ate them into extinction. Benefits of a vegetarian diet and the truth about medical treatments have implications far beyond your own body – correct information has a huge impact upon our environment and preservation of the species. For many people, issues of “animal rights” and the environment, rather than self-preservation, are the ones that have led them to a healthy diet. Regardless, for everyone’s sake, it is essential that the truth about proper human nutrition spreads fast.


**Over-fat Means Brain Loss**

**A 24-year follow-up of body mass index and cerebral atrophy** by D. Gustafson in the November 2004 issue of the journal *Neurology* found that being overweight and/or obese throughout adult life may contribute to the loss of brain tissue (development of temporal atrophy) in women. Being overweight is known to be associated with Alzheimer’s disease. In this study the sizes of various parts of the brain were measured by sophisticated x-rays, CT scans, over two decades of life. As they aged, women who were more overweight lost more brain tissue.

**Comment:** There are numerous reasons that loss of brain tissue may be associated with being overweight, and all of these have a common denominator of poor health, largely resulting from poor dietary choices. For example, people who are overweight because of a poor diet and lack of exercise have more risk of artery disease. A poor supply of blood to the brain tissues from diseased arteries can mean mini-strokes and other forms of subtle brain damage. You can learn much more about the association of Alzheimer’s Disease and a high-cholesterol, high-fat diet by reading my June 2004 newsletter article: “Alzheimer’s Disease Can Be Safely Prevented and Treated Now.”

Recipes

STEEL CUT IRISH OATMEAL

I have been buying steel cut oats in bulk at my natural food store. We like them because they are more crunchy than regular rolled oats. We think they are more filling also. They do take a bit longer to cook, however, you can save some time by soaking them overnight.

Preparation Time: 5 minutes
Cooking Time: 45 minutes
Servings: 4

4 cups water
1 cup steel cut oats

Bring the water to a boil. Add the oats and mix well. When the mixture starts to thicken slightly, reduce heat and simmer uncovered for 30-40 minutes, stirring occasionally.

Variation: To soak the oats overnight, bring the water to a boil, add the oats, stir and turn off the heat. Cover and let rest overnight. In the morning, bring the heat up on the pot and cook over low heat, uncovered for about 10-12 minutes. To add a bit of sweetness to the oats, add a few currents to the water before boiling, then follow directions above.

MULTIGRAIN HOT CEREAL

This is another hearty breakfast that we enjoy. It does take a bit longer to cook but it is very filling and delicious. The mixture can be made up ahead of time and stored in an airtight container. If you soak the mixture overnight, it cuts down on the cooking time in the morning.

4 cups oat groats (whole oats)
½ cup brown rice
½ cup quinoa
½ cup barley
½ cup millet
½ cup rye
½ cup spelt berries

Combine all the ingredients (or as many as you choose to use) in a large container and mix well. Store in an airtight container until ready to use.

To Cook:
1) Bring 3 cups of water to a boil. Rinse 1 cup of the mixture under cold water, then add to the pan and cook over medium-low heat for about 1 hour. Let rest, covered, about 10 minutes before serving.

2) THE NIGHT BEFORE: Bring 3 cups of water to a boil. Rinse 1 cup of the mixture under cold water, then add to the pan. Turn off heat, cover and let rest until morning. Reheat in the morning and serve.

3) Place 3 cups of water and 1 cup of rinsed mixture in a slow cooker (crockpot). Cook on low heat setting for 8-10 hours.

Hint: Add a dash of cinnamon, nutmeg or mace to the cooking water for extra flavor. Or try a tablespoon or two of currents or raisins.

BAKED MILLET

Many people do not know how to use millet, the grain that is more familiar in birdseed than as a food source. We have been eating millet this way for over 25 years. It tastes best with some kind of a sauce served over it. Use as a variation for brown rice.

Preparation Time: 10 minutes
Cooking Time: 1 ¼ hours
Servings: 6-8
1 ¼ cups millet
4 cups tomato juice
1 onion, coarsely chopped
2 cloves garlic
½ teaspoon sage
½ teaspoon basil
½ teaspoon poultry seasoning

Preheat oven to 350 degrees.

Place the millet in a large bowl. Put the remaining ingredients in a blender jar and process until smooth. Add to millet and mix well. Pour into a square baking dish, cover and bake for 1 ¼ hours.

Hint: Use various types of tomato juice to change the flavor slightly, or use vegetable broth instead of the tomato juice.

SPICY YAM STEW

I am always looking for interesting ways to use yams in a recipe instead of just baking them. Try this recipe over brown rice or baked millet.

Preparation Time: 20 minutes
Cooking Time: 35 minutes
Servings: 8

1 ½ cups vegetable broth
2 medium-large yams, peeled and chunked
3 stalks celery, sliced
1 bell pepper, chopped
1 onion, chopped
2 carrots, chopped
1 16 ounce can chopped tomatoes
2 tablespoons chopped green chilies
2 tablespoons soy sauce
1/4 teaspoon ground cinnamon
¼ teaspoon red pepper flakes
several twists freshly ground black pepper
2 tablespoons cornstarch mixed in 1/3 cup cold water
1/3 cup chopped fresh parsley

Place all the ingredients except the cornstarch mixture and the parsley in a large pot. Bring to a boil, reduce heat and cook, covered, over medium-low heat for 30 minutes, or until vegetables are tender, stirring occasionally. Add the cornstarch mixture and stir until thickened. Stir in the parsley just before serving.

Hints: This may be made ahead of time and reheated just before serving. Add the parsley after reheating. This is also delicious made with chopped fire-roasted tomatoes instead of regular tomatoes.

YUKON STUFFED PEPPERS

This may be made with different colored peppers to enhance the visual appeal, if you choose.

Preparation Time: 45 minutes
Cooking Time: 50 minutes
Servings: 6

6 medium-sized bell peppers
2 ½ pounds Yukon Gold potatoes, peeled and cut into chunks
2 cloves garlic, peeled
¾ cup soy milk
1/3 cup chopped green onions
1 cup frozen corn kernels, thawed
several twists fresh ground pepper
dash salt

Cut peppers in half lengthwise, remove seeds and tops. Steam over boiling water for 10 minutes. Drain and set aside. Preheat oven to 350 degrees.

Meanwhile, cook potatoes and garlic in water to cover, until tender, about 30 minutes. Drain. Mash potatoes with soy milk. Stir in onions, corn, pepper and salt. Mound into pepper halves.

Bake for 20 minutes.

Serve with Marsala Mushroom Sauce.

**MARSALA MUSHROOM SAUCE**

Preparation Time: 15 minutes  
Cooking Time: 15 minutes  
Servings: makes 3 ½ cups

2 leeks, sliced (white and light green part only)  
¾ pound fresh mushrooms, sliced  
3 ½ cups water  
½ teaspoon leaf oregano  
½ teaspoon leaf sage  
¼ cup soy sauce  
1/8 cup Marsala wine  
3 ½ tablespoons cornstarch mixed in ¼ cup cold water

Place leeks and mushrooms in a pot with ½ cup of the water. Cook, stirring occasionally, for 5 minutes. Add the remaining water, the oregano, sage, soy sauce and wine. Bring to a boil, reduce heat and simmer uncovered for 8 minutes. Add the cornstarch mixture and cook and stir until thickened.

Hint: This delicious sauce may be used as a topping for grains, potatoes or vegetables.
The New McDougall Book: 
Your Intestines from the Beginning

The strongest contact we have with our food and the world around us is through our intestines. You have experienced the immediate harms and benefits from your food choices.

Here is an opportunity to contribute your experiences in order to help others. Kind of like a mini “Star McDougaller.” Tell me about how you suffered on the rich-western diet – about the physical, mental and emotional pains you endured. Then share what happened soon after you started filling your bowels with clean foods. I would also like to hear about your indiscretions and the consequences. Many of you well know about “McDougall’s Revenge” from those days when you have dined out (otherwise known as feasting).

Telling us about some of your social interactions with friends and family over your dietary change will be helpful. Finally, there may be some things you have learned that could make a real difference for someone looking to regain their lost intestinal health.

Look over the lead articles in the 2002 newsletter archives in order to help you understand the topics of this new book.

I will be happy to work with you on the writing and I have a wonderful writer helping me too – so don’t worry about being too grammatically correct and you are also welcome to remain anonymous (this is a very personal subject).

Thank you for your consideration.

Sincerely,

John McDougall, MD
**DVD Reviews Requested:**

We have sent out over 500 sets of our new DVDs and we have received excellent feedback about this 16 hour presentation by John and Mary McDougall, Doug Lisle, PhD, and Jill Nussinow, RD.

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Please post your thoughts on the discussion board at [http://www.vegsource.com/mcdougall/](http://www.vegsource.com/mcdougall/)

Or send me a personal letter to drmcdougall@drmcdougall.com.

We will post some of your reviews on the web site with your permission only.

DVDs can be ordered from our website at [www.drmcdougall.com](http://www.drmcdougall.com).

Thank you,

John McDougall, MD