



Volume 4 Issue 4

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## Sunny Days, Keeping Those Clouds Away...

Have you ever wondered how something as natural and omnipresent as sunlight could hurt you? Over eons of evolution (or by Divine creation, if you choose) people have been exposed to the sun's radiation – you would think by now we would have adapted so as to live in harmony with this enveloping environment. Yet, expert doctors warn us to avoid almost any exposure to these potentially damaging rays – the sun's radiation is known to suppress our immune system, give us cancer, and cause us premature aging.

However, there is a dilemma: we need this form of radiant energy for good health – in fact, without it our bodies become diseased with severe bone deformities (rickets). Most recently, research has shown that without the sun's life-giving energy we are at thirty times greater risk of death from cancer.

Everyone feels better when the sun comes out. In addition to the cosmetic effects of tanning – making people more satisfied with their appearance – sunlight causes people to feel more active, energetic, balanced, strengthened, and less nervous.<sup>1</sup>

Many people can identify with the low-sunlight, winter depression symptoms of fatigue, lowered motivation, sleepiness, increased appetite, weight gain, irritability, and decreased sociability.<sup>2</sup> Nicely summarized, sunshine is health and happiness.

## My Favorite Five Articles Found in Recent Medical Journals

### Dairy and Type-2 Diabetes – Wrong Conclusion

**Dairy consumption and risk of type 2 diabetes mellitus in men: a prospective study** by Hyon K. Choi in the May 9, 2005 issue of the *Archives of Internal Medicine* found dietary patterns characterized by higher dairy intake, especially low-fat dairy intake, may lower the risk of type-2 diabetes in men.<sup>1</sup> They used data from The Health Professionals Follow-up Study – an ongoing longitudinal study of 51,529 male dentists, optometrists, osteopaths, pharmacists, podiatrists, and veterinarians who were 40 to 75 years of age in 1986. Those consuming the most low-fat dairy had 12 % less risk of developing diabetes compared to those eating the least amount.

The proposed mechanism for less diabetes was: dairy products may have favorable effects on body weight, the major determinant of type 2 diabetes. However, there was no association with body weight and dairy consumption found in this study – in other words, those eating more dairy were the exact same weight as those eating less dairy – countering their hypothesis for why dairy causes less diabetes.

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Dr. McDougall Having Fun in the Sun

### **Sunshine Is a Potent, But Non-profitable Remedy**

For centuries, doctors and natural healers relied on medical treatment by sunlight, called *Heliotherapy*, to help heal many common ailments. Scientific research shows sunshine to be an effective treatment for rickets, osteomalacia, osteoporosis, acne, eczema, psoriasis, neonatal jaundice, and depression (Seasonal Affective Disorder).<sup>7-8</sup> Most recently, solar energy has been found to prolong the life of people with our most common forms of cancer.<sup>6-7</sup> All considered, when was the last time you heard of a doctor recommending an hour of afternoon sun-

ning for a patient's troubles? And which pharmaceutical company sells sunshine?

### **Health and Healing from the Sun's Energy<sup>3-7</sup>**

#### Currently prescribed for the treatment of:

Rickets  
Osteomalacia  
Osteoporosis  
Acne  
Eczema  
Psoriasis  
Neonatal jaundice  
Depression

#### Has a role in the prevention of:

Osteoporosis  
Heart Disease  
Type-1 diabetes  
Multiple Sclerosis  
Rheumatoid Arthritis  
Crohn's disease  
Cancers of the:

Prostate  
Breast  
Colon  
Lung  
Ovary  
Bladder  
Uterus  
Esophagus  
Stomach  
Pancreas  
Kidney  
Multiple myeloma  
Non-Hodgkin's lymphoma

Explanations for the benefits of the sun's energy have focused almost exclusively on vitamin D. The truth is the therapeutic effects from the sunlight are much broader than the simple synthesis of this important substance. For example, the connection between sunlight and our well being is through the increased production of the feel-good brain chemical, serotonin.<sup>8</sup> Motion of the sun, perceived through our eyes, from sunrise to sunset, sets our biological clock and determines our circadian rhythms. Much is yet to be unraveled about the mysteries and miracles of sunshine. However, for this moment let's focus on vitamin D.



Child with Rickets

### The “Vitamin D” Connection

The main function of vitamin D is to maintain the body’s calcium concentrations at a precise level. This is accomplished by increasing the absorption of calcium from the intestines and the interaction with other hormones (like parathyroid hormone). Almost all tissues and cells in the body have receptors for this hormone, and therefore are affected by its presence.

More than 90% of the vitamin D requirement of people is met by internal synthesis with the aid of sunlight, not from the diet.<sup>4</sup> Very few foods naturally contain vitamin D. Examples are: fatty marine fish (salmon, cod liver oil, mackerel, and sardines); and a few foods are fortified with vitamin D, like cow’s milk sold in the United States, as well as some orange juices, cereals, and breads – the vitamin is added during manufacturing. Vitamin supplements (pills) are also common sources of this active substance.

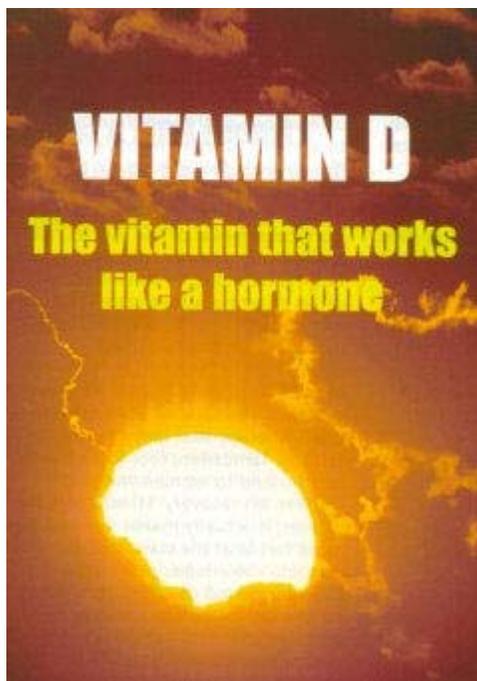
In children, vitamin D deficiency will cause a disease characterized by the severe bone deformity called rickets. In adults, osteomalacia (a weakening of the bones) may develop – along with muscle weakness, and aching bones and muscles. A role for vitamin D in cancer prevention has recently become a topic of much discussion. Since 1941 researchers have reported that common cancers, like breast, prostate, and colon, are less common where people get more intense sunlight, nearer the equator.<sup>7</sup> Interestingly, people with sun-induced skin cancers have much less internal cancer.<sup>7</sup>

Consumption of cow’s milk is believed to increase the risk of aggressive and advanced cancer, especially prostate cancer, by interfering with vitamin D activity.<sup>7</sup> More specifically, the much-raved-about calcium in milk suppresses circulating levels of this hormone, encouraging cancer growth.

Anticancer effects of vitamin D are: regulation of cell growth, helping older cells die when they are supposed to

(apoptosis), inhibiting the formation of new blood vessels that feed cancers, stopping the spread of cancer (metastasis), and helping to prevent out-of-control cellular proliferation – a hallmark of cancer. The benefits are not just limited to prevention – there is good evidence that sunlight exposure can benefit those who have already been diagnosed with cancer.<sup>7</sup>

### “Vitamin D” Is Not Really a Vitamin



“Vitamin D” is a misnomer. Vitamins, by definition, are not synthesized by our body, but are small organic substances which must be acquired through our foods. Because we easily synthesize this biologically active substance, it is by definition a hormone – created by the action of sunlight on plant-derived sterols circulating through the exposed layers of our skin. Thus, it is commonly referred to as the “sunshine vitamin,” but more correctly it should be called the “sunshine hormone.” This hormone only becomes a “vitamin” under the unnatural living conditions of severe sunlight deprivation. In this case, the only available source may be diet.

The amount of this hormone needed by our bodies is very small. The exposure of skin sufficient to cause a slight pinkness produces vitamin D levels equivalent to 20,000 IU (as supplied by pills). This is 100 times greater than the RDA for adults under 50 years old, and 20 times greater than the highest recommendations for daily oral supplements.<sup>3</sup> Vitamin D toxicity is never caused by excess sunlight exposure. Sunscreen with an SPF of 15 or greater can reduce vitamin D production by 95%.<sup>4</sup>

Because vitamin D is fat soluble, it is effectively stored in the body’s own fatty tissues where it serves as a “sunshine battery” –for later use during the darker days of winter. With obese people, this hormone is “sucked” so

successfully into the body fat that much of it becomes essentially unavailable for future use – this is proposed as one reason obese people have more risk of cancer.

### **Unquestionable Harms from Overexposure**

Sunlight is a form of powerful radiation, so it should not surprise you that there is a potential for harm. This ultraviolet light suppresses our cancer fighting immune system and causes the formation of free radicals which damage our cells, including their genetic materials (DNA). Repeated, severe injuries to the skin’s elastic structures cause it to wrinkle, an unsightly sign of aging. Years of overexposure can lead to precancerous, actinic keratosis, and then actual cancers – basal cell and squamous cell carcinomas. Ultraviolet light is one of only 60 agents designated by the World Health Organization as a human carcinogen.<sup>5</sup> More than 1 million cases of skin cancer annually are attributed to sun exposure.<sup>6</sup> This represents 55% of all cancers in the USA. Fortunately, these forms of skin cancer are rarely fatal.

This dark side counters our love of the sun and all the scientific evidence that substantiates its benefits – so what went wrong?

### **Unnatural Living Causes the Sunshine Paradox**

Three changes in our natural condition now place us in harm’s way:

#### ***The First Man-made Change: Migration***

I (John McDougall) am of Scotch-Irish decent and my skin is fair with a very low level of pigmentation (melanin) which allows the sun’s vital radiation to easily penetrate its outer layers. Because of this efficiency, I can make all the vitamin D I need from as little as five minutes of exposure to my face, hands and arms (6% to 10% of my body) at noon, two to three times a week, while living at a latitude similar to Detroit’s.

My sun exposure changed drastically in my mid-twenties when I migrated from Michigan (42 N latitude) to Hawaii (21 N latitude). As a result, I became a “white boy” living in an environment fitted for much darker-skinned people. I sunned my body on the beach, sailed on my boat, windsurfed, and hiked without a hat for 15 years, often at high noon in the summer months. The result was sun damage to my skin that I live with to this day. I also ate a high-fat, low-plant food diet during my early years in Hawaii.

## Dr. McDougall's Migration in 1972



Darker-skinned people – Africans, Middle-Easterners, and some Asians, for example – can develop just the opposite problem by migration. Living for eons in lands of intense sunshine, their skins became heavily pigmented (lots of melanin) to block out the sun's powerful radiation. Over the last 400 years, millions of these people have relocated to lands of limited sunshine, like cloudy London or to an office building in New York City. Dark skin requires as much as 10 to 50 times the solar energy to make the same amount of vitamin D as does fair skin.<sup>7</sup> The consequence is too often vitamin D deficiency, which may be one reason that blacks living in the USA have so much more internal cancer than whites have. Deficiency in their children also causes rickets. It is estimated that over 50% of African-Americans in the USA are at risk of vitamin D deficiency, compared to only 5% of whites.<sup>4,7</sup>

### ***The Second Man-made Change: Nutrition***

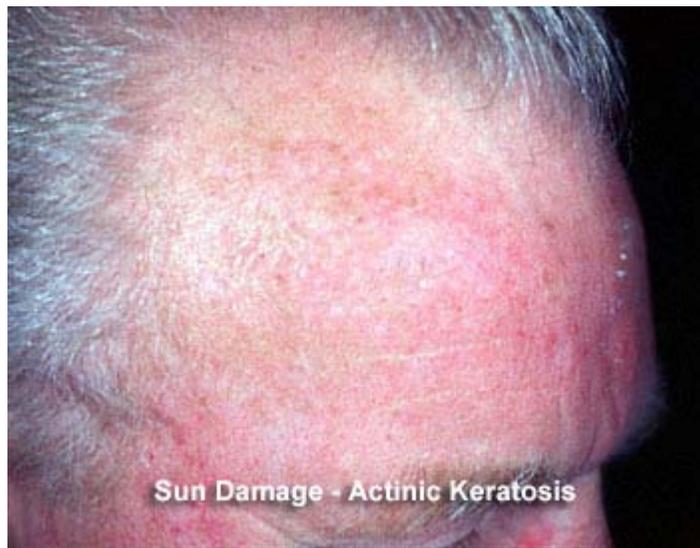
Animal experiments reported as early as 1939 provided the first clues about the influence of our diet on the risk of skin damage from sunlight.<sup>9</sup> Researchers discovered a diet high in fat increased the numbers of ultraviolet (UV) radiation-induced skin cancers in mice. In the 1980s, studies showed that switching from a high-fat to a low-fat diet immediately after the ultraviolet light exposure reversed the cancer-promoting effects of the high-fat diet.<sup>9</sup> These findings suggested that changing a person's diet, even after exposure to UV light, might prevent future skin cancers, and possibly reverse the effects of the sun's damage.

This may surprise you, but even more than animal (saturated) fat, polyunsaturated oils derived from vegetables (like corn and safflower oils) are found to be the strongest promoters of skin cancers in people and experimental animals, of any foodstuffs that we eat.<sup>10</sup> This danger only applies to free oils, like those found in a bottle. Please understand that when the oil is still in its natural state, as part of the components of the fruit or vegetable, it is perfectly safe, and as you know, health-promoting.

The most serious warning about the sun comes from the fear of developing the very deadly skin cancer, melanoma. This fear is unfounded. Research clearly shows that sun exposure has little to do with the cause of this kind of cancer – in fact, there is good evidence that sunshine can help prevent this vicious cancer, and can even slow its growth –

doubling a patient's chances of surviving.<sup>11,12</sup> Melanoma is believed to be due to a diet high in fat, especially vegetable oils, and low in fruit and vegetables.<sup>13</sup>

Even if you have skin damage, it is not too late to change your eating habits. An experiment published in 1994 in the *New England Journal of Medicine* reported that people with actinic keratosis (precancerous, dry, scaly, rough-textured patches) were able to reduce the chances of development of new actinic (sun damage) lesions, 3 to 6-fold, by switching from a high fat (38% of calories) to a relatively low-fat (21% of calories) diet – this diet was also more plentiful in plant foods.<sup>14</sup> Furthermore, during the last 8 months of the study the incidence of skin cancers was 10 times less in the low-fat group than the high fat dieters.<sup>15</sup> (The McDougall Diet is 7% to 10% fat and made of only plant foods.)



Sun Damage - Actinic Keratosis

### ***The Third Man-made Change: Atmosphere***

The intensity of the sun's radiation delivered to our skin is increasing because of industrial damage to our atmosphere. Of the types of radiation emitted by the sun, ultraviolet radiation is believed to be almost entirely responsible for the deleterious effects sunlight can have on our systems. The amount of ultraviolet radiation that actually reaches the earth's surface depends on latitude, altitude, and weather conditions, and on the amount of ozone, water vapor, oxygen and carbon dioxide in the atmosphere. However, the ozone layer is becoming chemically depleted because of the presence of chlorofluorocarbons (CFCs) in the stratosphere. CFCs are used in air conditioners, and as cleaning and spraying agents in the chemical industry. In 1985, it was reported that there is a hole in the ozone layer over Antarctica and there is additional evidence that ozone is being lost at nearly all latitudes outside of the tropics.

### **Action for You to Take**

My observations of the world affirm for me that Nature makes few (if any) mistakes and all forms of life are supported by natural surroundings, which exist in delicate balances. Unfortunately, the equilibrium has been upset and in some ways sunshine has been turned from a friend to a potential foe. Your first response must be to take every step to put things back into balance by making adjustments to receive the proper amount of sun you need based on your skin pigmentation. This may mean at one extreme hours of exposure for dark-skinned people living in low-light conditions, and at the other extreme great efforts to minimize exposure in fair skinned people living near the equator.

Because of the recent worsening atmospheric conditions, especially if you are fair skinned, you may need to wear protective clothing, avoid sun exposure during peak hours of radiation, and use sunscreens. Use of protective agents is a must for areas of skin that have already been damaged – commonly, your face, neck, shoulders, and hands. However, you can still choose to increase sun exposure to undamaged areas of skin such as your legs, abdomen and back in order to obtain the health benefits of this radiant energy. The safest way to benefit from the healing powers of sunlight may be to build your exposure slowly throughout the year and to avoid burning from impulsive intense exposures.

Regardless of skin tone, occupation, present geographic location, or current health, a change to a low-fat, plant-based diet (the McDougall Diet) is always recommended for better skin – the benefits are almost limitless and there are no added costs or adverse effects from this simple step. This kind of eating is so powerful that it actually provides some of the same biochemical benefits as sunlight without any of the risks.<sup>5</sup>

I do not recommend vitamin D supplements, except in those extremely rare cases (such as confinement to a nursing home or exile to the Arctic) where you cannot get the most reliable and beneficial source of vitamin D – sunshine.

The components of life that provide radiant health for you are: clean air, water, and food, adequate rest, moderate exercise and sunshine. These are cost-free and side-effect-free. But also profit-free, so don't expect much outside en-

couragement for their liberal use.

### Effective, Scar-free Treatment for Sun-Damaged Skin

If you develop actinic keratosis, basal cell or squamous cell carcinomas, there is a simple, highly effective, low-cost treatment. The cosmetic results are excellent; rarely leaving scars, such as would be expected following surgery.



Aldara (imiquimod) 5% cream is by prescription only, but it is self-administered. Results are exceptionally effective – even the cancers disappear. Cream is applied every day or every other day until an eruption occurs (like poison oak). The eruption heals, leaving normal skin in most cases. Only sun-damaged cells are affected by this treatment. See prescribing information for details.

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**Comment:**

News headlines worldwide claimed “Milk may keep diabetes away” and “Low-fat dairy prevents diabetes” and “Dairy blocks diabetes.” May 9, 2005 must have been one of the dairy industry’s happiest days. The findings, however, are irrelevant because there is no “cause and effect” relationship shown between the consumption of dairy and diabetes prevention. The curious reader will discover that this study only shows that people who choose more dairy foods, and especially low fat dairy, as part of their diet have less diabetes than those who choose less dairy. This finding is easy to explain without inventing some novel preventative property of cow’s milk.

The dairy industry has traditionally targeted their messages to health conscious people who generally eat better and exercise more – because of these habits these people have less type-2 diabetes. This better lifestyle for the higher dairy group is confirmed by the observations from this study that those eating more dairy (especially low-fat dairy) also ate more fruits and vegetables, ate more carbohydrates, were more physically active, drank less alcohol, and were less likely to have high blood pressure and high cholesterol. So, what is so hard to figure out here and why did the news media miss the obvious?

Those drinking less milk must be drinking something else – maybe more high-sugar soda drinks to wash down their high-fat, high-sodium foods that gave them elevated cholesterol and blood pressure. In other words, people who don’t listen to health messages, even false ones from the dairy industry, have worse diets in general, exercise less, and have more diabetes – but these researchers and the media failed come to this obvious conclusion – and the public pays the price with worsening health.

Type-2 diabetes is a disease of overnutrition (see my February 2004 newsletter). The body responds to excess body fat accumulation by becoming insulin resistant and later stages of this resistance are characterized by changes, such as elevated blood sugar (people develop type-2 diabetes).

The authors of this study should be ashamed of themselves for suggesting dairy products cause weight loss (they didn’t in their study). Even the employees of the dairy industry know better – although their ads don’t share this truth with the public. (See my April 2005 newsletter article: Dairy for Weight Loss – Another Big Fat Lie.) Cow’s milk is intended to grow a calf from 60 pounds to 600 pounds. The same researchers who did this study (from the Harvard School of Public Health) have in the recent past linked a diet high in red meat, processed meat, high-fat dairy products, and refined grains, combined with obesity and inactivity, with a high risk for type 2 diabetes in men.<sup>2</sup> Other studies have also made the link between type-2 diabetes and more dairy food consumption.<sup>3-5</sup>

One of my greatest concerns for this misinformation is that it will be interpreted to mean that dairy foods are good for diabetics. These metabolically compromised people are at very high risk of cancer, heart disease, osteoporosis, kidney failure, and blindness – problems aggravated by all the animal protein and saturated fat in dairy products. Diabetics also have serious bowel dysfunction which dairy is notorious for causing. (See my May 2003 newsletter article: Marketing Milk and Disease.) This publicity may also cause some people to believe that type-1 (childhood) diabetes is no longer believed to be due to an autoimmune reaction from cow’s milk protein. (See my July 2002 newsletter article: The Pancreas - Under Attack by Cow-Milk.) Well-informed people will not be derailed by this kind of nonsense and will clearly understand that cow’s milk is our most serious dietary health hazard.

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## The Best Breast Cancer Treatment: Diet and Exercise

**Physical activity and survival after breast cancer diagnosis** by Michelle Holmes published in the May 25, 2005 issue of the *Journal of the American Medical Association* found physical activity, like walking 3 to 5 hours a week at an average pace, reduced the absolute risk of death for women with breast cancer by 6% over 10 years.<sup>1</sup>

On May 16, 2005 Rowan Chlebowski, MD, of Harbor-UCLA Medical Center Los Angeles presented the first results from the Women's Intervention Nutrition Study of 975 middle-aged women with breast cancer assigned to a low-fat diet.<sup>2</sup> Over 5 years of study these women were found to have fewer recurrences than those who remained on the high-fat American diet. In the diet intervention group, women lowered their fat intake from 29% to 20% of calories. Unfortunately, meat, dairy, poultry, butter and other sources of animal fat were not eliminated on this "low-fat diet" – nor was there any evidence that these women cut their calorie intake or ate more fruits and vegetables.

On average, 9.8% of women on the "low-fat diet" had a recurrence at 5 years and those on the standard American diet had a 12.4% rate of recurrence. The absolute risk reduction was 2.6%. On the low fat diet, women lost 4 pounds. For women with tumors that were relatively insensitive to estrogen (estrogen negative, usually premenopausal women), the risk of recurrence was reduced even more – about twice as much.

In both studies the researchers suggested that the interventions (exercise and diet) worked by causing weight loss and by lowering cancer-promoting hormones, like insulin and estrogen.

**Comments:** I published the first study on the benefits of a very low-fat diet for women with breast cancer in 1984.<sup>3</sup> For all of my professional career I have advocated diet and exercise as the primary approaches to breast cancer (with very conservative surgery – like a lumpectomy – and some anti-estrogen therapy). About 12 years ago I had the founder of this study (the Women's Intervention Nutrition Study), Ernst Wynder, MD, on my radio show – also, about the same time, Dr. Chlebowski was a guest on my TV and radio shows. I asked both of them, "If you believe in the benefits of a low-fat, plant-food based diet for women with breast cancer, why do you feed your research subjects a diet filled with the foods that cause and promote cancer?" Their answers were similar: Neither researcher believed women would make such a drastic change – to give up dairy, meat, poultry and oil entirely. But how would they know? They never asked any of them to make this change.

I know, from decades of experience, that most women presented with correct information, and a little help, will gladly make whatever changes are necessary to stay healthy and alive. And besides, it should not be up to the doctor to decide what a woman is willing to do to stay alive. Therefore, my approach continues to be to teach women (and men) with (and without) breast cancer the best diet I know. The McDougall diet is 7% to 10% fat and contains only plant foods (starches, vegetables, and fruits).

The survival benefits of exercise reported here are comparable to those of chemo- and hormone- therapy which yield an absolute 10-year reduction in mortality of 7 to 11% for women less than 50 years old, and a 2 to 3% reduction for women 50 to 69 years-old.<sup>4</sup> Remember, exercise provided a 6% reduction in mortality in all age groups over 10 years.<sup>1</sup> Benefits on mortality are yet to be reported for diet. When results are finally reported, I believe diet will be found to reduce risk of death far more than any conventional therapy – but that's not setting the bar very high, since neither radiation nor surgery prolongs life, and chemical therapies do dreadfully little. Further information on diet for the treatment of breast cancer can be found in the [McDougall Program for Women](#) book.

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## What's New in Prostate Cancer Treatment?

Three studies published over the past month may influence the way a patient with prostate cancer is treated, but will the changes be in the patient's best interest?

**First Study: 20-year outcomes following conservative management of clinically localized prostate cancer** by Peter Albertsen in the May 4, 2005 issue of the *Journal of the American Medical Association* found, "The annual mor-

tality rate from prostate cancer appears to remain stable after 15 years from diagnosis, which does not support aggressive treatment for localized low-grade prostate cancer.” A study with similar findings was published in 2004 in this same journal.<sup>4</sup> The results of both studies lead to the same clinical conclusions: “Men with well-differentiated disease (low Gleason score) rarely require treatment, while men with poorly-differentiated disease treated with androgen (testosterone) deprivation will usually die from prostate cancer.”

**Second Study: Radical prostatectomy versus watchful waiting in early prostate cancer** by Anna Bill-Axelson in the May 12, 2005 issue of the *New England Journal of Medicine* found “Radical prostatectomy reduces disease-specific mortality, overall mortality, and the risks of metastasis and local progression. The absolute reduction in the risk of death after 10 years is small, but the reductions in the risks of metastasis and local tumor progression are substantial.”

**Third Study: Increased risk of rectal cancer after prostate radiation: a population-based study** by Nancy Baxter in the April 2005 issue of *Gastroenterology* found, “...a significant increase in development of rectal cancer after radiation for prostate cancer. Radiation had no effect on development of cancer in the remainder of the colon, indicating that the effect is specific to directly irradiated tissue.” Rectal cancer was 70% higher in areas exposed to radiation.

**Comments:** Doctors want to help their patients and it is very difficult to tell someone that the treatments available are of little value. Therefore, the first study (cited above) will be easily forgotten, and the second study with more optimistic findings will become a big part of the standard sales pitch for prostate surgeons. The truth is we do not know if there is any benefit from radical surgical treatment of prostate cancer. My understanding of this disease leads me to believe that ultimately research will show that surgery and radiation translate into no survival benefits. Read my February and March 2003 newsletter articles on prostate cancer to understand why I have reached this conclusion. For the sake of patients with prostate cancer, especially those who have chosen radical surgery, I hope I am proven wrong.

Many men will choose radiation therapy for prostate cancer, believing this approach will give them the same chance of living long lives with few of the nasty side effects from radical surgery. However, one serious side effect, which now has to be considered, since Baxter’s report is radiation-induced cancers.

I am an advocate for the conservative treatment of prostate cancer and that means essentially doing nothing “medical” – no surgery, radiation, or chemotherapy in almost all cases. Breast cancer treatments have been studied much more extensively than those for prostate cancer. The results show no survival benefits for any kind of surgery or radiation. Hormone therapy (antiestrogen) and chemotherapy (probably working through reduction of female hormones) has shown a small survival benefit. Many people believe that prostate cancer in men is analogous to breast cancer in women – including the issues of cause, prevention, early detection, and treatment. If this is true, then studies will ultimately show that, like breast cancer, **prostate cancer is:**

- Caused by the rich Western diet (fats, proteins, hormones, and environmental chemicals)
- More likely to occur in poorly nourished people (due to the Western diet)
- Already advanced by the time of initial diagnosis
- Ineffectively detected by screening (PSA and DRE)
- Treated effectively for the local part of the disease with surgery and radiation
- Treated ineffectively for the distant spread (metastasis) by surgery and radiation
- Treated with limited benefits with anti-hormone therapies
- Treated with medical therapies that always have serious side effects
- Such an unaggressive disease in most cases that the cancer would never have caused any trouble for the patient if never detected
- Sometimes a very aggressive cancer that has, in this case, already spread throughout the body long before detection
- Just as deadly even after treatments by surgery or radiation – no matter how extensive the therapy

- Best treated with a low-fat, plant-based diet and exercise because these therapies deal with the disease at the root causes.

- 1) Albertsen PC, Hanley JA, Fine J. 20-year outcomes following conservative management of clinically localized prostate cancer. *JAMA*. 2005 May 4;293(17):2095-101.
- 2) Bill-Axelson A, Holmberg L, Ruutu M, Haggman M, Andersson SO, Bratell S, Spangberg A, Busch C, Nordling S, Garmo H, Palmgren J, Adami HO, Norlen BJ, Johansson JE; Scandinavian Prostate Cancer Group Study No. 4. Radical prostatectomy versus watchful waiting in early prostate cancer. *N Engl J Med*. 2005 May 12;352(19):1977-84.
- 3) Baxter NN, Tepper JE, Durham SB, Rothenberger DA, Virnig BA. Increased risk of rectal cancer after prostate radiation: a population-based study. *Gastroenterology*. 2005 Apr;128(4):819-24.
- 4) Johansson JE, Andren O, Andersson SO, Dickman PW, Holmberg L, Magnuson A, Adami HO. Natural history of early, localized prostate cancer. *JAMA*. 2004 Jun 9;291(22):2713-9.

### Calcium and “Vitamin D” Do Not Prevent Fractures

**Randomised controlled trial of calcium and supplementation with cholecalciferol (vitamin D3) for prevention of fractures in primary care** by Jill Porthouse in the April 30, 2005 issue of the *British Medical Journal* found, “... no evidence that calcium and vitamin D supplementation reduces the risk of clinical fractures in women with one or more risk factors for hip fracture.” This study observed 3314 women, 70 years and older, over a period of 25 months. Half of the women were given 1000 mg of calcium and 800 IU of vitamin D daily. The other half received no supplements. Fracture rates did not differ between those who took the supplements and those who did not.

**Comment:** Fractures are the result of poor bone tissue, not calcium gain or loss. The intestine absorbs the amount of calcium needed to mineralize the bone. Generally, if the bone tissues are healthy they will hold more calcium and appear denser on testing. The dietary requirement for calcium is very small and there is always sufficient calcium in the diet to meet the body’s needs. Because there was no deficiency in the first place, adding more as a pill cannot possibly be of benefit. (See my October 2004 newsletter article – Resisting the Broken Bone Businesses: Bone Mineral Density Tests and the Drugs That Follow)

Likewise, adding vitamin D pills is not a remedy unless the patient suffers from vitamin D deficiency. As you read in the lead article of this month (May 2005) – deficiency would be the result of inadequate sunlight exposure – not a pill deficiency. However, pills mean profit, so pill companies are constantly looking for research to help sell their pills. Unfortunately for Nycomed, the pill-supplier for this study, these results will be bad for business. Do you think Nycomed will include these results in their next advertisement campaign?

Porthouse J, Cockayne S, King C, Saxon L, Steele E, Aspray T, Baverstock M, Birks Y, Dumville J, Francis R, Iglesias C, Puffer S, Sutcliffe A, Watt I, Torgerson DJ. Randomised controlled trial of calcium and supplementation with cholecalciferol (vitamin D3) for prevention of fractures in primary care *BMJ*. 2005 Apr 30;330(7498):1003.

### “Liver Cleansing” with Olive Oil and Lemon Juice – Myth

**Could these be gallstones?** Asked Christian Sies in the April 16, 2005 issue of the *Lancet*. A 40-year-old patient with many 1 to 2 mm gallstones underwent a “liver cleansing” with apple and vegetable juice, followed by 600 ml (20 ounces) of olive oil and 300 ml (10 ounces) of lemon juice, taken over several hours. She painlessly passed semi-solid green “stones” with her stool. She brought them to her doctor, who examined them under a microscope and found no crystalline structures (as would be seen in an actual gallstone). Heating to 40 degree C for 10 minutes caused the “stones” to melt. Analysis showed they contained no cholesterol, bilirubin, or calcium (like a real stone might have). Chemical analysis found the “stones” were fat globules mostly from the olive oil. The investigators next made similar balls that looked like stones in their lab by mixing olive oil and lemon juice and then drying the mixture. Sometime later, the actual stones, which were made of cholesterol, were removed from the woman’s gallbladder by a surgeon.

**Comments:** Many people believe this alternative therapy really works, but the “gallbladder flush” is a myth. Gallstones are a result of supersaturation of the bile with cholesterol from the Western diet and they become stubbornly packed in the gallbladder. About 15% of people in Western societies have gallstones – eventually they become so common in middle-aged women that as many as half of them carry around stones – and most don’t know it. Gallstones that cause no pain or other symptoms should be left alone, rather than removed. (For more information on

gallstones, please see my newsletter: April 2002 – A Stone-Free and Happy Gallbladder and May 2002 – Die With Your Gallstones.)

Sies CW, Brooker J. Could these be gallstones? *Lancet*. 2005 Apr;365(9468):1388.

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## **MAKING THE CHANGE TO A HEALTHY LIFESTYLE WORK IN YOUR LIFE**

**[Part 2 of 3]**

### **3) MEAL PLANNING**

#### **HOW MUCH EFFORT?**

When planning home cooked meals for yourself and family, begin by deciding how much time you are willing to dedicate to them in the kitchen. If you have been the kind of cook who burns a slice of animal flesh on two sides and calls that dinner, then for you the healthy alternative is to microwave a potato or two and boil a bag of frozen vegetables. The nutrition derived from that offering will be excellent, and the flavor can be made pleasing by adding no-oil salad dressings, salsas, spaghetti sauces, ketchup, or barbecue sauces.

On the other hand, if you like to spend time in the kitchen, making meals from scratch, then a starch-based diet can be either simple or complicated. The recipes in the McDougall books contain detailed instructions for preparation of ingredients, and accurate cooking times to help you. The instructions are written simply and completely, so that even a novice cook should be successful on the first try.

#### **MAKE A LIST**

Begin by taking a few minutes to plan your menu for the week. Write down what you plan to make for each meal. Keep the meals fairly simple, especially at first, and remember to plan your meals around a starch food for each meal. Introduce variety by choosing different starches, in order to avoid serving pasta three days in a row. Then make a shopping list and write down the ingredients you'll need to buy at the supermarket and health foods store. A written list will save you time and money.

#### **A HEARTY BREAKFAST**

Traditional breakfast foods, like toast, cereals, pancakes, and waffles, made of whole grains, are already in line with the McDougall Program. Only a slight variation in the components of these dishes needs to be made. Many people can't imagine eating a breakfast cereal without milk or cream. The simple solution for a hot cereal is to make it with a little extra water and top the mix with a sweetener, like brown sugar, or applesauce. If you need to pour something white on a hot or cold cereal, use rice milk, or low-fat soy milk. Fruit juice is another option on cold cereal. It provides not only moisture, but also the flavor of the fruit and some degree of sweetness. Many cereal manufacturers already add fruits to cereals, taking advantage of this pleasurable combination of tastes.

Hash brown potatoes are a favorite in the McDougall home. They can be made from scratch or purchased frozen in boxes and bags. Pour the desired amount of potatoes from the bag into a nonstick fry pan and cook for 20-25 minutes on medium heat, stirring occasionally. Compressed square patties of shredded potatoes sold in boxes of 4 to 8 are also a favorite. (Make sure you buy potatoes with no added fats or oils.) These become brown on a nonstick griddle after about 10 minutes per side at medium heat with a gas stove. (An electric stove takes a little longer.)

A simple and fast breakfast can be a bagel, a piece of toast, or a rice cake, plain or topped with no-sugar whole fruit jams. Recipes for more complicated breakfasts can be found in the McDougall books. There's nothing sacred about what you eat for breakfast. You've probably had leftover pizza or a burrito for breakfast in the past. You can do the same with healthy foods, and have for breakfast things that are customarily considered reserved for lunch or dinner. The first meal of the day in Asian countries is often the same as are the middle and the last meal: rice and vegetables.

## A TASTY LUNCH

Lunch is usually hurried, downed in a short time, because it falls during the business part of our day. Leftovers make easy lunches: bean dishes, grain dishes, and soups left to thicken as they cool, make great sandwich stuffings. For variety, add lettuce, sprouts, sliced tomatoes, and onions, along with a dash of bottled sauce (Tabasco, barbecue, or steak sauce), or an oil-free salad dressing, or one of the many mustards available.

Do you usually manage to fill your pita bread pocket too full? If you do because you like a lot of filling, separate the pita bread in half by cutting around its edge, leaving two flat circles. Layer the foods you want over one half and cover with the other; eat the combination like a sandwich or with a fork and knife. You can also spread leftovers on your circles of pita bread, and add to them garnishes, and sauces; then roll up the filled circle like a burrito.

Some instant dry soups packaged in paper containers make excellent lunches. Just add hot water and wait a couple of minutes for lunch to be ready. Instant soups come in many varieties; check out Dr. McDougall's Right Foods in your natural foods store or order online at [www.rightfoods.com](http://www.rightfoods.com).

Potatoes are another great foundation for lunches. Bake, boil or microwave them. Cut crosswise in half, split lengthwise down the middle, or mash the white of the potato, or skins and all, before adding the chosen topping. Instant dry packaged soups can be made with half the recommended volume of hot water, and then poured over a cooked potato, providing a substantial covering with spicy flavors. Also try oil-free salad dressings, salsas, barbecue sauces, ketchup, steak sauces, horseradish, Tabasco, Worcestershire sauce, spaghetti sauce, or any other favorite sauce (all oil-free, of course), on your potatoes.

If you pack a lunch for work or school, use covered plastic containers. Carry cooked potatoes in a sealed plastic bag. Soups and other liquids can be stored hot or cold in a thermos. Fresh tap water, bottled water, bottled mineral water, juices, and bags of herb teas are convenient beverages for packed lunches.

## A SATISFYING DINNER

Your dinners will be planned around starches, with the addition of fresh or frozen vegetables and fruits, mixed with your favorite seasonings. Your first goal is to decide on a few selections that please everyone who will share the meals.

## KEEP IT SIMPLE

When we first started eating this way more than 25 years ago, I would make three or four different dishes for a meal, in an effort to imitate the American-style of serving a main dish, two or three side dishes, and a dessert. But I soon learned that too much variety makes for too much work. In the old days, for most people, meals were simple: porridge for breakfast, soups for lunch, and a stew for dinner. You too should plan your meals around a single dish, possibly supplementing it with a salad or vegetable side dish. Think of pasta with a topping, or rice covered with a sauce, or just plain soup and wholesome bread.

## MAKE QUANTITIES

The serving size may cause you some concern if you are cooking for only one or two "small eaters." But we suggest that you still should make at least the full quantity called for by a recipe and refrigerate or freeze the leftover portions. This will save you preparation time later, and will enable you to find something tasty available for a future meal. All of these foods freeze well, except the ones made with arrowroot or cornstarch, which become sort of lumpy when frozen. If you plan to freeze foods containing these thickeners, you should separate and freeze the surplus amounts without adding the cornstarch or arrowroot. Add the arrowroot or cornstarch to the separated portions later, when you heat them.

Make an extra effort to have on hand portions of frozen beans and rice. Doing so will cut down on preparation time for recipes that use these slow-cooking foods.

## 4) SHOPPING HABITS

### SUPERMARKETS AND NATURAL FOODS STORES

With the list you've made for the week's menu, start shopping at your local supermarket. Pick a market that is interested in supplying good fresh fruits and vegetables. Many of the upscale markets have health foods and specialty sections too, where some of the unusual ingredients can be found. We shop in a natural foods store several times a month, stocking up on the items we cannot find in a supermarket. (A natural foods store puts emphasis on foods, not on vitamin and mineral supplements and protein powders.)

## READING LABELS

The key to effective shopping is careful reading of labels. Ingredients are supposed to be listed in descending order of amounts in the package. Manufacturers can deceive you with the present food labels. Sometimes simple sugars, like sucrose, corn syrup, fructose, and fruit concentrate, can be listed individually, in order to remove "sugar" as the first ingredient on the list. Manufacturers have found ways of hiding fats in ingredient lists by calling them "monoglycerides," or "diglycerides." You might recognize "triglyceride" as being a complex fat, but are likely to overlook the mono- and di- forms as some sort of additive, unrelated to fats. The chemical difference among these three is the number of chains of fatty acids attached to the backbone molecule (glycerol): 1 (mono), 2 (di), or 3 (tri). Lecithin also is a fat you may not recognize as such. Most lecithin is made from soybeans and is no more effective at lowering cholesterol intake than is any other similar vegetable oil. You want to avoid fat as much as possible. Look for oils that are listed as ingredients on the label and avoid these products. You will often find 1 gram of fat listed on the label of an apparently low-fat product. This 1 gram represents the total amount of fats in naturally low-fat vegetable foods. When you're buying packaged foods, be sure to read the ingredient labels carefully. And then read them periodically again and again, to catch changes in manufacturing practices and advertising ploys.

## FIGURING PERCENT OF CALORIES

A little simple math will help you determine how much fat, protein, and carbohydrate is in a labeled food or packaged product.

Percent fat is calculated by multiplying the number of grams of fat by 9 calories per gram, dividing the answer (the number of calories of fat) by the total calories, then multiplying by 100%. Your goal is less than 10 % fat per meal.

Percent protein is calculated by multiplying the number of grams of protein by 4 calories per gram, dividing the answer (the number of calories of protein) by the total calories, then multiply by 100%. Your goal is less than 8 to 15% protein per meal.

Percent carbohydrate is calculated by multiplying grams of carbohydrate by 4 calories per gram, dividing the answer (the number of calories of carbohydrate) by the total calories, multiply by 100%. Your goal is more than 75% carbohydrate per meal.

The ideal starch-based diet is:

5 to 10% fat

8 to 15% protein

75 to 87% carbohydrate

## ORDERING SUPPLIES BY MAIL

People living in rural areas cannot find some of the specialty items in their home town grocery store. Mail order houses can solve this problem. You can save 30% to 50% on your purchases by buying in bulk from some such places. If the minimum bulk order costing \$200 to \$500 is too much for you alone to manage, then team up with friends on an order. Many online sources for specialty foods may be found by entering natural foods into your search engine and checking various supplies. One source that is helpful is [www.healthy-eating.com](http://www.healthy-eating.com).

## CANNED AND PACKAGED PRODUCTS:

A basic list of canned and packaged products is found in The McDougall Quick & Easy Cookbook. These products have limited amounts of added oils and are free of animal products. However, many do contain salt, sugars, spices and additives that some people cannot tolerate. Read the labels carefully before deciding to buy. Also, manufacturers will sometimes change the ingredients, so check labels periodically.

## Featured Recipes

### TOFU TVP

I have made my own variation of tofu TVP for over 25 years, using traditional, firm, water-packed tofu. Most commercial TVP products are made with isolated soy protein, so by making your own version this can be avoided. This needs to be prepared ahead of time, and refrigerated or dried for future use. Then it is used in recipes that call for TVP or “crumbled soy” products. (For problems with concentrated soy protein products – as opposed to traditional soy foods – see the April 2005 McDougall Newsletter article: Soy – Food, Wonder Drug, or Poison?)

This makes about 2 cups.

1 package firm, water-packed tofu

Place the package of tofu directly into the freezer and freeze for several days. Remove from freezer and let thaw. (See hints below.) When completely thawed, break off pieces of the tofu and squeeze well to remove all excess water. Crumble into small pieces and place in a bowl. Repeat until all the tofu has been crumbled and it looks like cream-colored “soy crumbs”. Season with 1 ½ tablespoons of tamari or soy sauce and a few dashes of garlic powder, if desired.

Now it is ready to use in recipes. It may be refrigerated at this point for use within a couple of days, or it may be dried to keep it even longer. To dry, place crumbled tofu on a baking sheet and bake at 250 degrees for about 1 hour, stirring occasionally and checking to make sure it doesn't burn. Store in an airtight container.

**Hints:** The tofu may be thawed in several ways. Leave the unopened package on the counter for several hours, then open and place in a colander for further thawing. To quick thaw, place the unopened container in a bowl with hot water, change water frequently until sufficiently thawed to place in colander. Or just leave the unopened package in the refrigerator until thawed. Freezing tofu changes its consistency and makes it more “spongy” and chewy. The dried tofu may be added to recipes as a meat substitute in the dry form, or it may be reconstituted first by mixing it with some warm water and allowing to “rest” for about 10 minutes before using.

### GLOBAL BEAN STEW

I have prepared this stew several times during the past few weeks, with different variations. It is very similar to a stew made with soy sausage in a previous newsletter. However, since I am trying not to use as many concentrated soy protein products, I have prepared this with grains instead of soy. The grains used may be varied, making this dish truly international. I never have enough left over to freeze, but if you do have some left, it may be frozen for later use. We like this plain in a bowl, over brown rice, or scooped up with baked tortilla chips.

Servings: 6

Preparation Time: 25 minutes

Cooking Time: 60 minutes

3 cups vegetable broth  
 1 onion, chopped  
 2 stalks celery, chopped  
 2 carrots, chopped  
 1 green bell pepper, chopped  
 1 red bell pepper, chopped  
 3 cloves garlic, minced  
 2 cups baby potatoes, chunked  
 2 15 ounce cans white cannellini beans, drained and rinsed  
 1 8 ounce can tomato sauce  
 1 ½ cups prepared hummus  
 1 ½ tablespoons parsley flakes  
 1 ½ tablespoons soy sauce  
 1 teaspoon basil  
 ½ teaspoon oregano  
 ½ teaspoon smoked paprika  
 1/8 to ¼ teaspoon crushed red pepper  
 ½ cup cooked quinoa  
 1 ½ cups thinly sliced fresh spinach

Place ½ cup of the broth in a large pot. Add onion, celery, carrot, bell pepper and garlic. Cook, stirring occasionally, for 10 minutes. Add remaining broth, potatoes and beans. Bring to a boil, cover, reduce heat and cook for 30 minutes. Add tomato sauce, hummus and seasonings. Cook an additional 10 minutes. Add cooked quinoa, mix well and cook for 5 minutes. Stir in spinach and cook an additional 2 minutes.

**Hints:** This may be made with other cooked grains, such as bulgur, kasha, millet, rice or even whole wheat couscous (which is not a grain, but a pasta). Most natural food stores sell prepared low-fat hummus or you can easily make your own by pureeing cooked garbanzo beans with a small amount of broth, garlic and salt. This may also be made with garbanzo beans instead of the white beans. If you can't find baby potatoes, use larger red potatoes and chop them into bite-sized chunks. If you want to use chard or kale instead of the spinach, it will need to cook about 5 additional minutes.

### **CURRIED RED LENTIL SALAD**

By Alex Bury - Cooking Instructor McDougall Program

Alex prepared this salad during the April 2005 McDougall Program and even those people who thought they didn't like curry, loved it! This is an excellent summer meal for those hot days that are coming.

Preparation Time: 15 minutes

Cooking Time: 20 minutes

Chilling Time: 1-2 hours

Servings: 4-6

2 cups red lentils, picked through  
2 cups water or vegetable stock  
1 onion, sliced thin  
2 cloves garlic, minced  
¼ cup white wine or water  
1-2 tablespoons curry powder, to taste  
1 head of cauliflower cut into florets  
1 small apple, chopped  
¼ cup currants  
1 tablespoon balsamic vinegar  
1 tablespoon soy sauce

Cook the lentils in water or vegetable stock until they are tender and still whole, about 15 to 20 minutes. Drain and set aside. Meanwhile, sauté the onions and garlic in the wine or water for 3 minutes. Then add the curry powder and cauliflower florets. Cook, stirring, until the cauliflower is tender-crisp. Add the cauliflower mixture to the lentils and mix in the apple and currants. Season with balsamic vinegar and soy sauce. Serve cold.

**Hints:** Balsamic vinegar is made by aging grape juice in barrels. In general, the more expensive the balsamic, the better flavor it will have.

### **BEAN & TOMATO SALAD**

By Colleen Patrick-Goudreau – Cooking Instructor McDougall Program

Colleen is one of the new cooking instructors for the McDougall Program. She presented this recipe during the last McDougall weekend and everyone loved it. It is very easy to prepare and makes a delicious meal on those hot summer nights when you don't feel like heating up the kitchen with your stove.

Preparation Time: 15 minutes

Chilling Time: 1-2 hours (optional)

Servings: 4

2 15 ounce cans white cannellini beans, drained and rinsed  
3 or 4 medium tomatoes, chopped  
1/2 medium size red onion, diced  
Zest of 2 lemons  
2 cloves garlic, finely chopped  
Assortment of fresh herbs: marjoram, basil, thyme, sage - chopped  
3 tablespoons Champagne or sherry vinegar  
3 tablespoons red or white wine vinegar

Juice from 1 lemon  
Salt and pepper

Mix the beans and tomatoes together in a large bowl. Add the onions, lemon zest, garlic, and fresh herbs and mix well. Add the vinegar and lemon juice, season to taste with salt and pepper, and toss to mix well. Cover and refrigerate before serving for best flavor.

**Hints:** Other white beans you may use are Great Northern and Navy. Use the freshest tomatoes you can find for the best results in this recipe. Vary the kinds used for visual enhancement and delicious flavors. You will need about ¼ to 1/3 cup of fresh herbs-choose one kind or a mixture of several. Add more or less vinegar to suit your own tastes.

### **CREAMY CHILI DRESSING**

By Eric Malvestiti – Chef for the McDougall Program, Santa Rosa, CA

Preparation Time: 5 minutes  
Servings: makes about 1 ½ cups

1 package silken tofu  
½ cup red wine vinegar  
2 tablespoons soy sauce  
2 cloves garlic  
1 tablespoon lemon juice  
2-3 tablespoons chili powder  
Black pepper to taste  
pinch crushed red pepper (optional)

Place the first 5 ingredients in a blender jar and process until very smooth. Add the chili powder in stages so it doesn't become too chili-flavored (you can always add more later). Adjust seasonings to taste. Refrigerate until serving time, or use immediately.

**Hints:** If you like a thinner dressing, add a bit of water to the blender jar while processing. This will keep in the refrigerator for about a week.