The Annual Physical Exam – A Ritual to Be Avoided

My parents believed so much in the healing powers of medicine that as a child I was subjected to annual physical examinations at the University of Michigan Medical School. For nearly half a day several highly trained professionals examined my body looking for the slightest indication that I might have the beginnings of a potentially fatal illness, such as cancer. An analysis of my body fluids and excrements provided the final proof that I was in excellent condition – likely to survive until next year.

My Favorite Five Articles Found in Recent Medical Journals

The Only Way to Lifelong Weight Loss

Long-term weight loss maintenance by Rena Wing in the July 2005 issue of the American Journal of Clinical Nutrition provides the latest report on the findings of the National Weight Control Registry. This compilation consists of people who have successfully lost weight. The average weight lost by more than 4000 members of the Registry is 33 Kg (72.6 pounds) and that loss has been maintained for an average of 5.7 years. The demographics are: 77% women, 82% college-educated, 95% Caucasian, and 64% married. The average age at entry to the registry is 46.8 years. Eighty-nine percent reported using both diet and physical activity for weight loss; only 10% reported using diet only, and 1% reported using exercise only for their weight loss. The most common dietary strategies for weight loss were to restrict certain foods (87.6%), limit quantities (44%), and count calories (43%).

Six key approaches for long-term success at weight loss were identified:

1) Engaging in high levels of physical activity
2) Eating a diet that is low in calories and fat
3) Eating breakfast
4) Self-monitoring weight on a regular basis
5) Maintaining a consistent eating pattern
6) Catching "slips" before they turn into larger regains

Initiating weight loss after a medical event may also help facilitate long-term weight control.
You might think this exam to be prudent action by my parents, showing their love and concern; but these expensive intrusions did nothing to prevent me from suffering a debilitating stroke at the age of 18, having a cholesterol level of 335 mg/dl at 22, gaining 50 extra pounds of fat by the time I was 24, and undergoing major abdominal surgery when I was 25 years young. Nor is an annual physical examination likely to make a meaningful difference in your life – and that is why major health organizations worldwide recommend against this customary checkup.

In 1979, the Canadian Task Force on the Periodic Health Examination was the first organization to recommend against annual physical examinations. Since then, the American College of Physicians, the American Medical Association, the U.S. Preventive Services Task Force (USPSTF), and the U.S. Public Health Service have all agreed that routine annual physical exams for healthy adults should be abandoned and instead doctors should focus their attentions, during the time spent with their patients, on the few problems that they can really help.

"Doctor Recommended" – In Spite of the Evidence

Despite unanimous agreement by major health policy makers worldwide, a survey published in July of 2005 in the Annals of Internal Medicine revealed that nearly two-thirds of doctors still recommend annual physicals. The main reason given for this contradiction with the evidence is that doctors want to avoid having dissatisfied patients – doctors fear patients would be disgruntled by this lack of "proper medical care."

This is a valid concern since two-thirds of patients also consider the annual physical an important part of their health care and may not return to doctors who believe otherwise. In addition to the hope that an annual physical will ward off future problems, one common reason given for this kind of routine visit is to get to know their doctor better. People fear becoming ill and having to be cared for by a doctor who is unfamiliar to them and unknowledgeable about their underlying health.

The financial rewards to doctors for the annual physical exam play no small part in its continued existence. Often medical insurances will pay for these examinations. (Even though the real purpose of insurance is to spread the risk of a catastrophic loss over the insured population.) Two important consequences of this allocation of resources are that when money is spent on the annual physical examination then there is less money for treatments of proven worth, and premiums for everyone rise. The very act of your insurance company reimbursing for this kind of care places a stamp of legitimacy on the annual exam.
Establishing the Doctor-Patient Relationships

People become patients in two ways: 1) they become ill and seek advice or 2) doctors come looking for them. In the first case, the relationship was initiated by the patient – the patient asked for the doctor’s help. In this situation the level of evidence that the treatments offered by the doctor will actually benefit the patient does not have to be great.

The second common way for you to become a patient is for the medical business to actively search for you, under the pretext that the ultimate results of their efforts will be in your best interest. This is accomplished by performing examinations and tests to uncover unapparent, but potential, problems. Screening for cancers by using mammography, colonoscopy, rectal exams, and blood tests (PSA) are common examples of this kind of medical behavior. In the case where the doctor seeks the patient, the evidence should be plentiful and unquestionable that future treatments will yield profound benefits for the patient – because by finding cancer, heart disease, hypertension, hypercholesterolemia, osteoporosis, and/or diabetes, a healthy person is turned into sick person (a patient).

Annual Exams Make People Sick

The annual physical exam is an intensive, well-orchestrated, experience designed to make apparently well people, sick (with good intentions). You walk into the doctor’s office as George or Francine and you leave as a breast cancer, prostate cancer or heart-disease victim. The initial exams commonly lead to more tests – some of which are painful, disfiguring, and dangerous, such as mammograms, breast/prostate biopsies, colonoscopies, and angiograms. Ultimately, the costs of all this meddling can make you homeless and take away your life savings.

The annual physical is supposed to be a means of prolonging your life – and it could have been, except for the fact that the treatments that follow the initial exam are at best useless, and at worst, dangerous. Let me give you two fundamental reasons why the annual physical is doomed to failure, and because of lack of real life benefits all major health organizations have recommended against it:

First, Doctors Are Too Busy Treating Signs Rather Than Diseases

The annual physical focuses on detecting and treating signs of disease. In 35 years of medical practice I have never seen a patient die of high blood pressure or high cholesterol (signs commonly detected during an annual checkup). What do people with these signs of disease die from? They die from rotten (diseased) arteries; made weak with atherosclerosis from a poor diet. Rather than addressing the underlying cause (the diseased arteries) and making appropriate remedies (a healthy diet), the doctor prescribes pills that lower the blood pressure and cholesterol. The result: the patient dies of a stroke or heart attack with a normal blood pressure or cholesterol level. Not much to brag about, but the pharmaceutical companies have fulfilled their promise and collected their payment for providing better looking signs.
To clearly understand the impact of the everyday practice of medicine, please take a moment to identify a friend or relative of yours who has been under the care of a doctor. This person, faithfully seeking a healthful life and acting responsibly, submits himself to an annual exam and regular office visits. Problems are identified and treatments are initiated. After several years of following the doctor’s advice what do you notice different about this person? NOTHING! They are still fat and sick, but now they have a medicine cabinet stuffed full of pill bottles.

Second, “Early Detection” is Really Late Detection

By the time serious diseases raise their ugly heads high enough to be seen by the naked eye, or even the x-ray scanner, disease is too far advanced to be effectively treated. Cancer of the breast or prostate, for example, has been growing, on average, 10 years before it can be felt by the physician. The same 10-year delayed detection applies to mammograms, x-ray detection of lung cancer, and PSA blood tests (for prostate cancer). By the time the cancer is found, it has spread (metastasis) to all other parts of the body – places beyond the reach of the surgeon or the radiation beam. Sad to say (and for most of you, hard to believe), the only real result of most early cancer detection efforts is that you now have to live more years knowing you are sick. (For more information on this subject see my McDougall Program for Women book and the March 2003 newsletter article: A World of Hope and Dreams - Early Detection - The Example - Prostate Cancer.) (There are a few exceptions where treatments can make a substantial difference, like testicular and childhood cancers, and lymphomas and leukemias. However, there is no evidence that early detection programs would make any meaningful difference in the outcome of even these cancers.)

Seek Help When You Are Sick

Even though the hopes are alluring that seeing your doctor regularly will save you, the evidence says otherwise. So when should you see a doctor?

Seek medical attention when your body tells you that you are having trouble. These messages come in the form of a few signs and symptoms, like pain, nausea, weakness, bleeding, and discharges; or as changes in your normal functions, like shortness of breath, difficulty in urination, hearing loss and decreased vision. Otherwise, as the saying goes: “if it ain’t broke, don’t fix it.”

You may need to be reminded along the way that you should improve your self-care. For this purpose, check values that reflect your lifestyle, like your cholesterol, body weight (a mirror and scale will do), and blood pressure. These values can be obtained without prescription. If you read the McDougall books and newsletters (see my archives at www.drmcdougall.com), then you should not need to consult a doctor to tell you there is a diet-lifestyle problem and to give you the correct remedy.

Those of you who expect your doctor to guide you to solve troubles caused by improper self-care will be sadly disappointed in most cases. By education, doctors have insufficient knowledge and the interest to provide effective advice and counseling to prevent our major diseases. Research has shown that only about one-quarter of medical schools require training in medical nutrition sciences, and those medical schools that offered nutrition
electives achieve very low enrollments by students.\(^7,8\)

You may have an exceptional doctor. A professional focused on your interests will be upfront about the shortcomings of highly-profitable tests and surgery/radiation/drug therapies. Rather than supporting unnecessary examinations and laboratory tests during your visits, your valuable time and money will be spent learning about the benefits of and skills needed to follow a health-supporting lifestyle, like the McDougall Program outlines. Whenever an examination or treatment is prescribed, the patient must ask, “How will this translate into a healthier outcome for me?” Until the answer is clear, the recommendation must be refused.

**Take Advantage of Proven Tests**

Modern technology using advanced testing methods, such as whole body scans, heart scans, MRIs, ultrasounds, angiograms, bone mineral density measurements, complete blood analyses, and genetic mapping, have created a world where disease can be discovered in everyone – no one will be acknowledged as healthy – and all of us will be patients. Fortunately, most of these exposed imperfections are inconsequential and will not reduce the quality or quantity of your years – and therefore, in most cases, you should not be looking for trouble.

There are a few worthwhile examinations for cancer prevention. These tests will find changes in your tissues before they have become actual cancer – discovery at precancerous stages. Once progression to actual cancer occurs, then treatments are of very limited value.

I recommend these exams for the discovery of precancerous conditions:

- PAP smears for cervical cancer prevention for sexually active women under age 50 years. Performed every 3 years (after 2 normal exams). Stop exams after a hysterectomy.

Most common life-threatening cancers – breast, prostate, ovary, pancreas, and lung – begin deep within the body where early treatable precancerous changes are near impossible to detect.

**Get Out of the System**

The goal of every patient should be to remain out of the health care system. This is accomplished by staying healthy. This highly desirable state is not simply a matter of good luck, but rather a result of your behaviors; more specifically, following a low fat, plant-food based diet, getting moderate exercise and having clean habits.

People tell me that these regular doctor’s visits and tests are essential, because if they were ever told they had something serious, like cancer, then they would change their diets and destructive lifestyle. How much pain and suffering does it take to cause sensible behaviors?

Shouldn’t a look in the mirror be enough?

Or arthritis that makes arising from a chair an agonizing chore?

Or twice a day swallowing pills carrying warning labels, “This could kill you”?

Or should just the love of life and respect for our bodies be enough for us to want the best for ourselves?

**References:**


As the National Weight Loss Registry demonstrates, many people have independently discovered principals similar to ours. I describe the McDougall Program as “a permanent, painless, effortless, highly-effective weight loss program.” I would like to expand on the principles described in this paper and explain how they apply to you following the McDougall Program.

1) Engaging in high levels of physical activity

With our program we encourage you to adopt a physical activity you enjoy. Walking works well for most people. Note, only 1% of people with the National Weight Control Registry used exercise alone for their results; so obviously, without the foundation of a healthy low-fat diet, successful weight loss is nearly impossible. At our live-in program we begin with a guided morning walk, then one hour of trainer-supervised, land- or pool-based exercise before lunch, and also yoga some afternoons. A modern full-facility athletic club is on site for program participant’s use. Several hours of exercise-oriented lectures are provided.

2) Eating a diet that is low in calories and fat

Registry participants consumed, on average, 24% of their calories from fat. The less fat consumed the easier it is to lose weight for three reasons:

1) Fat is concentrated in calories (9 calories/g vs. 4 calories/g for carbohydrate)

2) Fat is effortlessly stored in the body (carbohydrate is difficult to store)

3) Fat provides little appetite satisfaction (carbohydrate satisfies the appetite)

The McDougall Program diet is, on average, 7% fat — and just as important, the diet is plentiful in “calorie dilute—difficult to store—appetite satisfying” carbohydrates (70% to 85% of calories) from unprocessed plant foods. Twice as many people (87.6% vs. 44%) from the National Weight Control Registry used careful food selection as opposed to restricting the amount they ate. Making the right choices is the key to permanent effortless weight loss. Never being hungry is the most attractive feature of the McDougall Program.
3) Eating breakfast

At our live-in program we serve a hearty breakfast, as well as unrestricted portions of delicious foods for lunch and dinner, and encourage frequent eating with snacks provided all day long. People who eat frequently (graze) lose weight more effectively than those who eat less often (gorge).

4) Self-monitoring weight on a regular basis

Some people fear the scale and don’t weigh themselves often. At our program we encourage daily weigh-ins when Mary McDougall meets with them each morning. This feedback provides instant rewards, helping people stay focused.

5) Maintaining a consistent eating pattern

The National Weight Loss Registry reported that participants who followed a consistent diet across the week were 1.5 times more likely to maintain their weight within 5 lb. over the subsequent year than participants who dieted more strictly on weekdays and were lax on the weekends. People on the McDougall program are given definite guidelines as to which foods support health and they are expected to make these their basic meal plan. Going off the program is called “feast days.” With this clear set of rules, people can choose those few days they will feel sick and gain some weight.

6) Catching "slips" before they turn into larger regains.

The National Weight Loss Registry reported few people recovered from even minor lapses (11%) and people who gained the most weight during a relapse were least likely to re-lose during the following year. The McDougall Program encourages people to be strict, because indiscretions with food, just like indiscretions with alcohol, tobacco, and drugs, can quickly lead to a return to old habits. We also keep close contact with people after they leave us and arrange follow-up meetings during 10-day sessions, at weekend seminars, and Adventure Vacations. These personal contacts put them right back on track when they have “slips.”

Lastly, events, such as a medical problem or reaching an all time high in weight, often trigger the start of a successful weight loss program. Most of the people who attend the McDougall Program have health problems and being overweight is a common one. (A few people come simply wanting to learn how to maintain their excellent health). Fortunately, a low-fat, plant-food based diet and moderate exercise go hand in hand with solving almost all of their medical problems, with effortless weight loss as a fringe benefit.

To learn more, see the detailed information on the weight loss part of the McDougall Program in the newsletter archives (www.drmcdougall.com):

December 2004: Lose a Half Pound a Day – Setpoint

January 2005: Pushing Your Setpoint to the Limits

The McDougall Program for Maximum Weight Loss


Neither Aspirin Nor Vitamin E Will Save Women

The Women’s Health Study evaluated the effects of low doses of aspirin (100 mg every other day) and vitamin E (600 IU every other day) for the prevention of heart disease or strokes and cancer in nearly forty thousand healthy female healthcare professionals in the United States over a decade. They found low dose aspirin has no effect in preventing cancer and vitamin E does not reduce the risk of cancer or cardiovascular disease. The results appeared in the July 6, 2005 issue of the Journal of the American Medical Association.
The official conclusions were:

**Primary Prevention of Cancer. The Women’s Health Study: A Randomized Controlled Trial** by Nancy R. Cook found “Results from this large-scale, long-term trial suggest that alternate day use of low-dose aspirin (100 mg) for an average 10 years of treatment does not lower risk of total, breast, colorectal, or other site-specific cancers.”1

**Vitamin E in the Primary Prevention of Cardiovascular Disease and Cancer.** The Women's Health Study: A Randomized Controlled Trial by I-Min Lee concluded “The data from this large trial indicated that 600 IU of natural-source vitamin E taken every other day provided no overall benefit for major cardiovascular events or cancer, did not affect total mortality, and decreased cardiovascular mortality in healthy women. These data do not support recommending vitamin E supplementation for cardiovascular disease or cancer prevention among healthy women.”2 Her group added, “This large trial supports current guidelines stating that use of antioxidant vitamins is not justified for CVD risk reduction.”

From a practical viewpoint the most important statement from these researchers was, “At present, in the primary prevention of CVD and cancer, therapeutic lifestyle changes including a healthy diet and control of major risk factors remain important clinical and public health strategies.”

The aspirin was provided by Bayer HealthCare and the vitamin E was provided by the Natural Source Vitamin E Association. Obviously, these companies hoped for more favorable outcomes – and one vitamin E manufacturer tried to "make lemonade out of sour lemons."

**Comments:**

The same day, July 6, 2005, in the newspaper *USA Today*, the vitamin manufacturer, Nature Made, ran a full-page ad claiming in bold print, “Women Taking Vitamin E Had 24% Lower Risk of Cardiovascular Disease.” They selectively chose an isolated finding from this report, while ignoring the study’s overall conclusions. To keep themselves out of trouble, in much finer print they added the disclaimer that the “authors conclude no benefit...there is no reduction in major cardiovascular events and cancer, and that the data do not support recommending vitamin E for healthy women.” Then the advertisement continues with, “You Make the Choice.”

That’s right, “you make the choice” between buying useless and possibly dangerous vitamin pills and fattening the pockets of the “natural drug industries,” or spending your money on efforts that really do work, like cost-free, side-effect-free, plant-food based nutrition, moderate exercise, and clean habits. The bulk of the evidence to date from the highest quality research shows no important benefit of vitamin E supplementation on the risk of developing heart disease or cancer and some very reliable studies indicate these supplements may increase your risk of dying sooner. An excellent article reviewing the harmful effects of vitamin supplementation and the benefits of plant food-sources of these nutrients can be found in the July 20, 2005 issue of the *Journal of the American Medical Association.*3 Also see my November 2004 newsletter article: “Vitamins Do Not Prevent Cancer and May Increase Likelihood of Death: How Supplements Can Make You Sicker.”

A baby aspirin a day may reduce the risk of stroke, but has no benefits for reducing the risk of heart attacks for otherwise healthy women and also increases the risk of gastrointestinal (stomach) bleeding which may require a blood transfusion. I recommend a baby aspirin a day in men and women who have a very high risk of a heart attack or stroke in the very near future; such as those with a history of bypass surgery, angioplasty, heart attack, TIA or a stroke.

The authors of an accompanying editorial explained, “…it is unrealistic to expect the discovery of an agent that will produce substantial reductions in overall cancer rates in the immediate future.”4 Many people are holding out for the next miracle drug that will save them from themselves. The truth is that wonder drug is here now and those of us not living in a world of hopes and dreams are taking real steps to make our lives as long and enjoyable as possible with a healthy diet and lifestyle.


2) Lee I-M, Cook NR, Gaziano JM, et al. Vitamin E in the primary prevention of cardiovascular disease and cancer:
the Women's Health Study: a randomized controlled trial. *JAMA*. 2005;294:56-65.


**Vegetarians Don't Have Insulin Resistance or Metabolic Syndrome**

**No evidence of insulin resistance in normal weight vegetarians. A case control study.**
In the June 2005 issue of the *European Journal of Nutrition* found, “The results of age independent and low values of insulin resistance document a beneficial effect of long-term vegetarian nutrition in prevention of metabolic syndrome, diabetes and cardiovascular disease.”

Glucose and insulin concentrations were significantly lower in vegetarians, because vegetarians had a significantly higher consumption of whole grain products, pulses (legumes), and products from oat and barley.

Another recent study of Chinese vegetarians published in 2004 found, “The vegetarians were more insulin sensitive than the omnivore counterparts. The degree of insulin sensitivity appeared to be correlated with years on a vegetarian diet.” Both of these studies on vegetarians compared groups of people of similar weights, age, sex, cholesterol levels and kidney function. Thus, the one variable identified was their diet, specifically the amount of plant vs. animal food.
A common excuse for poor health and obesity these days is insulin resistance. This condition is at the heart of the metabolic syndrome, also known as syndrome X. The metabolic syndrome has become a disease of its own and consists of a group of various disorders, including obesity, hypertension, elevated triglycerides, and elevated blood sugar (to definite type-2 diabetes). The overall prevalence of the metabolic syndrome in the United States is 24% in adults (47 million adults), with the highest incidence in fully-westernized Mexican Americans. The risk of metabolic syndrome progressively increases with age, rising from approximately 7% for adults in the third decade of life to nearly 45% for those older than 60 years of age.

These two conditions, insulin resistance and metabolic syndrome, are simply two more manifestations resulting from malnutrition created by consuming the rich Western diet.

So what is insulin resistance? One of insulin's primary jobs is to push fat into the fat cells – thus saving fat for the day when no food is available (which for Westerners never comes). The calories consumed in excess of our needs cause us to gain fat – this is a natural, expected change to prepare us for a possible future famine. Soon, a point is reached when this accumulation becomes counterproductive – a point when any further excess fat gain is likely to cause serious physical harm. When this hazardous excess is reached, the body puts "the brakes on" in order to slow the rate of weight gain. This is accomplished by a variety of changes that cause the hormone insulin to become less potent. In other words, our cells become resistant to the actions of the fat-gaining hormone, insulin – a state referred to as "insulin resistance."

With "insulin resistance" the functions of insulin become impaired and as a result blood sugars and triglyceride levels rise. Continued loss of potency of insulin soon leads to two common conditions associated with insulin resistance – diabetes and hypertriglyceridemia. Fortunately, this course is not inevitable. The Finnish Diabetes Prevention Program and the Diabetes Prevention Program in the United States both demonstrated that a switch to a diet higher in vegetables and lower in fat reduced the risk for developing diabetes by 58% for diabetes-prone individuals.³

Many common diseases are linked to insulin resistance and the metabolic syndrome. These include heart attacks, strokes, atherosclerosis, hypertension, congestive heart failure, diabetes, polycystic ovary disease, fatty liver disease, and obesity. This is no mystery: The common denominator is the Western diet.

A usual treatment by most doctors these days for insulin resistance, metabolic syndrome and associated disorders is a powerful diabetic medication, metformin (Glucophage). As expected, the benefits are small and never curative because the doctor and patient have failed to address the underlying cause – the rich diet. The cure of this disorder occurs shortly after the adoption of a low-fat, plant-food based diet and a little exercise. As little as a loss of 7% to 10% of body weight results in decreased fat mass, blood pressure, glucose, low-density lipoprotein, and triglyceride levels.⁴


Coffee Damages Artery Function – Another Mechanism for Heart Disease

Chronic coffee consumption has a detrimental effect on aortic stiffness and wave reflections by Charalambos Vlachopoulos in the June 2005 issue of the American Journal of Clinical Nutrition found, “Chronic coffee consumption exerts a detrimental effect on aortic stiffness and wave reflections, which may increase the risk of cardiovascular disease.” This study shows that coffee causes its ill effects by impairing the function of the arteries, which increases the risk that these blood channels supplying the heart muscle will be compromised, leading to a heart attack.

Comments:

The results of studies on the effects of coffee drinking on the risk of death from heart disease are conflicting; however, the evidence seems to indicate that at high levels of consumption this popular drug is detrimental. Besides the manner of harm found in this study, other mechanisms may account for more heart disease in coffee drinkers. There are two substances found in coffee beans, cafestol and kahweol, which raise total cholesterol, “bad” LDL-cholesterol and triglycerides. On average, cholesterol is increased by 10%; but very potent boiled coffee can raise total cholesterol by as much as 23% (that could mean a 50 mg/dl increase for someone starting with an average cholesterol of 210 mg/dl). Triglycerides may be increased by a similar amount. Coffee will raise the systolic blood pressure (top number) by 5 to 15 mmHg and the diastolic (bottom number) by 5 to 10 mmHg. People who are heavy coffee drinkers may also have a tendency to abuse themselves in other ways, such as consuming more heart damaging, high-fat, high-cholesterol foods. Coffee drinking rightly deserves its reputation as “a bad habit.” For more help with this addiction please refer to two previous newsletters found in my archives: July 2004: Coffee - Pleasure or Pain, and October 2004: Tea Time Increases Life Time.


Low-Fat, Low-Protein Diet Prolongs Life

Calories do not explain extension of life span by dietary restriction in Drosophila by William Mair in the July 2005 issue of the PLoS Biology journal found, “Dietary restriction is often known as calorie restriction, because it has
been suggested that reduction of calories, rather than of particular nutrients in the diet, mediates extension of life span in rodents. We here demonstrate that extension of life span by dietary restriction in Drosophila is not attributable to the reduction in calorie intake."

For this study researchers divided fruit flies into four groups and put them on different diets.

1. **The control group** got the standard fruit fly lab meal of yeast, which contains protein and fat, and sugar. 1200 calories per liter.

2. **The calorie restricted experimental group** was fed a calorie-restricted diet, with equal amounts of yeast and sugar. 520 kilocalories per liter.

3. **The higher fat and protein experimental group** was fed more yeast than sugar. 860 kilocalories per liter.

4. **The lower fat and protein experimental group** was fed more sugar than yeast. 860 kilocalories per liter.

The results were: the flies on the calorie-restricted diet (group 2) lived the longest - 82% longer compared to the controls. But the flies on the higher calorie diet (group 4) with reduced protein and fat intake (yeast) did very well too; increasing their lifespan by nearly 65%. Eating less sugar (group 3) increased longevity by only about 9%. This study overturned the long-held belief that the key ingredient for longevity was simply calorie reduction – from any source. The answer for a long-life comes more from restriction of specific nutrients – fat and protein – rather than just starving.

Comments:

In many animals the restriction of food has resulted in a prolongation of their life span. This is a "species survival mechanism" at work; during times of famine, resources are diverted away from reproduction towards maintenance of the body, which will increase the chances of an organism surviving through the times of food scarcity, thereby increasing chances for future reproduction and species survival.

I believe the McDougall diet is your best chance of a long, healthy life because it effortlessly restricts calories, fat and protein by its natural composition. Switching from meat, dairy and processed foods to starches, vegetables, and fruits will – without any conscious effort – cause you to consume 400 to 700 fewer calories a day without restricting the amount of food you eat. You can expect your fat intake to decrease from 40% to 7% and protein from 20% to 12% of calories by simply making better food choices and you don’t have to ever be hungry – now THAT is a program you can live with.

Mary in Your Kitchen
by Mary McDougall

During the hot summer months no one wants to spend their time confined to the sizzling kitchen. We would rather be outside enjoying the warm weather, the long daylight hours, and our family. Here are some of my quick to prepare, and conveniently served outside on the deck, favorites. You will find these recipes in previous newsletters. You will also find other simple meal ideas in my Quick and Easy Cookbook.

The date of the newsletter is found after the recipe name:

Spinach Dip, December 2003

Eggless Egg Salad, March 2005

Summertime Bread Salad, April 2003

Cantaloupe Summer Salad, July 2002

Israeli Couscous Salad, September 2003

Avocado and Tomato Pasta Salad, July 2002

Picnic Lentil Salad, July 2002

Macaroni Salad, June 2004

Summer Corn Chowder, July 2002

Gazpacho, May 2004 and July 2002

Reuben Sandwiches, February 2004

Frozen Fruit Smoothies, July 2003

Frozen Desserts, August 2004

Fresh Fruit Cobbler, May 2004
Featured Recipes

WHITE BEAN CHILI
By Carol Van Elderen

Carol is Mary McDougall’s sister. This is one of her family’s favorite healthy recipes. This is a fast and easy meal and it makes enough for leftovers for lunch later in the week.

Preparation Time: 15 minutes
Cooking Time: 25 minutes
Servings: 6

1 onion, chopped
3 cloves garlic, minced
½ cup water
2 - 4 ounce cans chopped green chilies
1 tablespoon ground cumin
1 tablespoon dried oregano
1 teaspoon ground cinnamon
1 teaspoon chili powder
1 teaspoon cayenne
5 cups vegetable broth
6 - 15 ounce cans Great Northern beans, drained and rinsed
1 ½ cups seitan or baked tofu, cut into bite-sized pieces (optional)

Garnishes: (optional) Salsa, Tofu sour cream, cilantro, shredded soy cheese, crushed baked tortilla chips

Place the onions and garlic in a large pot with the water. Cook, stirring occasionally until onion softens slightly. Add the chilies and the seasonings and stir for another minute. Then add the broth and the beans. Bring to a boil, reduce heat and simmer for about 15 minutes, stirring occasionally. Add the seitan or tofu, if desired. Stir and cook for another 5 minutes. Serve with any of the optional garnishes.

Hints: We usually serve this over rice for a very satisfying meal. The seitan or tofu are optional. The chili tastes great without those additions! This freezes well and reheats well. If you prefer to cook your own beans for this recipe, you will need about 9 cups of cooked beans.

BLACK BEAN DIP

This is such a simple dip that you won’t believe it can taste so good. Make it a day ahead of when you plan to use it so the flavors can blend. Serve with baked tortilla chips, baked pita chips or on bruschetta or crackers. We also like it with cold, boiled potatoes as a snack.

Preparation Time: 5 minutes
Servings: variable

2 - 15 ounce cans black beans, drained and rinsed
1 cup fresh salsa

Place the beans and salsa in a food processor and process until smooth. Refrigerate overnight for best flavor.

Hints: Vary this dip by using different salsas or beans. To make bruschetta, slice bread quite thin, rub with a cut clove of garlic, if desired, and toast in the oven or on a grill until crisp.

FRESH SPRING ROLLS
Alex demonstrates how to make these spring rolls in one of the cooking classes during the McDougall Program. Everyone is surprised how easy they are to make—and how delicious they are too! This is a great appetizer for a multi-course meal for guests or a simple supper for hot evenings.

Preparation Time: 20 minutes
Servings: variable

Spring Roll Filling:
1 head cabbage, shredded
2 carrots, grated
(Use a food processor to save time.)

Seasoning mixture: (chop finely)
2 inch piece of ginger
2 cloves of fresh garlic
1/3 bunch cilantro
4-5 mint leaves
1/4 cup lime juice
2 tablespoons tamari
1 teaspoon dried coriander

1 package of dried rice paper sheets. (Found in Asian markets)

Toss the seasoning mixture with cabbage and carrots. Taste and adjust seasonings. (You can use right away, but if you time it to sit for an hour it gets better.) Soak the rice paper sheets in water until soft, place a spoonful of filling in the center, and roll up like a burrito. Serve with Sweet and Sour sauce to spoon over the top.

Sweet and sour sauce:
1 cup lime juice
1 whole, fresh lemon (peels and seeds removed)
¼ cup Agave nectar
2 teaspoons salt
1 teaspoon pepper
1 teaspoon guar gum (optional)
1 clove fresh garlic
6 leaves fresh basil
1 cup water

Combine all in blender and blend until smooth.

VEGAN TOFU MAYO
by Alex Bury, cooking instructor, McDougall Program

This is a delicious mayonnaise substitute, without all the fat found in commercial vegan mayonnaise. Use this in any of your favorite summer recipes calling for mayonnaise.

Preparation Time: 10 minutes
Servings: variable

1 package silken-style tofu, firm or extra firm
1 tablespoon cider vinegar
1 tablespoon lemon juice
1 tablespoon Dijon mustard
1 tablespoon unbleached cane sugar
1/2 teaspoon salt
1/3 cup vegetable stock

Place all of the ingredients in a food processor, except the stock, and process for 2 minutes to form a smooth puree. While the machine is running, drizzle in the stock and continue to process an additional 2-3 minutes or until light and creamy. Taste and adjust seasonings, as needed, to suit personal tastes and usage. Transfer to an airtight container and store in the refrigerator for 7-10 days. Use measure-for-measure in place of commercially made mayonnaise in your favorite recipes.