How to Help the Volume Eater—The Person with a Binge Eating Disorder

Possibly disproving my usual preaching that people following our diet always lose weight and become healthier are a few extraordinary people I call “volume eaters.” They eat very large amounts of McDougall approved foods, and their weight remains stubbornly fixed at a point too high for excellent health—although they all lost initially after giving up the high-fat, Western-type diet. I can vividly recall several men and a few women who exemplify this behavior—and I know there are many more out there (in fact, I am guilty of a tinge of this behavior at times myself—“it takes one to know one”).

In my experience, a “big eater” might consume 2 plates filled 2 inches high with salad, potatoes, pasta, beans, and vegetables. The volume eater will put down three to five such plates—often in less than 20 minutes—a pattern repeated for breakfast, lunch and dinner. Their conveyor belt style of ingesting allows no time for the body and brain to register that they have eaten. By the time their abdomen is noticeably (and sometimes painfully) distended they will have consumed 2,000 calories at a single meal, which could mean 4,000 to 6,000 calories for the day. In the medical world a person with this pattern of eating is thought to suffer from a *binge eating disorder*.

Binge eating disorder is characterized by ingestion of very large meals without purging (throwing up) afterwards and is found in a
After sugar, gluten is the second most prevalent food substance in Western civilization. Traditionally, gluten is defined as a cohesive, elastic protein that is left behind after starch is washed away from wheat flour, and is actually made up of many different proteins.

A wheat grain consists of 3 layers: the outer husk, the germ and the endosperm or “white flour.” This “white flour” portion, which constitutes about 70% of the grain, contains the potentially toxic gluten for those people with CD. The rubbery strands you see when you knead dough to make bread is gluten. Pure wheat gluten, made by rinsing wheat flour with water until all that remains is the concentrated protein, is used as a meat substitute, and is called seitan (say-tan). On a vegetarian menu you will see this replacement referred to as mock-duck, -chicken, -fish or -beef.

Heart Attack Prevention Polypill

- Lipitor 10 mg
- Hydrochlorathiazide
- Lisinopril
- Atenolol
- Folic Acid (0.8 mg)
- Aspirin (75 mg)

One of the polypill’s inventors, Nicholas Wald of the Wolfson Institute of Preventative Medicine in London, said, “It is a complementary measure. Indeed, if we all had the right diet from the day we were born, it would not be needed. But changing the diet of an entire nation is impractical.” He is right; historically, for most people, taking drugs has been far more popular than eating vegetables. And a pill might be a reasonable alternative if it worked; but, the truth is, no amount of medication will compensate for the ravages caused by the rich Western diet.

Nearly Everyone’s Sick

There is no question that there is a need for some medical miracle, since most people living in modern societies are fat and sick. For example, look at America:

- Most people older than 35 years have one or more risk factors which predict they will suffer a tragedy, like a heart attack
- More than one-third of them have high cholesterol
- More than one-third have high blood pressure
- Nearly two-thirds are too fat for their own good and more than 30% are frankly obese
- Nearly 10% have diabetes
- One-fifth of adult Americans smoke and most have inactive lifestyles

All these predictions of disease translate into the fact that every year 1.2 million Americans will have a heart attack and about 700,000 will have a stroke.3
The Poly-pill Replaces Poly-pharmacy

Noon-time educational conferences at hospitals are sponsored by drug companies—they pay for the lunch and the speaker—a small price for a doctor’s mind. I learned about the “proper care” of a person with type-2 diabetes at one of these weekly promotional events. By the end of an hour-long presentation most of the physicians in attendance were thoroughly convinced that the optimal way to treat someone with diabetes was to prescribe 20 different kinds of medications. A feeling of importance was given to this multidrug approach by introducing a new and high-tech-sounding term to describe this manner of practice: poly-pharmacology. Yes, a “competent” physician was going to be putting his sick patients on a regime of poly-pharmacy.

The polypill is simply a more convenient way to practice poly-pharmacology—rather than taking pills from many bottles each day, one pill contains all the separate medications. However, widespread use of the polypill is unlikely because it would mean a serious loss of profits for the drug industries. As Dr. Wald puts it, “Pharmaceutical companies need to make money and the concept of the polypill for some will erode their existing market.”

The Poly-pharmacology for the “Well-treated” Patient

Pills prescribed for these common dietary-caused conditions—one patient will typically be taking many of these:

**Blood pressure:** ACE inhibitor (Zestril); beta blocker (Tenormin); calcium channel blocker (Cardizem)

**Blood sugar:** sulfonylurea (Glucotrol); metformin (Glucophage); Pioglitazone (Actos)

**Cholesterol:** atorvastatin (Lipitor); ezetimibe (Zetia)

**Uric acid:** allopurinol (Zyloprim)

**Homocysteine:** folic acid (Foltx)

**Triglycerides:** gemfibrozil (Lopid)

**Hypercoagulability:** clopidogrel (Plavix) (aspirin is too inexpensive)

**Indigestion:** esomeprazole (Nexium)

**Anxiety:** alprazolam (Xanax)

**Insomnia:** zolpidem (Ambien)

**Body fat:** orlistat (Xenical)

**Headaches:** propoxyphene (Darvocet)

**Body aches:** ibuprofen (Motrin)

**Constipation:** an osmotic agent (MiraLax)

**Diarrhea:** a narcotic agent (Lomotil)

**Body odor:** deodorants and perfumes to disguise the animal food-derived odors
The Polypill Is a Poly-fantasy

The polypill has yet to be tested in any clinical trials—but from what scientists theorize, a healthy 55-year-old man or woman has less than 1% per year chance of benefit over the next 10 years and a 6% overall chance of side effects—some of which (such as aspirin-related gastrointestinal hemorrhage) may be life threatening. The benefits of the individual ingredients have been overstated—previous McDougall Newsletters have addressed the limitations of blood pressure medications, aspirin, and folic acid. Although cholesterol-lowering statin medications can reduce the risk of heart attacks and strokes, worthwhile returns are primarily limited to people who are already very sick with clinical artery disease (with a past history of a heart attack, stroke, bypass surgery or angioplasty). Even these dismally-inadequate results from drug therapy can occur only if people actually swallow the pills.

Problems with taking medications are well-known. Of all written prescriptions, 14% are never filled and an additional 13% are filled but never taken. For pills that treat the so-called “silent diseases,” compliance is even worse. Only half of all blood pressure prescriptions are taken and about 40% of people stop their cholesterol-lowering “statins” within a year. (How dare doctors criticize the McDougall Diet for lack of compliance, when they can’t even get patients to take their tiny pills? Compliance, judged by objective improvements, is easily appreciated with at least 60%, possibly as many as 90%, of those people who attend our live-in McDougall Program.)

Accept the Obvious Pill?

People love the easy way out and the population-curing polypill could be a license for some people to follow an unhealthy diet and lead unhealthy lifestyles—if it worked as advertised—but it doesn’t. The pill that works is two to five pounds of low-fat, plant-based foods daily and a pair of walking shoes. Besides, taking pills is one more bothersome addition to a person’s already busy daily routine and is an unnatural behavior—people must eat as a normal part of their lives—so the most practical way to real population-cure is simply a substitution of the rich Western diet for the McDougall Diet.
Polypills (PP) to Compete with the McDougall Diet

The following combinations may partially compensate for bad eating:

(Currently these are not in development, but who knows what tomorrow will bring.)

Heart Disease Prevention PP: statin (Lipitor), 3 anti-hypertensive medications, folic acid, and aspirin

Heart Disease Treatment PP: statin (Lipitor), ACE inhibitor (Lisinopril), beta blocker (Coreg), and blood thinning (Plavix)—nearly every heart patient is now on this poly-pharmacy

Diabetes Treatment PP: lower blood sugar (Diabinese, Glucophage, Actos, and/or Insulin), to lower cholesterol (Lipitor), peripheral neuropathy (Neurontin), kidney protection—ACE inhibitor (Lisinopril), and blood thinning (aspirin or Plavix)—nearly every diabetic patient is now on this poly-pharmacy

Bone-Building PP: calcium, vitamin D, anti-bone-resorption agent (Fosamax), and bone-building hormone (Evista).

Bowel-Soothing PP: antacid (Nexium), gallstone prevention (Actigall), acute stomach pain reliever (Bentyl), antidepressant for chronic abdominal pain (Prozac), stool softener (Metamucil) and a laxative (Ex-Lax).

Cancer-Prevention PP: statins for cancer treatment and prevention, anti-estrogen to prevent breast cancer (Tamoxifen), fiber to prevent colon cancer (Metamucil), aspirin for colon cancer prevention, chemopreventive agent for prostate cancer (Lycopene), and a good dose of anti-oxidant vitamins; plus a little sun-damage cream sold separately (Aldara)

Brain-Protection PP: cox-2 inhibitor (Celebrex), and estrogen for Alzheimer’s Disease prevention, statins to prevent stroke and Alzheimer’s, donepezil to prevent dementia (Aricept), and neuroprotective agent (Diltiazem)

Weight-loss PP: appetite suppressant (Meridia, Tenuate, and/or Fastin), fat-absorption blocker (Xenical), and metabolism enhancer (caffeine)

Fountain of Youth PP: erection enhancer (Viagra), virility boosters (estrogens and testosterone), mood elevator (Prozac), attention augmenter (Ritalin), and ap-

References:


2) Wald quotes: http://www.guardian.co.uk/uk_news/story/0,,985670,00.html


5) McDougall Newsletters addressing the limitations of antihypertensive medications, aspirin and folic acid:
   - July 2004: Over-treat Your Blood Pressure and You Could Die Sooner
   - July 2005: Neither Aspirin Nor Vitamin E Will Save Women
   - October 2005: Folic Acid Supplements are a Health Hazard


subset of overweight individuals. These people are different for several reasons. They have been found to have larger stomachs than the average person of comparable physical size.\(^1\) Hormones governing eating and fat storage compound their troubles—they have higher levels of insulin (a hormone which forces fat into the fat cells) and lower levels of appetite suppressing hormones, like ghrelin.\(^1\) Volume eaters seem to derive a heightened sense of pleasure from eating, akin to that experienced by drug addicts using heroin.\(^2,3\) These “opioid-mediated rewards” play an important role in this form of hedonistic eating behavior. Thinking back on the people I know who are volume eaters, I would characterize their personalities as “driven,” and by no coincidence all have been financially successful in their individual businesses.

Possible Solutions

Binge eating disorder is a nearly impossible condition to treat by standard medical care. Many programs attempt psychological and behavior change with little success. More drastic treatments with gastric surgery (gastric banding and bypass) and drugs such as the anti-epilepsy medication, topiramate, are also used—unfortunately, the results are poor here too.\(^4\) Serious changes in eating behavior are the only real hope for these extreme personalities.

The most successful program for the treatment of people with serious eating disorders is the Kempner Rice Diet.\(^5\) This is a diet of rice, fruit, and sugar, plus vitamin and iron supplements, devised by Walter Kempner, MD, of Duke University in the 1940s to treat hypertension. The regular diet consists of about 2,000 calories daily and contains 5 gm or less of fat, about 20 gm of protein, and not more than 150 mg of sodium. However, the initial diet prescribed for weight loss is even more restricted in calories (400 to 800 per day). In a study of the results published in the *Annals of Internal Medicine*, one hundred and six massively obese patients were treated as outpatients with the rice/reduction diet, exercise, and motivational enhancement under daily supervision. The average weight loss was 63.9 kg. (141 pounds). Forty-three patients achieved normal weight. Men lost weight at a greater rate than women. Along with the weight loss there were significant reductions in blood pressure, blood sugar, triglycerides, and uric acid levels. Heart sizes decreased, EKGs improved and blood vessels in the eyes appeared healthier. (For more information please contact: The Rice Diet Clinic, 3543 Rose of Sharon Road, Durham, NC 27712; Phone: (919) 383-7276 ext. 1; Fax: (919) 309-4695; ricediet@ricediet.com.)
Volume eaters (people with binge eating disorder) possess strong personalities, are very hard-working, demanding, driven, are not prone to take advice, and are used to being in control of everything around them. Unfortunately, even though they are strong individuals, they are out of control of their eating behavior—and most of them are well aware of their problem. In addition to the obvious excess body weight they carry, they can see their health failing—often with diabetes and heart failure. Only when they are imminently faced with death and disability does their powerful drive for self-preservation take over and they attempt to save themselves from their equally strong self-destructive binge eating disorder.

This is the advice I give to volume eaters: They must slow down their intake and give the food they eat time to register. The stomach needs to tell the brain that food has been consumed. A pause must be taken so that hormones signaling that calories have been consumed can deliver their messages throughout the body. In essence, the binge-eater must change from a gorgor to a nibbler and a grazer. In practical terms, they are to consume a medium-size plate of food and then go work on some other project—to return to the dinner table a half-hour later and have another similar-sized plate. This slowed pattern sends signals of satiety to the brain before over-consumption occurs.

Consumption of all calorie-dense foods must be strongly discouraged. Therefore, dried fruits, nuts, seeds, avocados, olives, and flour products (especially breads and bagels) are off limits. And I MEAN off-limits, because a volume eater does not understand “eat only a little bit." Very calorie-dilute foods, like green and yellow vegetables, are encouraged—especially to be consumed at the beginning of the meals. But there is a limit to this advice—it is easy to overdo the very low-calorie foods and be unsatisfied. There must be sufficient starch (potatoes, rice, corn, sweet potatoes, etc.) in the meals to provide a healthy sense of satiety. (See the January 2005 McDougall Newsletter article: Pushing Your Set Point to the Limits – The McDougall Program for Maximum Weight Loss, for more help.)
Exercise is hard for people to fit into their lives and I have found this especially true for driven people who are binge-eaters. Exercise burns calories and resets the appetite—something these people need desperately. Since they are typically obsessive in their behaviors, directing some of that energy toward exercise is a big part of the solution.

Obviously, solving the binge eating disorder has not been easy for patients, the medical profession or for me. However, the stakes are great, so every effort must be made. Those who fail on the McDougall Program are encouraged to take a long vacation in Durham, North Carolina for a diet of rice and fruit (The Rice Diet)—which should serve as strong motivation to make the McDougall Program work.

References:


November’s McDougall Program Attendees Meet T. Colin Campbell, PhD

You Will Have the Same Opportunity February 3 to 5,

"One who cares about choosing the right food to eat, also cares about their own health, the health of their friends and family, the health of their society and even the health of the planet itself."

T. Colin Campbell, PhD
Jacob Gould Schurman Professor Emeritus of Nutritional Biochemistry at Cornell University

Participants of the November 2005 Live-in McDougall Program in Santa Rosa, CA had the special opportunity to meet T. Colin Campbell, PhD, author of the national best-selling book, the China Study, and his wife, Karen Campbell.

Raised on a dairy farm, Dr. Campbell eventually became the world’s most recognized nutritionist—and an opponent of the big food industries.

Over many years Dr. Campbell’s research has focused on how eating protein, and especially dairy protein, encourages cancer growth. He has spent decades working on national and international food and health policies, and publishing hundreds of scientific papers. Many years ago Dr. Campbell became aware of the deplorable state of nutrition research and policy making, and the resulting public information in the U.S. Information produced by the food industry, and their allies in the government, confuses and cheats members of the public out of their health by selling them on the importance and safety of meat and dairy products.
see page 11 Dr. Campbell is best known for his research in rural China and Taiwan -- research that surveyed a total of 170 villages to determine the relationships of diet and lifestyle to common diseases. This work became known as the China Study (published in 1990), and is regarded as the most comprehensive study of diet, lifestyle and disease ever completed. The New York Times called the China Study "the Grand Prix of Human Epidemiology." This landmark research shows that even small increases in the consumption of animal-based foods are associated with an important increased risk of disease.

The recently published book (2004), The China Study, by Dr. Campbell and his son Thomas M. Campbell II, has become an instant national best-seller, and is one of the few books on Dr. McDougall's highly recommended list. (Dr. McDougall and Dr. Campbell have been friends and have worked together to change the way people think about food for more than 15 years.)

You have a chance to get to know this nutritional pioneer by spending the weekend of February 3 to 5, 2006 at the McDougall Clinic in Santa Rosa, CA. In addition to Dr. Campbell, speakers at this "Advanced Study Weekend" will include several other well-known experts, such as Jeffrey Novick, RD, from the Pritikin Program, and, of course, all your favorite members of the McDougall staff will be there. Cost is $395 pp (includes education and meals—room charges extra). Sign up by calling (800) 941-7111 or (707) 538-8609 or write heather@drmcdougall.com.

You may order The China Study here.
Featured Recipes

Bombay Vegetable Sauce

Preparation Time: 45 minutes
Cooking Time: 15 minutes
Servings: 6

1 teaspoon coriander seeds
1/2 teaspoon cumin seeds
1/2 teaspoon fennel seeds
1/2 teaspoon fenugreek seeds
6 whole green cardamoms
1/2 teaspoon turmeric
1/2 teaspoon freshly ground black pepper
3 tablespoons vegetable broth
3 cloves garlic, minced
1 large onion, cut in half lengthwise, then thinly sliced into crescents
1 red bell pepper, cut into 1/2 inch pieces
1 yellow bell pepper, cut into 1/2 inch pieces
2 jalapeno peppers, seeded and thinly sliced
3 large portobello mushrooms, cut in half, then thickly sliced
1 28 ounce can diced tomatoes, drained (reserve the juice)
1 15 ounce can garbanzo beans, drained and rinsed
4 cups fresh baby spinach (one 6 ounce bag)
2 tablespoons mango chutney
1/3 cup chopped fresh cilantro

Place the 4 kinds of seeds and the cardamom into a dry non-stick frying pan. Cook and stir for about 1 minute. Remove from heat, cool, then crush using a mortar and pestle. Mix in the turmeric and black pepper. Set aside.

Place the vegetable broth in a large pot. Add the onion, garlic and cinnamon stick. Cook, stirring frequently, for about 5 minutes. Add the three kinds of peppers and the mushrooms. Cook and stir for 3 more minutes. Add the tomatoes, garbanzos, spinach, chutney, and 1/4 cup of the reserved tomato juice. Cook and stir for another 3-4 minutes. Season with a bit more pepper and some salt, if desired. Stir in the cilantro and let rest for a minute before serving.

Serve over brown rice, other whole grains, or in a bowl with some fresh Indian naan bread to soak up the juices.

Hints: This takes quite bit of preparation, but then it goes together rather quickly. I have prepared all the spices and the vegetables a day ahead of time, and then easily cooked this just before serving. When fresh tomatoes are in season, I like to use them in this dish for a more authentic flavor. Use about 5 tomatoes, peel them with a serrated vegetable peeler, then coarsely chop them before using. You will also need to use an extra 1/4 cup of vegetable broth in place of the reserved tomato juice.

Peanut Tofu Sauce

Preparation Time: 5 minutes
Servings: variable

1 12.3 ounce package silken tofu
1/2 cup peanut butter
2 tablespoons soy sauce
2 teaspoons hot chili sauce

Place the tofu in a food processor and process briefly. Add the remaining ingredients and process until very smooth.

Hints: This is a richer sauce because of the peanut butter, so keep this for special occasions. This may be thinned out with some water for a dressing consistency or used thick as a sauce. To make this even more spicy, add more
of the hot chili sauce. To warm this sauce, heat in a double boiler over boiling water. This is good on sweet potatoes, rice and veggies, or salads.

**Stuffed Baked Potatoes**

Almost anything can go into or onto a baked potato, whether it is a white potato or a sweet potato. Both kinds of potatoes can be prepared in a microwave oven in about 8-12 minutes, depending on the size of your potatoes. However, the flavor doesn’t come close to the ones prepared in a conventional oven, so I always plan on the extra time required for oven baking. This is still a fast and easy meal, one that I rely on often during this busy holiday season.

**Preparation Time:** 15 minutes  
**Cooking Time:** 1 hour  
**Servings:** 4

4 large baking potatoes OR 4 large sweet potatoes (yams)  
Preheat oven to 400 degrees.

Prick potatoes all over with a fork. Place the white potatoes directly on the oven racks, place sweet potatoes on a baking sheet. Bake until tender when pierced or squeezed.

Meanwhile prepare the topping for your potatoes.

1. **Black beans and tomatoes.**

   - 1 can black beans, drained and rinsed  
   - 2 chopped tomatoes  
   - 1 teaspoon ground cumin  
   - 1 teaspoon ground coriander  
   - 1 teaspoon soy sauce

   Place in a saucepan and heat through. Mash slightly with bean masher, if desired. Serve over baked potatoes or yams garnished with tofu sour cream and chopped fresh cilantro (optional).

2. **Curried garbanzos**

   - 1 can garbanzo beans, drained and rinsed  
   - ¾ cup vegetable broth  
   - 3 tablespoons lemon juice  
   - 2 cloves garlic  
   - 2 teaspoons curry powder  
   - ½ teaspoon cumin seed

   Place all ingredients into a food processor and process until smooth. Place in a saucepan and heat through. Serve over baked potatoes or yams garnished with chopped green onions.

3. **Leftover bean dishes, such as soups or stews, make wonderful toppings for baked potatoes.** Try Chunky Chili (Dec. ’03) or Southwestern White Beans (Nov. ’03).

4. **Mushroom toppings are also a good choice for both kinds of potatoes.** See recipes in previous newsletters for Wicked Mushrooms (March ’05) and Mushrooms McDougall (July ’04).

**That 70s Rice**

I was looking through my refrigerator a few nights ago trying to get some inspiration for dinner and realized that I only had the basics available, nothing unique or exotic at all. I decided to “go back to my roots” so to speak and recreate a dish that John and I enjoyed many times during the 70s when I was just learning how to cook healthy foods.

**Preparation Time:** 15 minutes (cooked rice needed)  
**Cooking Time:** 15 minutes  
**Servings:** 4

¾ cup vegetable broth
1 large onion, sliced in half through the stem end, then cut into thin crescents
1 green or red bell pepper, sliced into thin 1 inch strips
1 carrot, cut in half, then sliced
1 stalk celery, sliced
6-8 mushrooms, sliced
4 cups cooked brown rice
¼ cup minced dried unsulphured apricots
2 tablespoons raisins
2 tablespoons roasted, unsalted cashews
2 teaspoons cumin seed
½ teaspoon basil
¼ teaspoon oregano
¼ teaspoon celery seed
¼ teaspoon rosemary
1 tablespoon nutritional yeast
¼ cup alfalfa sprouts
freshly ground black or white pepper

Place 1/3 cup of the broth in a large non-stick frying pan. Add the onion and cook, stirring frequently for 3 minutes. Add the bell pepper and carrots, continue to cook and stir for another 3 minutes, then add the celery and mushrooms. Mix well and continue to cook, stirring constantly for another 3 minutes. Add the rice and mix gently. Then add the remaining broth, the apricots, raisins, nuts, cumin, basil, oregano, celery seed and rosemary. Mix well, cover and cook over low heat for about 5 minutes, stirring occasionally. Stir in the nutritional yeast, the sprouts and the pepper. Continue to heat for another minute. Serve hot.

Hints: Other dried fruits may be used in place of the apricots. I have used dried mangos and really enjoyed the mango flavor. Instead of using nutritional yeast, some grated soy cheese may be sprinkled over the top and allowed to melt slightly before serving.

Baked Pumpkins or Squashes with Wild Rice Stuffing

By Alex Bury, McDougall Program cooking instructor
Preparation Time: 30 minutes
Cooking Time: 1 ½ hours (may be done in 2 stages)
Servings: 6-8, depending on what else you’re serving
6 small or 2 large pumpkins or squashes
*Delicata or dumpling squashes work beautifully
¼ cup white wine or vegetable stock
1 medium yellow onion, diced
2 carrots, diced
4 stalks celery, diced, set half aside for later
1 medium zucchini, diced
6 cloves garlic, minced
6 ½ cups water and/or wine and/or stock
2 cups long-grain brown rice
¾ cup wild rice
¼ cup dried parsley
1 tablespoon sage
1 teaspoon nutmeg
1 teaspoon black pepper
¼ cup currants
¼ cup dried apricots, chopped small

Taste stuffing before you add:
1 tablespoon tamari (optional)
1 tablespoon miso paste (optional)

Preheat oven to 375 degrees.

With a sharp knife, cut lid off the top of each pumpkin. Use a large spoon to scoop out the seeds and stringy fibers. Set a square of foil over the opening on top of the pumpkin and set the lid on top of the foil (the foil is to keep the lid from fal-
ling back into the pumpkins). Place prepared pumpkins in a baking pan filled with about 1/2 inch of water and bake until the insides are tender, about 45 minutes to 1 hour, depending on the size of your pumpkins. Remove from the oven and keep warm, or refrigerate overnight—you can do this step the day before.

While the pumpkins are baking prepare the rice. In a large saucepan, heat the ¼ cup of stock or wine over medium-high heat. Add the onion, carrot, half the diced celery, zucchini, and garlic, and sauté until the vegetables are tender, about 8 minutes. Stir in the water, wine or stock, brown and wild rice, parsley, pepper, sage and nutmeg and bring to a simmer. Cover and cook over low heat until all of the liquid is absorbed, about 45 minutes. Fluff with a fork, and stir in the currants, apricots, second half of raw diced celery, tamari and miso. Set aside until the pumpkins are done. You can do this the day before.

When the pumpkins are finished baking, discard the foil; spoon the hot rice mixture into the pumpkins and cover with the lids and serve. If you’re making one big pumpkin (instead of individual ones), be sure to scoop out some of the inside of the pumpkin along with the rice stuffing for each serving. If you’re making things the day before, then stuff the cold stuffing into the cold pumpkins and bake at 350 degrees for 30 minutes, until hot and puffy.

HINTS:
1. Wine or water is better than stock in this recipe. Stock can mask the flavor of the rice and miso, and if your stock is salty, then you won’t be able to use the miso—and it adds a nice creaminess.

2. You can add 1 cup of sliced mushrooms (any kind) to the beginning, to sauté with the carrots and onion. You may also enjoy 1 cup raw, fresh, whole cranberries.

3. You can add 1 cup of chopped water chestnuts instead of the raw celery at the end.

4. 1 small apple, finely diced, is very nice added at the end, as is ¼ cup dried cranberries.

5. You can add cooked white beans for extra richness and body. They will partially break up as you stir them into the stuffing (at the end of the cooking time), and that will create a nice creaminess. You can also add whole roast garlic cloves for the same creaminess and added flavor.