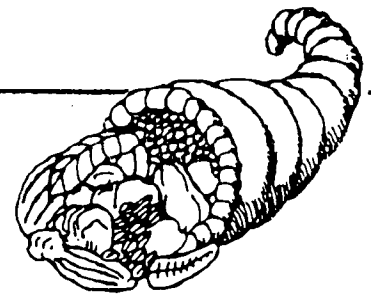


THE NEWSLETTER MCDOUGALL



MAR/APR 1989

VOL. 3 NO. 2

INFORMATION FOR YOUR HEALTH

THE MCDOUGALL PROGRAM 2—YEAR PROGRESS REPORT

The McDougall Program at St. Helena Hospital and Health Center accepted the first patients in October of 1986. By the end of 1988 we had collected the data on the first 154 people who spent 12 days with us. The results are as expected, spectacular; or as they say in the scientific world "statistically, highly significant."

The reasons for attending the Program rather than simply reading the McDougall Books vary. Most need help getting over difficult hurdles that keep them from sensible changes in their behavior; many need medical supervision; some just want a 2— week vacation that leaves them feeling fit, rather than like an overstuffed pillow. Most have already read the books, are familiar with the principles, and many have been on the diet to one degree or another at the time of entry.

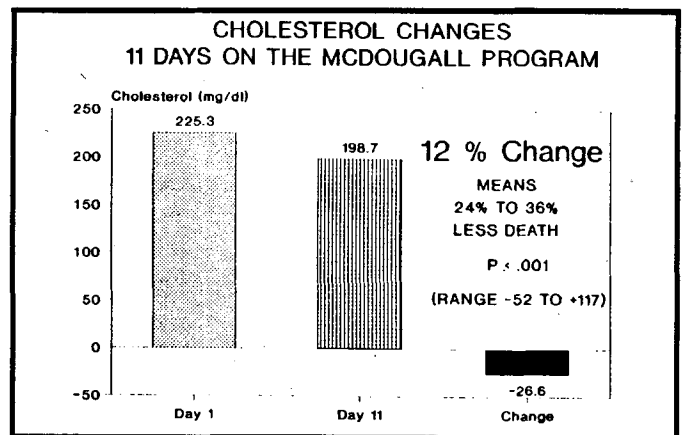
People from all over the country have travel to the Health Center in the upper Napa Valley, just north of San Francisco, for a stay in accommodations that would rival any Hyatt Regency Hotel. They enjoy three carefully-prepared, attractively-arranged, hot meals a day, served in a formal dining room decorated in lavenders and burgundies. The dishes are starch-based with the addition of fruits and vegetables, of course. Salt and simple sugars are allowed in small amounts for people who are not sensitive to these flavorings, sprinkled or spread lightly over their food.

For most people, exercise in the morning consists of walking on the outdoor track; unless it is raining, then inside treadmills, stationary bikes and rowing machines are used. Afternoon is pool exercises, finished with a water volleyball game. Exercise is individually prescribed based on the person's capabilities and needs. Education, relaxation, and cooking sessions make up a large part of the Program.

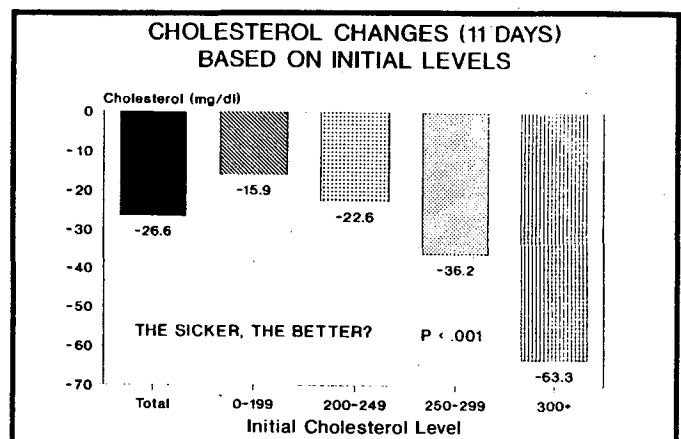
Thorough laboratory testing, a history, and a physical examination are performed on the first day. Follow-up tests and interviews are taken on day 5 and day 11 of the 12 days. Most medications are discontinued within the first few days of the Program—blood pressure, blood sugars and other relevant measurements are taken regularly, and appropriate medication adjustments are made. Many subjective and objective im-

provements in health take place over the 12 days.

Cholesterol decreased on the average 27 mg/dl in 11 days (from 225.3 to 198.7 mg/dl.) This represents a 12% change in blood cholesterol level. Population studies have found that each 1% fall in cholesterol is associated with a 2% to 3% decrease in the risk of dying from heart disease. Thus, overall the group reduced their risk of death from heart disease by 24% to 36%—as long as they maintained their improvement in cholesterol.

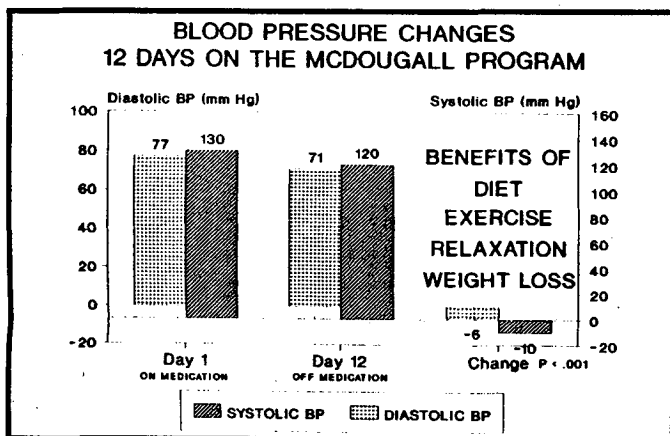


Four patients dropped their cholesterol more than 100 mg/dl in 11 days (greatest being 117 mg/dl.) One of the important findings was those people with the highest cholesterol at the beginning of the program showed the greatest improvement (ie. the sicker, the better)



Follow up on the average of one year later showed a further reduction of their cholesterol by another 7 mg/dl (down to 192.4 mg/dl.)

Blood Pressures also fell significantly in a very short period of time. In fact, most people were off all medication and had lowered their pressure within 48 hours of being on the Program. Over 12 days the systolic pressure (top number) fell an average of 10 mm Hg, and the diastolic (bottom number) fell 6 mm Hg—and all blood pressure medications were stopped by the end of the Program (about 20% of people entering the Program are on blood pressure pills.)



Those people with the highest blood pressures on entry (over 120/80) had the greatest drops in pressure (average decrease of 14/13 mm Hg.)

Weight Loss was greater for men (3.9 lb.) than women (1.7 lb.) As with the other signs of improvement, the worse the health in the beginning, the better the results. Heavier men (over 200 lb.) lost 4.6 lb. and women (over 150 lb.) lost 2.4— greater than the average for the group. One reason total weight loss was not another pound or two more, was the added weight of the muscle gained through daily exercise. This muscle gained and fat lost was seen by a 0.6 % decrease in percent of body fat. After a year the group as a whole was found to be on the average another 6 pounds lighter (both men and women.)

Triglycerides increased 2.5 mg/dl over 11 days (151.6 to 154.1.) This increase, which is not desirable, was due to the liberal use of simple sugars—jams, fruits juices and fruits—at the Program. However, if only those people with abnormal triglycerides (over 200 mg/dl) were considered separately then a 49 mg/dl fall in triglycerides was seen—even with all those simple sugars on the menus. Lately, I have restricted the use of simple sugars especially for those with higher initial levels of triglycerides.

Blood sugar decreased 4 mg/dl. When the diabetics were selected (blood sugars over 120 mg/dl on entry to the Program), then the fall in blood sugar over the 11 days was a gratifying 22 mg/dl. Even more impressive was the fact that all insulin and diabetic medications were stopped between the first and final blood sugar tests. Almost all patients have remained off of diabetic medications at one year follow-up.

Uric acid decreased 0.2 mg/dl in 11 days.

"Overall Healthier" describes what happened to these people in less time than most of us take for a summer vacation. Doctors are faced daily with patients

deteriorating in front of their eyes, unable (or unwilling) to change their dismal fate. Yet, with this simple, sensible approach these chronically ill people turned their health around. Instead of being sicker (or at least no better) for each subsequent doctor's visit, these changed people are healthier and most soon became "non-patients."

Benefits have been seen from the Program with food allergies, headaches, skin rashes, itchy-red eyes, snoring, post nasal drip, constipation (after the 3rd day people tell me they sometimes think of me at 3 A.M.), stomach cramps, chronic diarrhea, fibrocystic breast disease (lumpy-tender breasts), osteoarthritis, rheumatoid arthritis, glomerulonephritis (kidney inflammation), and many other ailments that interfere with people's daily routines and sometime threaten their life.

MEDICAL RESEARCH

CALCIUM SUPPLEMENTATION

The January 1989 issue of the British Medical Journal carried a two part article in their Regular Review section, titled, "Calcium supplementation of the diet— *Not justified by present evidence*" (Br Med J 298: 137 & 205, 1989.) If you want to understand how many health professionals arrived at the commonly held, *but incorrect*, conclusion that we must supplement our diet with calcium (or dairy products) for good health, then you should read these classic articles. Some important quotes and points of interest are worth repeating:

***"In 1986 about \$166m was spent in the United States on calcium supplements, and the cost could rise to 1.7 billion."

***"The flaws in interpreting early calcium balance studies were appreciated as long ago as 1962, when the Food and Agriculture Organization and the World Health Organization committee stated that high intakes of calcium were unnecessary and suggested a "practical allowance" of 400-500 mg daily. Many countries including Britain, follow the recommendations of the committee, whereas other countries follow those of the United States."

***"No prospective studies of calcium deprivation in children have been reported, and studies of the effects of calcium supplementation are equivocal. Calcium supplements given to children with low calcium diets generally have no effect on speed of growth."

***"If calcium intake was important we would expect population studies to show differences in bone mass between populations with different intakes of calcium, and studies in the United States, Denmark, Central America, and Switzerland show that this is not so."

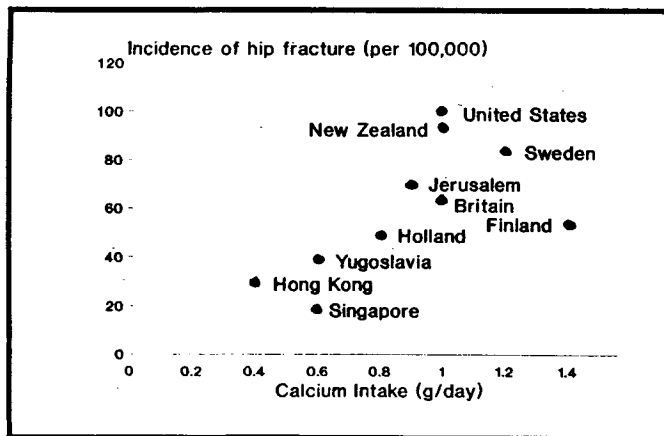
***"The most quoted work to support the notion that higher calcium intakes decrease chance of bone fractures—a study of two communities in Yugoslavia— did not take into account physical activity and calorie intake. This study actually fails to show benefits of larger intakes of calcium in the diet. Other studies suggesting benefits of more calcium in the diet also fail to take into consideration physical activity and

energy intake, and are too short term to allow the body to adjust to new levels of calcium in the diet.

***'apparent calcium requirement' for normal subjects in some investigations was less than 300 mg daily."

**Concerning the idea that eating calcium will restore calcium to bones..."the logic is similar to that which might lead doctors to give ground up brains for dementia."

**"Yet there is no convincing evidence that the rate of bone loss in the elderly varies with dietary intake of calcium, whereas it is modified with exercise. In addition, there is no evidence for a relation between dietary calcium and the incidence of osteoporosis fractures. Indeed, hip fractures are less common in populations with low dietary intakes of calcium."...-Worldwide there is a direct relation between calcium intake and frequency of hip fractures." (Chart from data presented by Hegsted D. J Nutrition 116:2316, 1986)



***"Dietary calcium deficiency is rare in man. Hence arguments about recommended daily allowances are misleading and largely irrelevant for public health."

***"Nevertheless, the argument that, with some exceptions, calcium supplements do little harm and may do some good serves neither the public nor the scientific community when the relative risks and benefits remain undetermined."

**If all this is true, then you ask, why do we hear so much contrary information from the Dairy Industry, manufacturers of Tums, and other supplement producing companies (and their often well-paid representative doctors, scientists, and dietitians)?

RECIPES

STUFFED COLLARD GREENS

Contributed by Andrea Lemieux

Serves 4-6

Very large Collard leaves

FILLING

1/2 cup Aduke beans
1 1/2 cups water
1 cup short grain brown rice
2 cups vegetable stock (homemade-without salt or animal foods)
1 medium onion, minced
1/2 cup celery, diced small
1/2 cup shredded carrot
1-2 Tbsp minced fresh ginger

SAUCE

6 large tomatoes, pureed in blender
1 small onion, chopped
2 cloves garlic, crushed
1 Tbsp basil or oregano
1 inch stick cinnamon
3 whole cloves

Soak beans overnight. Drain. Rinse. Put in pot with water. Bring to boil. Reduce heat and simmer covered 1 hour. Drain. Grind or mash and put in large bowl.

Wash rice. Bring stock to boil. Add rice. Reduce heat and simmer covered 1 hour. Combine rice with ground beans and mix in remaining ingredients.

Lightly wash collard leaves. Cut off center stem and divide each leaf into 2 or 3 good sized pieces, enough to have about 18 pieces. Steam for about 1 minute to soften slightly. Combine all sauce ingredients in a very large, flat, covered sauce pan.

Place about 2 rounded Tablespoons of filling on each collard piece and roll into neat bundles. Transfer to pan with sauce. Bring to light boil, reduce heat, cover and simmer 30 minutes, spooning sauce over rolls occasionally. Discard cloves and cinnamon stick and serve.

Suggestions: Serve with a tossed green salad and a yellow vegetable, like steamed carrot slices or steamed wedges of squash.

Variations: Use cabbage instead of collard greens. Use sweet rice instead of brown rice. (Sweet rice must be whole grain and soaked overnight.) Omit beans and have a rice filling.

Note: There may be a lot of left-over filling—this can be frozen and used as: a hearty breakfast, a side dish, added to a soup, topped with a vegetable stew or sauce

LETTERS TO THE MCDUGALLS

***I am so excited about this I had to write and tell you. A couple of years ago my boss and I went on your plan. He started at 288 pounds and lost almost half his weight. Last year he weighed in at 155 pounds. I lost 25 pounds and weighed 106, the least I've ever weighed. After the first year I quit smoking (3 packs a day) and my weight went up a bit but it was worth it. Last week we had our cholesterol checked. Mine, being 34 years old, was an excellent 145. My boss's was an amazing 175. He is 20 years my senior and could not believe it himself, seeing that he used to

live on nothing but fried chicken—the skin being his favorite. I have all your books and your new tapes and think that your program is the greatest ever. Thanks for everything! J.R., St. Louis, MO

***My kinesiologist recommended your book to me in December. I have had psoriasis all over my body for over five years. In just six weeks on the McDougall Plan, my skin has dramatically improved, and I feel so wonderful I can hardly believe it! I have about three times the energy, feel my intestines are working better—and I'm quite sure I'll be a vegetarian the rest of my life. Thanks so much for your work and research in this area. B.M., Mesa, AZ

***Cooking has always been one of my favorite addictions. Unfortunately so has eating. My mother always made sure we had plenty of fudge, rice pudding, pies and coffee cake to satisfy us. When I married and had children, of course, I mimicked Mom. With doctors encouraging me that bigger babies meant healthier babies, I proceeded to gain over 50 pounds. The result: a big 9 pound girl and a big 160 pound mother. My doctor warned me not to eat potatoes, (but he didn't say a thing about hot fudge sundaes).

I never gave vegetarianism a thought until I dated one. I stopped eating meat, but made sure I got four glasses of milk a day to get my protein. Then, I saw you on TV, read your books, and became a believer—a true born-again vegetarian. When I stopped getting colds and the flu while everyone around me was wheezing and sneezing, I was astonished and convinced you were right. Convincing my friends and family is another matter. They think you are really weird and your name is not popular among them. My hungry daughter opened the refrigerator once and shrieked, "All that's in here are vegetables. I can't stand it." But she's not dumb. She is aware she gets sicker much more often than I and is now eating foods she wouldn't associate with before. For breakfast recently, I fixed mashed potatoes, carrots and peas, and she actually ate it without seasoning it with her usual disparaging comments, such as "Sick, Ugh or Gross". But you're right. One of the secrets is to keep the junk out of the house. When I stopped buying white bagels and English muffins, lo and behold, she ate my home-made whole wheat bread. And survived! She even got me a book on vegetarianism for Christmas. So parents, be a good model, go slowly and don't preach, and you might have a convert some day. M.E. Charlotte, MI

***I had written to ask you how I could be sure my three year old daughter was getting enough calcium, being vegan. Your reply and The McDougall Plan certainly answered my question and gave me the confidence to take my daughter and myself off the calcium tablets I thought we had to take since giving up dairy products. She and I have both been much calmer and both sleep much better now. (I wonder now how I could have been silly enough to believe that people need calf food and must take pills if they don't get it!)

After following the McDougall plan for only about two-three months, a lump in my breast that I had seen three doctors about, completely disappeared! I had been diagnosed as having fibrocystic breast disease, but now I no longer have difficulty with breast tenderness and lumpiness at all.

And how wonderful it is to eat my fill of delicious foods—your wonderful recipes, Mrs. McDougall—and not have to worry about gaining weight. I was so surprised when I lost 25 pounds without even trying!

My husband lost 30 pounds and his 89-year-old aunt, who lives with us and has been obese all her life, has lost 25 pounds so far. She no longer puffs and wheezes when she walks around, and her problems with indigestion are gone. My daughter, who is now four years old, is growing beautifully and is a very healthy child. B.L. Homewood, IL

UPCOMING SPEAKING EVENTS

These lectures are open to the public. *You should call to obtain further information such as exact time, and any cost.*

April 29th—San Francisco, CA 10 A.M. to 3P.M. 7th Annual Whole Life Expo. (415) 333-4373.

May 2nd—Marin, CA, 7 P.M. to 9 P.M. "Be Kind to Animals Week." Marin Humane Society. Must Call for reservations. (415) 883-0319-days.

May 18th—Vancouver, B.C. Canada. 7 P.M. to 8:30 P.M. The Association of Naturopathic Physicians of British Columbia. (604) 738-1791.

June 3rd—Santa Rosa, CA (call for time and place) American Natural Hygiene Society. (707) 792-2325.

July 28th, 29th—Adams, MA. North Adams State College, MA. North American Vegetarian Society. (518) 568-7970.

August 3—Arcata, CA. Afternoon. Humboldt State University. American Vegan Society. (609) 694-2887.

August 6—Annville, PA. All day. Lebanon Valley College Annville, PA. 35th Annual Pennsylvania Natural Living Conference. (717) 677-7224.

TAX-DEDUCTIBLE DONATIONS TO THE MCDUGALL PROGRAM

The McDougall Lifestyle Change Research Fund—2574.1040 will be money I personally manage for research and education. The McDougall Program Fund—2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education. Send to The McDougall Program. c/o St. Helena Hospital, Deer Park, CA 94576.

MORE HELP

Books and Audio Cassettes: The McDougall Plan— \$8.95; McDougall's Medicine — A Challenging Second Opinion— \$10.00 (Hardcover); Volume I & II of the Cookbooks—\$7.95 each, add postage (\$3 first book—\$2 each additional)—McDougall Program Audio Cassette Album—\$59.95, add \$5 postage. Send orders to THE MCDUGALLS, POB 14039, Santa Rosa, CA 95402.

The McDougall Program at St. Helena Hospital, Deer Park, CA. Two weeks of physician supervised live-in care designed to get people off medication, out of surgery and living again—call 1-800-358-9195 (outside California) or 1-800-862-7575 (California).

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