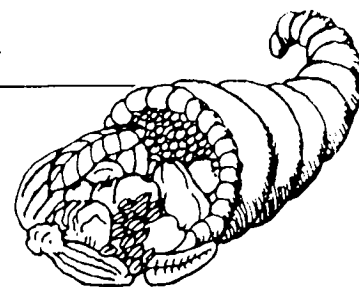


THE MCDUGALL NEWSLETTER

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Don't Miss

LARRY KING RADIO

JUNE 14TH (Details Below)

INFORMATION BOOK TOURS

The telephone rings and a voice says "This is your wake-up call, the time is now 6:00 AM." But I only got to sleep four hours ago. It's Wednesday--this must be Pittsburgh. Go back to sleep. No one really wants to hear that they can no longer stuff themselves all day long with those burgers, steaks, fried chicken and ice cream that they feel entitled to eat by their American birthright. Before sleep returns, the little voice of my subconscious speaks, "Get up, John, you know there is at least one person you'll talk to today that needs to hear your simple message." So another day begins on a book tour.

A two week all-expense-paid coast to coast trip, with guest appearances on radio and television shows was once alluring. Now, after four major national book tours and numerous side jaunts to one or two cities at a time, the glamour has vanished. A typical day on tour begins at 7:00 A.M. when my media escort picks me up for my first appearance. For the next 10 hours (often without a lunch break) I am driven from TV appearance to radio talk show to newspaper interview. Telling the same old story with fresh enthusiasm each and every time. At the day's end my jaws are so tired I can barely say goodbye as I'm dropped off at the airport (around 7:00 P.M.) to catch a plane to my next destination. After arrival in the new city, I pick up my luggage and take a taxi to my hotel, finally settling in around midnight. The next few minutes are spent eating, relaxing, and calling home to catch up on news of family activities. This leaves only 4 to 5 hours to rest up for the next day. Fatigue (aggravated by jet lag), boredom and loneliness would quickly wear me down if not for my good health, energy-packed diet, and my ability to sleep sitting up in airplane seats.

After dedicating my precious spare time--my evenings and weekends for the last four years--to writing and rewriting The McDougall Program--12 Days To Dynamic Health, it would be a shame if the information went undiscovered and unused by people in need of better health. For this reason alone the inconveniences anticipated with this book tour are trivial.

There are also some pleasant aspects of a tour. Even though I work hard, I do get a vacation from my usual doctoring duties. The hours I spend in air travel are one of the few times I set my scientific journals aside to read paperback novels purely for enjoyment. Along the way I meet many interesting people and a few celebrities selling their books, movies and plays on a publicity tour. A most important side benefit of two weeks of restaurants and hotels is I have a renewed appreciation for Mary's cooking and my own warm comfortable bed.

NEW BOOK NEWS

LARRY KING LIVE--RADIO

June 14th, Thursday evening, 11 P.M. EST. Correct for your time zone and find a station that carries Larry King's radio show (Mutual Broadcasting). This is a publicity chance of a lifetime for any author with an important message. Last time (in 1985) I was a guest on his show was before Larry's heart attack and bypass surgery. This should be quite a show!

Would you like a personalized signed copy of The McDougall Program--12 Days To Dynamic Health, for yourself or a dear friend? Send \$19.95, plus \$3.00 postage and handling (\$2.00 each additional book to same address. Extra postage for foreign orders), along with name to appear in book to: The McDougalls, P.O. Box 14039, Santa Rosa, CA 95402.

MEDICAL RESEARCH

Effect of Nutrient Intake on Premenstrual Depression, by J. Wurtman in the November 1989 American Journal of Obstetrics and Gynecology (161:1228). The investigators examined the occurrence and coincidence of depressed mood and excessive carbohydrate intake in 19 patients who claimed to suffer from severe premenstrual syndrome (PMS), and 9 controls during early and late phases of their menstrual cycle. The subjects with PMS had significantly increased calorie intake just before their period: carbohydrate intake increased by 24% from meals and 43% from snacks. Consumption of a carbohydrate-rich, protein-poor evening test meal during late phases of the menstrual cycle improved depression, tension, anger, confusion, sadness, fatigue, alertness and calmness scores among patients with PMS (but not with controls). The authors conclude: "Because synthesis of brain serotonin, which is known to be involved in mood and appetite, increases after carbohydrate intake, premenstrual syndrome subjects may overconsume carbohydrates in an attempt to improve their dysphoric mood state."

COMMENTS: Premenstrual Syndrome (PMS) describes a

series of changes in women during the 14 days before their menstrual period--coincidental with the highest levels of female (estrogen) hormones in the body. They most frequently complain of increased anger, tension and anxiety, depression, and mood swings. They often crave sugary foods and have trouble sleeping. Accompanying this time of the month are physical complaints of increased breast tenderness, fluid accumulation (edema), bloating, fatigue, body aches and headaches. The cause has been considered hormonal for obvious reasons.

High carbohydrate foods (starches, vegetables, and fruits) has been found to improve the mood of people with depressive disorders associated with the change in seasons (a condition called seasonal defective disorder). The intake of these foods has been shown to increase the synthesis of a brain chemical (neurotransmitter) called serotonin. Serotonin regulates "overreactiveness" to different stimuli from taste, smell, vision and social relationships. This neuro-active substance is made from an amino acid, called tryptophan, found in all foods. On a high protein diet (loaded with meat, poultry, eggs and dairy) many other amino acids compete with tryptophan for entrance through the "blood-brain barrier" into the nervous system--the result is low levels of serotonin production and a neurochemical imbalance that leads to anxiety, aggressiveness, depression, and insomnia.

Another important way the right foods help women with their PMS-related problems is through reductions in estrogen levels. Women on a high-fat diet have approximately 1/3 more estrogen activity than women on a low-fat diet. As a result, estrogen sensitive organs, like the breasts and uterus are over-stimulated--the breasts become lumpy and tender, and the menstrual periods are heavier and more painful due to the excesses and imbalances of female hormones caused by the fatty foods. The edema women experience is a consequence of the hormone elevations and the salt in their daily diet. The various components of rich foods intertwine to produce the complex of physical, mental and emotional disturbances called the "Premenstrual Syndrome."

Correcting the diet has many positive benefits--raising serotonin levels, lowering estrogen levels, and decreasing salt-caused fluid accumulation. Adding exercise will further lower estrogen levels, and physical activity can by itself relieve anxiety and depression. Thus the most effective treatment for this troublesome monthly problem affecting millions of women is as close as their fork, spoon and walking shoes.

Lipid-Lowering Therapy After an Atherosclerotic Event by William Clifford Roberts, Editor-in Chief of The Journal of the American College of Cardiology (Am J Cardiol 64:693, 1989). Dr. Roberts is a research pathologist at the National Institutes of Health and a venturesome pioneer trying to help people out of heart disease. He makes some very important points in this editorial about patient

care following an atherosclerotic event, such as a heart attack, stroke, onset of angina, or any other condition due to "hardening of the arteries:." 1) Whatever the levels of the serum total and low density lipoprotein (LDL) cholesterol in the patient with an atherosclerotic event, they are too high for that patient. 2) The greatest risk factor for a subsequent atherosclerotic event is a previous atherosclerotic event. 3) The greatest danger period for a subsequent atherosclerotic event is the first 6 months after the previous atherosclerotic event. 4) The higher the serum total and LDL cholesterol levels the greater the chance of a subsequent atherosclerotic event. 5) Portions of atherosclerotic plaques disappear ("reverse") when the total- and LDL-cholesterol levels are lowered, and when portions of the plaques disappear the arterial lumens widen and blood flow to the organ supplied increases. 6) The greater the percent drop in serum total and LDL cholesterol levels, the greater the disappearance (reversibility) of portions of atherosclerotic plaques. 7) Diet therapy alone (percent of calories from fat reduced from 40% to 30%) usually lowers the serum total and LDL-cholesterol levels only about 10%, and a reduction of this magnitude causes little to no disappearance of portions of atherosclerotic plaques. 8) Most persons having atherosclerotic events have serum total and LDL cholesterol levels of 200 to 240 mg/dl and LDL cholesterol levels of 130 to 160 mg/dl.

Dr. Roberts points out that slightly less than 50% of our population will die of heart disease, the most common atherosclerotic event. Furthermore, of persons who have had one atherosclerotic event and survived, the chances are greater than 90% that another atherosclerotic event will occur, and that chances are also greater than 90% that the mode of death will be another atherosclerotic event. Lowering serum cholesterol is the best way to prevent this sequence of tragic events.

For the reasons mentioned above, Dr. Roberts feels maximal lowering of serum cholesterol is best achieved "by simultaneous initiation of both low-fat, low-cholesterol diet therapy and lipid-lowering drug therapy as soon as possible after the atherosclerotic event has occurred." He prefers lovastatin (Mevacor) and cholestyramine (Questran) in combination.

COMMENT: I know you have heard all this before. (For a more complete discussion see July/August 1989 Newsletter), but nothing helps you more to become a true believer than to hear it over and over again from many authorities. A low-fat, no-cholesterol diet alone will lower serum cholesterol levels by 25 to 37 percent in about six weeks, eliminating the need for cholesterol-lowering medications in many people. Regardless of how you eventually lower your cholesterol, your goal is a level of less than 150 mg/dl. I have on occasion used Questran in patients who have suffered from heart attacks and strokes even when they have been

able to lower their cholesterol to less than 150 mg/dl by diet. My reasoning: Questran is a very safe medication that removes cholesterol from the body (without actually entering body--it stays in the gut), and these people need all the help they can get to remove decades of stored cholesterol. I've talked to Dr. Roberts and he also believes the best way to lower cholesterol and prevent heart disease is to eat a low-fat vegetarian diet--like we all have been eating for years.

The Effects of Polyunsaturated Fat vs Monounsaturated Fat on Plasma Lipoproteins by D. Dreon in the May 1990 issue of JAMA (263:2462). These investigators studied the effects of exchanging fat type (olive and peanut oil vs. safflower and corn oil) with currently recommended fat-reduced diets for a 12-week period. LDL-cholesterol and HDL-cholesterol did not change significantly on exchanging fat type. The authors conclude: "we find no advantage with respect to plasma HDL concentrations, in using predominately monounsaturated rather than polyunsaturated fats in subjects who consumed reduced-fat, solid-food diets.

COMMENT: Olive oil (a monounsaturated fat) is now all the rage as a "health-food." Is this truth or just more commercial hype?

We have known for years that when animal (saturated) fats are replaced by vegetable (unsaturated) fats serum cholesterol levels are reduced. Recently, claims have been made that olive oil is the "preferred" vegetable oil because it doesn't lower the "good" HDL cholesterol while lowering the total cholesterol like the polyunsaturated fats (corn and safflower oil) do. However, this study failed to show any such advantage, since the HDL levels were comparable with either kind of fat in the diet.

Of course, such information is of little value for those of us who understand the importance of avoiding *all* oils. Remember that vegetable oils promote cancer, encourage atherosclerotic disease progression (see last month's newsletter), make you fat, and grease your skin and hair. You can choose better for yourself.

RECIPES

POTATO SALAD

Servings: 8-10

15 medium salad potatoes
4-6 green onions, chopped
1 stalk celery, chopped
1 small carrot, grated
1/3 cucumber, chopped

Dressing:

1 tub soft tofu
1-2 tbsp. vinegar
1 tbsp. lemon juice
2 tbsp. prepared mustard
1/2 tbsp. parsley flakes

1/2 tsp. honey
1/4 tsp. dill weed

Cook potatoes until tender but still firm. Cool. Peel if you wish, and cut into pieces. Combine all vegetables in a large bowl.

To make dressing, combine tofu and remaining ingredients in a blender and process until smooth. Pour over vegetables and mix well. Chill before serving. The small amount of tofu used makes this dish a little rich (remember tofu is 54% fat).

VEGETABLE PINWHEELS

Contributed by Jan Mareko, Santa Rosa, CA

1 large bunch of kale or Swiss chard, washed and trimmed
1-2 tbsp. lemon juice
1/4 to 1/2 tsp. garlic powder
3-4 tbsp. Dijon or spicy brown mustard
1 pkg. (10 oz.) "Thin-Thin Bread" or oil free "Soft Lavosh"

Steam the kale or chard for 2 minutes and drain off liquid. Do not chop--keep the leaves whole or in large pieces. Sprinkle with lemon juice and garlic powder and chill on paper or terrycloth towels. When ready to serve, unroll the bread or lavosh into flat pieces and spread evenly with mustard. Then lay the seasoned kale or chard evenly over the surface of the bread. Firmly roll in jelly roll fashion (start at narrow end). Trim off uneven ends and slice into 1/2 inch to 3/4 inch pinwheels. Lay flat and arrange on serving platter.

This is great to take to a picnic or potluck. It's always the first thing to go. "Thin-Thin Bread" is an oil free flat bread made by Garden of Eatin', Inc.

FRUIT AND RICE PUDDING

Served at The McDougall Program, St. Helena Health Center

2 cups cooked brown rice
1 cup crushed pineapple
1/4 cup raisins
1 medium banana
3/4 cup hot water
3 tbsp. orange juice concentrate
2 tsp. vanilla
1/2 tsp. almond extract

Mix brown rice, pineapple and raisins in a glass baking dish. Set aside. Place remaining ingredients ~~and~~ in a blender and process until smooth and creamy. Pour over the rice mixture and stir. Bake uncovered at 350 degrees for 45 minutes. May be served hot or cold.

MULTI-GRAIN HOT CEREAL

Contributed by Ann Wheat, from the "Half-Day Cafe", Kentfield, CA

Servings: 2

1/4 cup brown rice
2 tbsp. barley
2 tbsp. millet
2 tbsp. rye
2 tbsp. wheat berries
6 dried apricots, chopped

Rinse the grains and soak for 30 minutes. Drain. Place soaked grains in rice cooker or saucepan along with the apricots and 2 cups of water. Cook until water is absorbed. Let rest for 15 minutes before serving.

CREAM OF CELERY SOUP

A rich, creamy soup because of the cashew pieces. To make a less rich version, omit the cashew pieces and use low-fat soy milk or rice milk.

9 cups water
5 stalks celery and tops, sliced and chopped
1 large onion, chopped
2 medium carrots, grated
2 medium potatoes, cubed
2/3 cup cashew pieces
1/3 cup whole wheat pastry flour
1/3 cup low sodium soy sauce
1/4 cup parsley, chopped
pinch of dill weed
pinch of cayenne
black pepper to taste

Place celery, onions, carrots, and potatoes in a large soup pot with 8 cups of water and simmer until tender. Place 1 cup water, the cashew pieces (or use 2 cups of low-fat soy milk or rice milk instead of 1 cup of water and cashews), and the whole wheat pastry flour in blender and puree. Add four cups of the cooked vegetables to blender mixture and puree. Pour this mixture into the pot and bring to a boil, stirring until soup thickens. Just before serving add soy sauce, parsley, dill weed, cayenne, and black pepper. Adjust seasonings to taste and serve.

LETTERS TO THE MCDUGALLS

I am a medical intern nearing the end of my year at Ottawa Civic. Throughout medical school I was dismayed to realize that in total we would receive 7 hours of lecture in nutrition--most of it covering substitution formulas (Enfalac, Isomil, etc.) over the four years and no training in lifestyle counseling, stress management, exercise physiology, etc. I was surprised to see that most of my medical classmates had no interest either in diet and that some continued smoking or even started during medical school.

I am a firm believer in preventive medicine and all that it encompasses--diet at the top in most cases...JZ, M.D., Ottawa, Ont, Canada.

COMMENT: I trained 20 years ago and all I had on human nutrition in medical school was 1 hour on how to choose infant formulas. A U.S. Senate investigation in 1979 found the average medical student was instructed in 3 hours of nutrition education in 4 years. My brother and brother-in-law graduated from different medical schools in 1989, and they couldn't remember any meaningful instruction on diet and disease. Don't be fooled into thinking doctors are now better trained in the area of nutrition. Until diet-therapy

pays as much as bypass surgery for heart disease no significant progress is likely.

We have been on the Plan almost 2 months. It is wonderful! Our family doctor has also given us his blessings. One of the greatest benefits for me has been that I am no longer plagued with water retention. That has been a problem for me since I was 38 years old (now 53). It is now gone and has been--just in days after going on the Plan. For this reason alone I do not think I could ever go back to eating any animal products. The recipes in your cookbooks are truly delicious and gourmet. It was a harder decision for my husband to make the change than for me so I committed to him that I would see that he had "fabulous" meals and his usual share of desserts. I have truly kept my promise and the adjustment has been minor. He has just lost 8 pounds "eating!" I am 5'5" and 117 pounds. What I have found is I can eat a few more calories of vegetarian foods than animal product foods. MS, Fresno, CA.

You only deal with people with problems that are often severe. You don't hear about people that just "feel better"--from good to best. My mother, aged 92, is one of those. She heard the McDougall (audio) Tapes and has not eaten meat and has eaten the other foods you recommend. She notices her arthritis is much improved. It's hard to get some people to try a radical change in eating. But you know that. The ones that are anxious enough to do "anything" will change their attitudes...JB Los Angeles, CA.

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. ALL TAX DEDUCTIBLE.

MORE HELP

Books and Audio Cassettes: The McDougall Program--\$19.95 (Hardcover); The McDougall Plan--\$9.95; McDougall's Medicine--A Challenging Second Opinion--\$10.00 (Hardcover); Volume I & II of the Cookbooks--\$8.95 each. Add postage (\$3 first book--\$2 each additional)--McDougall Program Audio Cassette Album--\$59.95 (Regular price \$79.95 with \$20.00 discount for newsletter subscribers), add \$5 postage. 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). The McDougall Newsletter is published bimonthly. Send \$10/yr. Previous issues available at \$1.75 per copy (Vol. 1, No. 1-8; Vol. 2, No. 1-6; Vol. 3, No. 1-6; Vol. 4, No. 1-2).

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