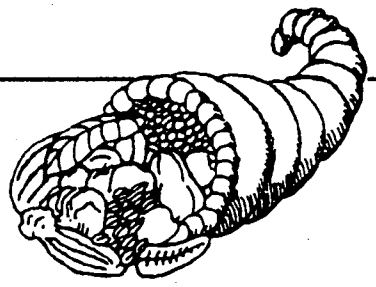
THE MCDOUGALL NEWSLETTER



SEP/OCT 1991 **VOL. 5/NO.5**

INFORMATION

TAMING YOUR APPETITE

One or two people weighing 300+ pounds come to my program at St. Helena Hospital and Health Center every month. At our first meeting they tell me a story of a hopeless dilemma--they are able to consume a table full of food at a single meal, yet they're still hungry. After hearing these tales of gluttony, I confront them in a voice loud enough for every one at the dinner table to hear, "I'll bet I can eat more food than you can!" These mighty eaters gladly accept my challenge.

At the beginning of the program they will take two or three large platefuls of food each meal from our cafeteria-style service. As the meals go by, their portions gradually decrease until by the third day they declare one medium-sized plate of food all they can eat. I tell them, "You're not getting your money's worth, eat more." They respond, "I can't, I'm full."

They are at last full, because they have consumed enough of the right foods, plentiful in carbohydrates, to satisfy their body's needs and fill their systems with glycogen (glycogen is the form in which carbohydrates are stored).

Predictably, they also lose the eating contest, because at the beginning of the program I have the advantage of liking the foods that are unfamiliar to new participants.

SURVIVAL DRIVES

We are endowed by our design with certain drives that keep us alive and help determine our success in life. These propelling forces can be ranked by the urgency with which they demand to be satisfied: without air we live 3 minutes, without water 3 days, without food 3 weeks to 3 months. The drives for shelter, sex, love, family, and financial success are not required for survival.

HUNGER SEEKS CARBOHYDRATE FIRST

Even though air is made of a mixture of gases, the purpose of breathing is foremost to obtain adequate oxygen, without which we would survive only minutes. Other gasses in the mixture, air, are essential for long term health, but we would survive for days in an atmosphere made only of oxygen. Drinking any common beverage, like orange juice, milk, or beer satisfies thirst only because of the water it contains. The purpose of thirst is accurate water ingestion.

Carbohydrate is to the hunger drive, what oxygen and water are to the breathing drive and thirst.

THE ESSENTIAL NATURE OF CARBOHYDRATE

Our intake of carbohydrate is so essential to our survival that the tip of the tongue is designed with "sweet" taste buds that cause us to seek foods with this flavor. This biologic "sweet tooth" provides for gustatory pleasures. In nature, sweet tastes are found only in the complex and simple carbohydrates making up a variety of starches, vegetables, and fruits;; and a few concentrated forms, like honey, and maple syrup; and mother's milk of all mammals.

The digestive system is designed to process large amounts of carbohydrate efficiently. Saliva in the mouth contains the digestive enzyme, alpha amylase, whose sole function is to breakdown complex carbohydrates into simple ones that can be easily absorbed through the digestive tract. The first part of the small intestine is also provided with a plentiful supply of amylase. The surfaces of the intestinal cells are covered with carbohydrate digesting enzymes for the final breakdown of complex carbohydrates into simple carbohydrates (glucose) that are then transported across the intestinal wall into the blood stream. Our intestine is long and convoluted allowing for the complete digestion of carbohydrates.

Carbohydrate is the basic fuel for most of the energy yielding processes of cellular metabolism, thus providing the fuel for daily maintenance of our body, and its physical activity. The simple carbohydrate, glucose, is the primary fuel of the brain and other nervous tissues. These tissues require approximately 300 calories of this carbohydrate daily for normal activity. If the diet is deficient in this essential nutrient, the body will synthesize this carbohydrate from protein, a process known as gluconeogenesis.

Working muscles have a requirement for carbohydrate as an energy source primarily obtained directly from the muscle glycogen stores. Muscle uses variable amounts of carbohydrate for energy depending upon the state of training and the duration and intensity of exercise. The previous days' intake of carbohydrates effects athletic performance. Studies show that time to exhaustion averaged 59, 126, 189 minutes after a high-fat high-protein diet, a mixed diet, and a high carbohydrate diet, respectively (Bergstrom, Acta Physiol Scand 71:140, 1967; Hermansen Acta Physiol Scand 71:129, 1967; Pruett, J Appl Physiol 28:199, 1970).

CARBOHYDRATE SATISFIES HUNGER

Because of its paramount role played in human nutrition, ingestion of carbohydrate satisfies the appetite like no other component of the food. If you fail to consume sufficient amounts, then you will continue to be hungry (for carbohydrate). The end result is you are likely to overeat calories from fat and protein in your efforts to ingest enough carbohydrate. (Similar to the body's efforts to obtain enough

oxygen by increasing breathing in a poorly ventilated room, slowly running low on oxygen. With increasing depth and rate of breathing, larger than normal, undesirable, amounts of gases, like carbon dioxide, are inhaled along with the oxygen.)

The rich American diet is made up primarily of carbohydrate deficient foods. Meat, poultry, and fish have no carbohydrate. Nor will you find any carbohydrate in lard, butter, olive oil, corn oil, or any other vegetable oil. Cheese has only 2% of its calories as carbohydrate, cottage cheese 8%. Obviously, these foods will not satisfy your carbohydrate needs, nor easily and fully satisfy your appetite.

On a carbohydrate deficient diet your body keeps saying to you "When are you going to feed me? Maybe the next plateful of food will contain what I need?" Eating eventually stops on a carbohydrate deficient diet when you're stuffed, and many times in pain from a stomach overexpanded with high-protein, high-fat foods. Still your appetite longs for the satiety provided by nutritionally correct foods. *Carbohydrates satisfy your appetite..*

FOOD (% Carbohydrate):
Apples (100). Avocado (15). Beans, kidney (72). Beef (0). Butter (0.2). Carrots (92). Cheese, cheddar (2). Chicken (0). Codfish (0). Corn, sweet (94). Eggs (2). Grapes (91). Lobster (1). Margarine (0). Milk-3.5% (30). Oatmeal (71). Olive Oil (0). Peanuts (14). Potatoes (90). Pork (0). Rice (86). Shrimp (0). Sunflower Seeds (14). Sweet potatoes (92). Tomatoes (85). Tuna (0). Turkey (0).

FAT PROVIDES LITTLE SATIETY

Human hunger is quite insensitive to fats in the diet. There are no taste buds on the tongue for fat, and no basic physiologic drive for fat (other than one that may have been learned through years of dining on high-fat foods). Fat consumed in excess is simply stored in an almost infinite storage system.

Fat enters the intestine moves easily into the blood stream and then is transferred to the fat cells, maintaining the original chemical structure. If samples of your fatty tissue were extracted with a needle and taken to the lab, analysis would show which kinds of fats you liked. If you ate mostly olive oil your fatty tissues would reveal a monounsaturated structure, the same as the original olive oil. If you ate margarine and Crisco then polyunsaturate with "trans" fat structures would predominate. If animal fat was your forte then your body fat would be mostly saturated fat. *The fat you eat is the fat you wear.*

RESEARCH

LUMPECTOMY IS BEST

Significance of ipsilateral breast tumour recurrence after lumpectomy, by Bernard Fisher in the August 1991 issue of the Lancet (338:327) provides strong evidence for the preferential use of a lumpectomy alone for breast cancer. The US National Adjuvant Breast and Bowel Project has found no survival advantage between lumpectomy, lumpectomy plus radiation, and total mastectomy after 9 years of study of 1875 patients. However, the risk of recurrence of the disease in the same breast as the original tumor was found to be 43% with lumpectomy, and only 12% when radiation is added. This is the reason doctors these days recommend the addition of radiation after a lumpectomy; or a more radical surgery than lumpectomy--a mastectomy. But, this local recurrence does not adversely affect survival because the risk of distant metastatic disease (disease spread to other parts of the body) at the time of diagnosis is the same for all three groups. It is the metastatic disease that kills, not the disease in the breast.

Women who have recurrence in the same breast do have a poorer survival simply because this recurrence acts as a "marker" for women more likely to have more advanced disease at the time of diagnosis. The recurring disease is not the cause of the spread. In fact, by the time of diagnosis, breast cancer has been growing in the woman's breast for an average of 10 years, and is (very likely) spread throughout the body, long before any treatment is considered. As stated by the authors of this article, "That concept, synthesized almost 25 years ago, contends that breast cancer is a systemic disease involving a complex spectrum of host-tumour interactions and that variations in effective local-regional therapy are unlikely to affect survival substantially." The authors also write, "Since mastectomy or breast irradiation after lumpectomy either eliminate or reduce the opportunity for identification of a marker of risk for distant disease, these treatments might be considered inappropriate."

COMMENT: Local recurrence initially may appear to be a serious disadvantage. However, if recurrence does occur it can be treated as effectively at that time with more surgery or radiation, and nothing is lost. What is gained is approximately 60% of women, those **without** local recurrence, are spared extensive radiation or mutilating surgery. Radiation therapy is not inconsequential. The breast is often left leathery and the risk of dying is increased slightly due to injury of the heart and suppression of the immune system (Haybittle J. Br Med J 298:1611, 1989).

The host-tumour relationship mentioned above has been approached by doctors by attacking the tumor with surgery, radiation, and chemotherapy. This approach is largely a failure because the disease is already beyond the boundaries that could be affected by local measures of surgery and radiation. Theoretically, chemotherapy is supposed to deal with the disease that has spread. Unfortunately, to date, these therapies are of minimal benefit, at best, and highly toxic.

The second part of this relationship--the host, has been largely ignored. Changing to a low-fat, starch-based, diet has a profoundly positive effect on health, and I believe will prolong the life of women with breast cancer. Since this

approach is cost-free, and side effect-free, all doctors should be recommending a healthy diet for women with this deadly disease. But, change is slow.

The failure of radical surgery (mastectomy) to prolong survival has been known since 1939. Sad to say, old methods in medicine seem to never die, especially when there are strong traditions and financial incentives halting long overdue changes. (For more information on breast cancer read McDougall's Medicine--A Challenging Second Opinion, New Win Publisher, 1985)

CHOLESTEROL-LOWERING LAXATIVE

Hypocholesterolemic Effects of Different Bulk-Forming Hydrophilic Fibers as Adjuncts to Dietary Therapy in Mild to Moderate Hypercholesterolemia, by James Anderson in the August 1991 Archives of Internal Medicine (151:1597) showed the value of psyllium and the uselessness of methylcellulose and calcium polycarbophil in lowering cholesterol.

Popular bulk fiber laxatives have been promoted for their cholesterol lowering properties. This study showed Metamucil (psyllium) lowered cholesterol by 8.8%, Citrucel (methylcellulose) lowered it by 1.4% and Fibercon (calcium polycarbophil) raised it by 8.7%.

COMMENT: After instituting a low-fat, no-cholesterol, diet you may want to look to "second line" drug therapy for added benefits. Metamucil is effective with few side effects and is low cost (about $0.75/day). Your goal is to get your cholesterol below 150 mg/dl. The decision to add cholesterol-lowering medications to a patient's medical program is a difficult one, based largely on opinion, because of the inadequacy of medical research and conflicting results. I usually use cholesterol lowering medications in people with evidence of lifethreatening atherosclerosis, such as people with a history of angina (chest pain), heart attacks, bypass surgery or angioplasty surgery, strokes or TIA's. In these cases I feel I owe them the advantage of everything at my disposal. The medication probably adds a 15 to 30 percent chance of reversal of artery disease to the 82 percent reversal seen with a healthy diet. For drugs, I prefer Questran (cholestyramine) first, then Mevacor (lovastatin) to reach the goal of 150 mg/dl. For people without such evidence of lifethreatening disease, I am more reluctant to use medication, but sometimes I do with higher cholesterol levels.

RECIPES

SEITAN BOURGUIGNON

SERVINGS: 6-8

PREPARATION TIME: 15 MINUTES (NEED PREPARED SEITAN)

COOKING TIME: 60 MINUTES

3 medium round onions, sliced
1/2 pound mushrooms, sliced
1/2 cup water
2 cups cubed seitan
1 cup non-alcoholic red wine
1 1/2 cups vegetable broth (or liquid from making seitan)
1/3 cup soy sauce
1/4 teaspoon marjoram
1/4 teaspoon thyme
1/8 teaspoon ground black pepper
2 1/2 tablespoons cornstarch mixed in 1/4 cup water

Place the onions and mushrooms in a large pot with the water. Saute about 15 minutes until tender. Add remaining ingredients, except the cornstarch mixture. Cover and cook over medium-low heat about 45 minutes. Add cornstarch mixture. Cook and stir until thickened. Serve over rice, pasta, potatoes or bread.

DOLMAS

SERVINGS: MAKES ABOUT 48 STUFFED LEAVES

PREPARATION TIME: 45 MINUTES (COOKED RICE NEEDED)

COOKING TIME: 20 MINUTES

2 small sweet round onions, finely chopped
2 cloves garlic, crushed
1/2 cup water
3 cups cooked long grain brown rice
1/4 cup finely chopped parsley
1/3 cup currants
1 tablespoon lemon juice
1 tablespoon soy sauce
1/4 teaspoon (or more) fresh ground pepper
1 jar grape leaves
lemon wedges for garnish

Place grape leaves in a pan of warm water to separate, remove and drain on paper towels.

Combine remaining ingredients in a bowl.

Place grape leaf, vein side up, stem toward you, on your work surface. Place a mound of the mixture just behind the stem (1 teaspoon to 1 tablespoon, depending on leaf size). Fold over sides and roll leaf tightly. Place in a large, flat skillet (12 inches). Repeat until all filling mixture is used, placing rolls in single layer, side by side. Carefully pour in 2 cups water. Weight with heavy heat-proof plate that fits in pan. Cover. Bring to a boil, reduce heat and simmer for 20 minutes. Serve hot or cold, garnished with lemon wedges.

OPEN-FACE TOFU VEGETABLE PATTIES WITH MUSHROOM SAUCE

SERVINGS: 6

PREPARATION TIME: 30 MINUTES

COOKING TIME: 45 MINUTES

1/4 cup water
1 cup fresh mushrooms, sliced
1 bunch green onions, chopped
1/2 cup finely chopped cauliflower pieces
1/2 cup finely chopped broccoli pieces
1 tablespoon soy sauce

Saute until vegetables are crisp tender and liquid is absorbed, 5 minutes. Remove from heat and set aside.

1 lb. tofu
1 tablespoon soy sauce
1/4 teaspoon turmeric

Place in blender or food processor and carefully process until fairly smooth. Remove from jar and place in bowl.

Add:
1 cup whole wheat flour
1 teaspoon baking powder

Then add the vegetables. Mix well and form into 1/2 inch thick rounds on baking sheet (3 inch diameter). Makes 6.

Bake 30 minutes at 325 degrees, flip and bake 15 minutes longer.

Serve on whole wheat toast with mushroom sauce.

MUSHROOM SAUCE

1 cup sliced mushrooms
1 clove garlic, pressed
1/4 cup water
2 tablespoons soy sauce
1 teaspoon fresh ginger, grated
1 1/2 cups water
2 1/2 tablespoons cornstarch, dissolved in 1/4 cup water
fresh ground pepper
dash sesame oil to season

Place mushrooms in saucepan with 1/4 cup water. Add soy sauce, garlic and ginger. Saute until mushrooms are softened slightly (4 minutes). Add water and cornstarch mixture. Cook and stir until mixture boils and thickens. Season with fresh ground pepper and a slight dash of sesame oil (less than 1/8 teaspoon).

BORSCHT

SERVINGS: 8

PREPARATION TIME: 30 MINUTES

COOKING TIME: 45 MINUTES

6 cups water
4 cups shredded red cabbage
1 cup peeled julienne-cut beets
1 onion, chopped
2 cloves garlic, crushed
2 large potatoes, peeled and chopped
1/4 cup red wine vinegar
1/4 cup fresh chopped parsley
2 tablespoons honey
2 teaspoons fresh chopped dill weed
1 teaspoon paprika
fresh ground pepper to taste
fresh dill weed for garnish

Place all ingredients in a large soup pot, except the dill for garnish. Bring to a boil, cover, reduce heat and cook over medium heat for 45 minutes. Garnish with fresh chopped dill.

HELP

DONATIONS

TO THE MCDOUGALL 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--$10.95; The McDougall Plan--$10.95; McDougall's Medicine--A Challenging Second Opinion--$10 (Hardcover); Volume I & II of the Cookbooks--$9.95 each. The McDougall Video--$25. McDougall Program Audio Cassette Album (8 tapes)--$59.95. Add postage ($4 first book, audio album, or video and $2 each additional item)

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 $12/yr. Previous issues available at $2 per copy (Vol. 1, No. 1-8; Vol. 2, No. 1-6; Vol. 3, No. 1-6; Vol. 4, No. 1-6; Vol. 5, No. 1-4).

Send all orders to THE MCDOUGALLS, POB 14039, Santa Rosa, CA 95402. Send US funds only! Add extra postage for foreign orders.

****

IS IT TIME TO RENEW?

Look at your envelope for a renewal notice. If your envelope has a stamped message on it that says, **"time to renew,"** then don't hesitate. This is the only notice you will receive. Right now make out a check for $12.00 for another year of the McDougall Newsletter. Send you check with your name and address, or even easier, enclose your mailing address from this envelope. Mail to The McDougall Newsletter, P.O. Box 14039, Santa Rosa, CA 95402.

****