THE MCDOUGALL NEWSLETTER

JAN/FEB 1993

INFORMATION

CARL LEWIS

A SUCCESS STORY

Most people know the name Carl Lewis and remember he set the world record of 9.86 seconds for the 100-meter at the World Championships in Tokyo in 1991, and won two gold medals in the 1992 Summer Olympics held in Spain. But few of you know he did this while following the *McDougall Plan*. The August 1992 issue of <u>Runner's World Magazine</u> carried an interview with Carl Lewis titled "Catching up with the World's Fastest Human." The part where he discusses his diet follows.

Carl Lewis: I feel better physically and emotionally. Physically, because of the training and the competition, and I'm sure my vegetarian diet has something to do with it.

Runner's World: The changes in your diet have been important. How did that get started?

Carl Lewis: There are two parts to the changes I've made: the actual diet and the juicing. I started a new diet in 1990. Back in '87 and '88, I had a hard time keeping my weight down. I never ate--I was starving myself to death to keep that thin racing form. So I started doing some research into what kind of diet I could have and still eat normally.

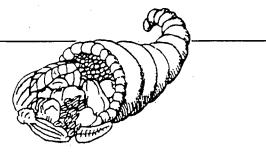
I was a vegetarian for about a year in high school, but I didn't know much about it. Then I bumped into John McDougall in Minneapolis. He and I were doing book appearances on the same television show, and we talked while waiting to go on. He wrote The McDougall Plan, about a diet he had designed that was basically vegetarian. I told him I was looking for a diet. He gave me an autographed copy of the book, so I tried the diet. I eat no meat and no fish except for sushi. I encouraged Leroy and Floyd Heard to try it, too, and we all lost weight. But the big thing was I felt a little better with it, and I've stayed with it.

Runner's World: And the juicing?

Carl Lewis: That got started when I was working at a radio station here in Houston. One day, the Juiceman--Jay Kordich--was on the program. I told him I was a vegetarian, and he just freaked. He thought that was great. So I watched the juicing, and I was fascinated. We talked for an hour afterward, and he said my diet was great, but if I wanted to get protein, I needed to add juice to it. The amount of protein in fruits and vegetables is so slight you need them in large quantities. By juicing them, you get all the protein and nutrients of several pieces of fruit and vegetables in just one glass.

Runner's World: So that's why you've been carrying around one of those juicing machines?

Carl Lewis: Exactly. I've been juicing and eating a vegetarian diet ever since. And it's made a big difference. I feel great. The only problem I had with it was early last year--I started to feel a little tired. But I didn't panic. I went back over the diet and



VOL. 7/NO.1

juice books and finally realized I needed to mix the juices better. But I also found out that when you cook vegetables at temperatures over 120 degrees, they die. So I was getting no protein from vegetables, except for tossed salads. I tripled my juice from 8 to 12 ounces a day to a minimum of 30 ounces a day, sometimes 60. I started eating fresh vegetables, increased the fruits and pasta and began eating more soy products. In three weeks, I felt 100 percent again.

Runner's World: How has the diet and juicing affected your performance?

Carl Lewis: I think it had a lot to do with my performances last year. I'm not saying it made me faster, but it helped keep me thinner and lowered my stress level. It allowed me to eat more consistently and still stay thin.

EXERCISE ALONE FAILS

This interview should leave you with clear understanding of the near impossibility of winning your battle with obesity while on the American diet. If Carl Lewis, who exercises all day long, cannot keep his weight under control, what chance do you and I have? The large amounts of fat found in the America diet are too much for even a trained athlete's body to handle. With exercise the appetite increases, and if the diet is wrong, weight gain is usually the consequence.

Not only is your weight under control with a low-fat, high-carbohydrate diet, but you will also perform better physically. World class endurance athletes understand the best fuel for performance is carbohydrate. Prior to the race carbohydrate will be stored in the muscles and liver in the form of glycogen for use down the road. Thus the foods you choose can make the difference between winning and losing--feeling energetic or fatigued. These principles apply just as much to those of us who aren't athletes, but still want to get the most from each day.

PROPAGATING THE PROTEIN MYTH

Unfortunately, Carl Lewis's statements about vegetable protein need to be corrected, especially since "protein myths" are so harmful.

There is enough protein in plant foods to grow elephants and horses, much less puny humans, even the athletic types. For example, rice is 8%, potatoes 11%, bread 16%, beans 28%, lettuce 34%, asparagus 38%, and spinach 49% protein (beef is 28%). Actually, it is impossible to fail to get enough--no dietitian can design a protein (or amino acid) deficient diet based around enough starchy vegetables to meet calorie needs. Overall, the starch-based diet I recommend consists of about 12% protein. This amount is similar to the American diet; however, vegetable protein has advantages: it is easier on the liver and kidneys, and causes less calcium loss from the bones than animal protein. Finally, protein is not destroyed by normal cooking temperatures (like 120 degrees).

If Carl Lewis was feeling a little tired with the McDougall diet, I suspect this was due to an inadequate calorie intake. This would explain why juice, with concentrated carbohydrate calories, perked him up. People, especially when traveling, have trouble obtaining sufficient quantities of the right food. With a little effort and practice this obstacle can be overcome. For otherwise healthy people, juice can provide concentrated calories safely. Remember, juice raises insulin levels which can discourage weight loss and raises triglyceride levels which can raise your risk of diabetes and heart disease slightly.

MONICA SELES

A BEGINNING

Last summer Mary and our daughter, Heather, went to England to help the woman's world tennis champion, Monica Seles, with her diet. She did well and lost weight during this time. Afterwards, Monica was unable to stick strictly with the program; but this is not unusual. The program is not a prison, but a tool to gain better health and appearance. To get benefits, the diet does not have to be followed perfectly. Besides, it takes time to make changes in diet. I have every reason to believe as the months go by she will be making improvements--we all do once we have the information. The experience has undoubtedly given her the knowledge to eat better and be healthier.

The following letter was given to us by Monica to share with others.

October 1, 1992

Dr. John & Mary McDougall 650 Sanitarium Road Deer Park, CA 94576

Dear John & Mary McDougall:

I want to thank you for your efforts to help me several days prior to, and the first week of, the 1992 Wimbledon. I enjoyed learning about and trying the McDougall Program and I found Mary to be very professional and a pleasure to work with. Although I did see some initial results by following the high carbohydrate diet, at this point in my life I find it impossible to be restricted to any type of diet regime.

Good luck with your work.

Sincerely,

Monica Seles

MEDICAL RESEARCH

AIDS VIRUSES IN MILK AND MEAT

The June 1992 issue of the journal AIDS (6:759) carried as their lead article an Editorial Review of Bovine Immunodeficiency Virus (bovine means cow). These viruses belong to a large family of RNA viruses called retroviruses which are known to cause a broad spectrum of diseases in man and animals. Examples of diseases in man are human adult T-cell leukemia and acquired immunodeficiency disease syndrome (AIDS). An intensive search for the cause of bovine leukemia/lymphosarcoma lead to the discovery of three retroviruses--one of the viruses causes leukemia in cows (bovine leukemia virus--BLV) and another causes impairment of the immune system (bovine

immunodeficiency virus--BIV).

Twenty years ago BIV was isolated from cows with elevated white blood cell counts, swelling of their lymph nodes, lesions in their central nervous system, and a steady decline in their physical condition with weakness and emaciation (J Natl Cancer Inst 49:1649, 1972) The virus lives in white blood cells called lymphocytes, lymph nodes, the spleen and other tissues of infected animals. Scientific analysis has established this virus to be structurally, antigenically, and molecularly related to the human immunodeficiency virus (HIV) that causes AIDS (Nature, London 330:388, 1987).

The number of infected cows varies throughout the world. In the United States results show 5 to 53% (average 40%) of beef herds and 37 to 82% (average 64%) of dairy herds are infected with BIV. Herds infected with the immunodeficiency (BIV) virus were usually infected with the leukemia virus (BLV) also. In the Netherlands the infection rate is only 1.4%. There is significant economic loss from infection of the cows--they get sick with diseases like malignant lymphoma and many countries will not import our cows because of the widespread infection. To control the infection would require testing and slaughtering those with the virus. North American dairy and cattle producers have resisted this solution because of the economic losses it would impose (Am J Epidemiology 133:164, 1991).

The mode of transmission of most retroviruses is the exchange of body fluids rather than casual contact. When a herd tests positive, many animals within the herd are positive. It has been speculated that the reuse of contaminated needles utilized in multiple vaccinations and bleedings, the practice of sharing of colostrum (milk) by calves, and the failure to cleanse instruments used in invasive procedures, such as dehorning, may lead to the spread of BIV. It is unknown whether insects play a role in transmission, but it seems likely. Experimentally, the BIV virus can infect other animals such as sheep, goats, rodents, and rabbits; demonstrating the virus can cross species lines.

COMMENT: Is it possible for cow viruses to infect people and cause leukemia and AIDS-like diseases? Infections caught from animals are known as zoonoses. Many animal viruses, such as strains of herpes, parapoxvirus, paramyxovirus, orthopox, rhabdovirus, lymphocytic choriomeningitis virus, and Venezuelan equine encephalitis are known to be transmitted from animals to people, causing disease.

The scientific evidence does <u>not</u> show infection of humans by BIV or BLV does not occur, nor consuming infected food is safe. It is the obligation of manufacturers and distributors of food products to prove their safety before they are sold to consumers. Unfortunately, in the real world the food products are considered safe until their health hazard has been proved beyond the food industry leaders' slightest doubt.

DIABETES IN THE NEWLY RICH

The January 1993 issue of Diabetes Care--a journal dedicated to diabetes--devoted a supplement section to the epidemic of diabetes in the American Indians. An article on the worldwide prevalence of diabetes (Diabetes Care 16:157, 1993) reported the disease absent or rare in traditional communities in developing countries. In Europe prevalence varied from 3 to 10%. Some migrant Arab, Asian Indian, Chinese, and Hispanic American populations were at higher risk with a prevalence of 14 to 20%. The highest was the Naurans (41%) and the Pima/Papago Indians (50%). The prevalence increased with age and between 15 and 50% of people didn't even know they had the disease.

The Pima Indians living in Arizona are a sad commentary on the hazards of the American diet with the highest incidence of diabetes and its characteristic disabling and often fatal consequences. But their diet and health weren't always poor. For 500 to 1000 years Pima lived in the Sonoran Dessert as farmers, hunters, and gatherers with a diet largely of wheat, maize, beans, squash, saguaro cactus fruit, cholla cactus buds, mesquite beans, prickly pear fruit, wild berries and wild greens. They also hunted deer, rabbit, birds and fish. The composition of their diet was estimated to be 70-80% carbohydrate, 12-18% fat and 12-18% protein. In the 1880s farming became difficult because of upstream diversion of the Gila river. They became more reliant on trading posts and government food programs. By the 1950s their diet was reported to be 61% carbohydrate, 24% fat, and 15% protein. By 1971 their diet was 44% carbohydrate, 44% fat and 12% protein. In 1989 it was reported to be 47% carbohydrate, 35% fat, 15% protein and 3% alcohol (Diabetes Care 16:369, 1993).

While living on a high carbohydrate diet the Pima Indians enjoyed excellent health, but now they are used as an example of people with some of the poorest health in the world; and things keep getting worse. The prevalence of diabetes due to their present diet and lifestyle has increased even over the last 25 years. In a period of 1965 to 1974 42% of older men and 71% of older women had diabetes. Now the figure has risen to 69% of men and 86% of women (age 55 to 64). Obesity and gallbladder disease are also epidemic in these people. Although the Pima Indians have been studied most extensively, many other Indian groups; including San Carlos Apache, Seminole, Choctaw, Cherokee, and Seneca, have a high incidence of diabetes.

The authors conclude that genetic and environmental factors are the reason for the high incidence of diabetes in the Indians. However, only in the past half-century has diabetes emerged as a major health problem. A change in diet is necessary to prevent the onset of modern degenerative diseases due to rich foods and an unhealthy lifestyle. Since complications of diabetes are strongly related to the duration of the disease even delaying the onset would be of benefit.

COMMENTS: Superficial observers of this high prevalence of diabetes among non-white ethnic groups might conclude there is some genetic weakness among Indians, Hispanics, Asian Indians, and also some groups of blacks. However, these people never developed the disease until they were exposed to the high-fat, low-carbohydrate, fiber-deficient American diet. Any genetic predisposition took the full destructiveness of our modern diet to reveal.

More likely, and more importantly, this epidemic is from unrestrained consumption of rich foods. Forty years ago most people from the largely economically depressed ethnic groups could not afford rich foods. They ate large quantities of starchy meals without any chance of doing themselves harm. However, many, I would imagine, coveted eating rich foods. With improvements in economic standing and the institution of government funded welfare programs, rich foods became available to underprivileged people. They now eat these high fat items with even greater enthusiasm than their starch meals; without the slightest thought of self-restraint. To add further

insult to injury, surpluses from the dairy, meat, and processed food industries are dumped on the poor. And all the resulting sickness is taken care of by government supported medical programs paid for by every working American.

My experience as a doctor caring for a variety of ethnic groups in Hawaii taught me how easy it was to help people afflicted by diseases of rich foods. I would point out to them how healthy and trim their grandparents are. How they still eat the traditional diet of rice or poi. I would occasionally get bold enough to tell my Hawaiian patients that the same wealthy people who over the past century stole their lands are now stealing their health and beauty--(trying to stir up some racial pride).

Those who changed back to their native high-starch, low-fat diet achieved remarkable weight losses and improvement in their health in days. The elevated blood pressure, triglycerides, sugar, uric acid, and cholesterol fell to normal levels. Diabetes, heart disease, hypertension and gout disappeared and they were able to get off of their medication. This simple, safe, cheap solution should become our national health policy, rather than supporting the pharmaceutical and medical businesses with their useless and dangerous therapies; and the food industries with subsidies.

RECIPES

SQUASHY BEAN STEW

SERVINGS: 4 PREPARATION TIME: 30 MINUTES COOKING TIME: 3 HOURS

4 cups water 3/4 cup dried pinto beans 3/4 cup dried white beans 1 large round onion, chopped 1-2 cloves garlic, crushed 1 (16 oz.) can chopped tomatoes 1 teaspoon basil 1 teaspoon oregano 1/4 teaspoon crushed red pepper

2 cups peeled and chopped winter squash

1 cup corn kernels

Place water and beans in a large soup pot. Bring to a boil, cover and cook over medium heat for 1 1/2 hours. Add onion, garlic, tomatoes and seasonings. Cook for another 30 minutes. Add the squash pieces and cook for 45 minutes. Then add the corn and cook for 15 minutes longer. Serve over whole grains.

VEGETABLE SWEET POTATO CHOWDER

SERVINGS: 8-10 PREPARATION TIME: 30 MINUTES COOKING TIME: 50 MINUTES

6 cups frozen corn kernels
1 cup diced carrots
1 cup diced celery
1 cup diced onion
1 cup diced sweet potatoes
1 cup chopped tomato
1/2 cup diced green pepper
1/2 cup diced red pepper
3 quarts vegetable stock or water

1-2 tablespoons soy sauce

1 teaspoon Tabasco sauce

1/2 teaspoon pepper

1 teaspoon thyme

3 bay leaves

1/2 cup cornstarch mixed in 1/2 cup cold water 2 cups chopped fresh kale

Place the vegetables and water in a large soup pot. Add soy sauce and seasonings. Bring to a boil, reduce heat, cover and simmer for about 45 minutes. Add the cornstarch mixture, while stirring. Add the kale, stir, and cook another 5 minutes.

FESTIVE CONDIMENT SOUP

SERVINGS: 6-8 PREPARATION TIME: 40 MINUTES COOKING TIME: 45 MINUTES

4 cups thinly sliced onions

3 tablespoons flour

1 can (1 pound) tomato puree

7 cups water

1 clove garlic, crushed

1 tablespoon red wine vinegar

1 tablespoon Worcestershire sauce

1 tablespoon honey

1/2 teaspoon cumin seed, crushed

1/4 teaspoon oregano

1/4 teaspoon tarragon

1/4 teaspoon fresh ground pepper

1/4 teaspoon Tabasco sauce

Condiments: see below

In a large pot, cook the onions in 1/2 cup water over medium-high heat, stirring often until a light brown glaze begins to form on the bottom of the pan. Add about 1/4 cup water and continue to cook the onions, stirring up all the browned bits. Repeat this process 2-3 times until the onions are thoroughly cooked and a rich brown color. (This is important for flavor.)

Sprinkle the flour over the onions, stir. Add the tomato puree and water, plus all the remaining ingredients. Bring to a boil, reduce heat, cover and simmer over low heat for 30 minutes, stirring occasionally.

While soup is cooking assemble your choice of condiments from the list below. The more condiments you have available, the more festive the soup becomes. Have these available in individual bowls and let each person add their own choices, as many or as few as they wish.

Condiments

1 cup diced red or green pepper

1 cup diced cucumber

1 cup diced tomato

1 cup diced onion

1/2 pound sliced mushrooms, sauteed in a little water

1/2 pound potatoes, boiled and chopped

1/2 pound carrots, sliced and steamed

1 cup cooked garbanzo beans

1/2 cup chopped fresh parsley

SWEET PEA GUACAMOLE

SERVINGS: VARIABLE PREPARATION TIME: 15 MINUTES COOKING TIME: NONE

2 pounds frozen peas, thawed
1/2 bunch cilantro, washed and trimmed
2 cloves garlic
1/4 cup lime or lemon juice
2 tablespoons rice vinegar
2 tablespoons soy sauce
1 teaspoon ground cumin
1/8 teaspoon crushed red chili pepper (or to taste)

Combine all ingredients in food processor and process until fairly smooth. Serve as a dip for vegetables.

Variation: For a chunky version of guacamole, stir in 1 chopped tomato and 4 chopped scallions.

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: <u>The McDougall Program</u>-\$10.95; <u>The McDougall</u> Plan-\$10.95; <u>McDougall's Medicine--A Challenging Second Opinion</u>-\$10 (Hardcover); <u>Volume I & II of the Cookbooks</u>-\$9.95 each. <u>The McDougall Video</u>-\$25. <u>McDougall Program Audio Cassette Album</u> (6 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. 1-6; Vol 6, No. 1-6).

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 your 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.

The McDougall Newsletter is <u>now</u> copyrighted. But you have our permission to duplicate and share with friends. All other rights restricted.