



YOUR GOOD HEALTH

THE NEWSLETTER WITH DR. JOHN McDOUGALL

INSIDE

MARCH/APRIL 1994

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Herbs For The Heart and Blood

By Dr. John McDougall

Why would a medical doctor show an interest in herbs? Is Dr. McDougall becoming even more unorthodox? Involved in fringe medicine? Quackery? The little I was taught in medical school led me to be suspicious of herbal medications—I believed they were ineffective and/or had serious toxic side effects for their users. Herbal medicine appears so distant from standard medicine that the 25th edition of Stedman's Medical Dictionary doesn't even have the words herb, herbal, or herbalist listed.

However, herbs are actually a fundamental part of good medicine. Webster's dictionary defines an herb as any plant used as a medicine, seasoning, or flavoring. The word "drug" is derived from the Dutch word "drogge," which means "to dry". Some of the most beneficial drugs used in modern day medicine are pharmaceutically altered extracts from plants. For example; the active ingredient in aspirin was originally derived from the bark of a willow tree. The powerful heart medication digoxin (Lanoxin) originally came from the foxglove plant (In medical school I prescribed an actual herb, digitalis

leaf, to patients). A highly effective drug for impotence, yohimbine (Yocon), is from the bark of an East African tree. Vincristine, a powerful medication used to treat children with leukemia, comes from the periwinkle plant. I seriously regret that my medical education lacked the study of herbal medicine, for the good of my patients. With the help of the many herbalists I have encountered as guests on my radio show I am slowly remedying this shortcoming.

I would like to share with you in this newsletter some of the benefits of herbs. You can find an expert in herbs that can offer you personal help by contacting:

American Herbalist Guild
PO Box 1683
Soquel, CA 95073
phone (408) 464-2441
or the

Americian Association of Naturopathic Physicians
(206) 323-7610.

The 5th Annual Herbalist Guild Symposium will be held August 26-29, 1994 in the Blue Ridge Mountains, West Virginia (Call (703) 644-5627 for more information).

COMMON EFFECTIVE HEART HERBS

GARLIC: Garlic (*Allium sativum*) grows in all parts of the world and the bulb has been used in herbal medicine for centuries. The active ingredient appears to be allicin which gives garlic its characteristic odor. It is best known for its powerful cholesterol-lowering effects. The cholesterol-lowering effect results from the inhibition of a liver enzyme involved in the synthesis of cholesterol (hydroxymethylglutaryl coenzyme A), and also changes in the way the cells handle cholesterol (BMJ 303:785, 1991). This effect on the liver is similar to the action of the popular doctor-prescribed drug lovastatin (Mevacor). There is also evidence that odorless, allicin-free, preparations work.

The Annuals of Internal Medicine (119:599, 1993) recently reviewed the clinical trials on garlic and found one-half to one clove of garlic decreased total cholesterol by about 9%. In another study 900mg/day of standardized garlic lowered "bad" LDL-cholesterol by 11% (AmJ Med 94:632, 1993). Garlic is also known to reduce triglycerides, blood pressure, blood viscosity, inhibit platelet aggregation, increase fibrinolytic activity, and produce vasodilation—all factors which would reduce the risk of heart attacks and strokes. Garlic may also protect against dangerous heart irregularities (arrhythmias, like ventricular tachycardia and fibrillation) (Arzneim-Forsch/Drug Res 43:94, 1993).

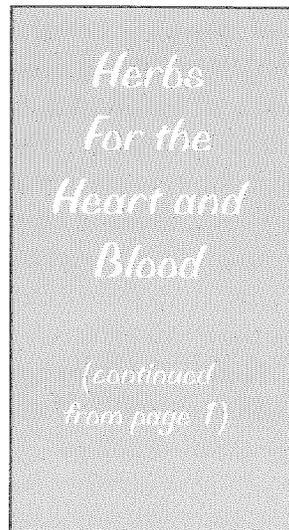
GINKGO BILOBA: This herb has been used for centuries and has been part of traditional Chinese medicine. In Germany and France, ginkgo is among the most commonly prescribed drugs. The main indications for this herb extract are peripheral vascular disease with intermittent claudication (pain in the legs during walking due to a decrease in blood flow to the tissues), and cerebral insufficiency (low blood supply to the brain) (Lancet 340:1136, 1992). Ginkgo results in an increase in blood flow, and a decrease in the stickiness of the blood (viscosity). There have been no adverse effects and no known drug interactions. Dosage in most trials is 40 mg three times a day (of a standardized preparation). Treatment must continue for 4 to 6 weeks before benefits can be expected.

CAPSAICIN: Red pepper is a commonly consumed spice worldwide. It has been found to lower cholesterol levels, possibly by inhibiting liver synthesis and increasing excretion of cholesterol (Indian J Exp Biol 18:898, 1980; J Food Sci Technol 19:30, 1982). Capsaicin inhibits aggregation of platelets, thereby decreasing the tendency for the blood to clot (Proc West Pharmacol Soc 32:95, 1989; Thrombosis Research 36:497, 1984). This reduced tendency to clot reduces the chance of a blood clot forming in a heart artery causing a "coronary thrombosis," also known as a heart attack. Side effects are usually limited to heartburn, rectal burning, and sweating. Capsaicin is best tolerated when taken before meals. Adaptation occurs with time. Increase amount and potency to tolerance. Begin with low dosages (labeled mild or light) taken before meals; usually found in 500 mg capsules. Adjust dosage to avoid unpleasant symptoms.

HAWTHORNE: Hawthorne (*Crataegus oxyacantha*) is from a spiny tree that is native to Europe. The berries, leaves, and blossoms contain biologically active flavonoids. These compounds will prevent constriction of blood vessels, thereby lowering blood pressure. (Jap J Pharmacology 43:242, 1987).

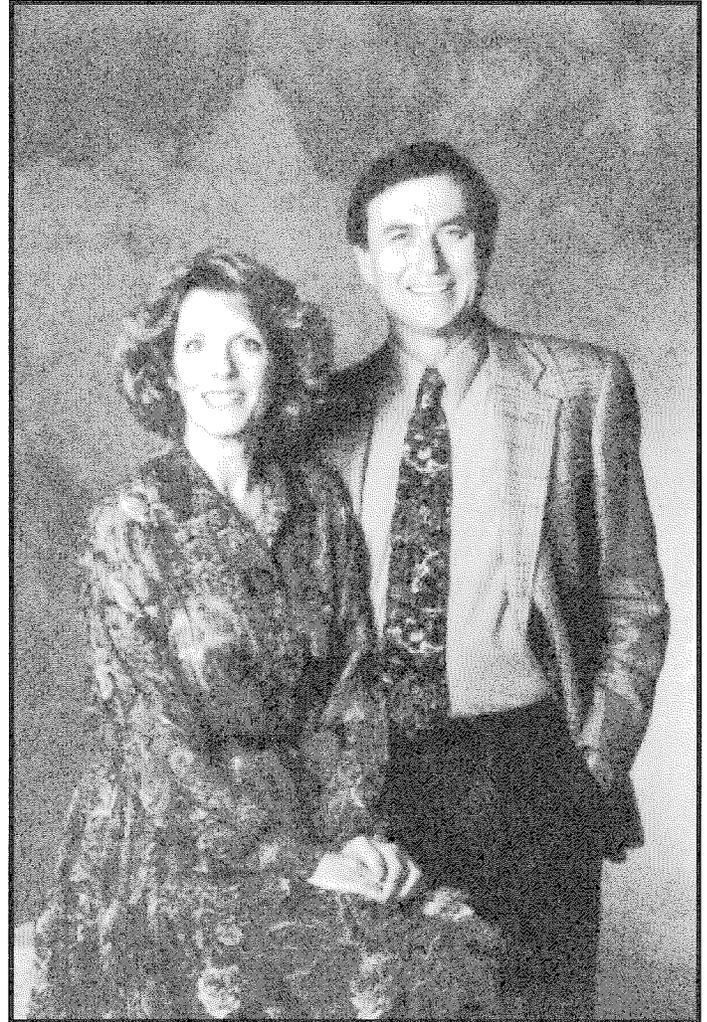
They cause an increase in the force of contraction of the heart muscle which may benefit heart failure (Fortschr Med 111jr:20-21, 1993). Flavonoids have been shown to lower cholesterol and reverse atherosclerosis in animals (Biochem Pharm 33:3491, 1984). Reduction in the risk of death from heart disease has been documented in people (Lancet 342:1007, 1993). Reduction in chest pain (angina) has also been observed (J Trad Chin Med 4:293, 1984). Dosage varies depending upon the kind of preparation. In one study on heart failure the dosage used was one capsule of Cratagutt forte (80 mg of dried Hawthorne leaves) twice a day. Health food stores carry preparations, such as Hawthorne Extract 100 mg, as well as tinctures, dried plant parts, and solid extracts. Usual dosage is 100 to 200 mg a day of standardized extract. No adverse side effects have been encountered.

(continued on page 3)



(continued from page 2)

GUGULIPID: This plant extract found in health food stores has been shown to lower cholesterol by 21% and triglycerides by 25% in 3 to 8 weeks (JAPI 37:323, 1989). "Good" HDL-Cholesterol rose in 60% of patients. Effects are seen within 2 to 4 weeks. Dosage used was 500 mg of a standardized preparation three times a day. Gugulipid inhibits the biosynthesis of cholesterol by the liver. No adverse effects on the liver, blood sugar, or other blood parameters were found. The preparation was extremely well tolerated with only mild gastrointestinal (stomach) upset seen in one patient. In another study using 4.5 grams per day in two divided doses (three 750mg capsules morning and evening), cholesterol decreased by 7.8, 15.8, and 21.8 per cent at the end of the 4th, 8th, and 16th weeks. Triglycerides also decrease by 6.7, 17.1 and 27.1 per cent in the same time periods (Indian J Med Res 87:356, 1988). "Good" HDL-cholesterol rose by 36%. Gugulipid has also been shown to decrease platelet aggregation and increase fibrinolytic activity in patients; thus decreasing the tendency for the blood to clot causing a coronary thrombosis; better known as a heart attack (Indian J Med Res 70:992, 1979). Health food stores carry more concentrated preparations of gugulipid such as GuggulPlex where 25 mg three times a day is an effective dosage.



Mary and John McDougall

The
MCDUGALL
Program

HEALTH

&

WEIGHT LOSS

C L A S S E S

CONCORD

Saturday, March 19
1:00 PM TO 5:00 PM
Sheraton Hotel
Concord, California

LOS ANGELES

Saturday, March 26
1:00 PM to 5:00 PM
Marriot Hotel-LAX
Los Angeles, California
\$6 Parking Fee

SAN JOSE

Sunday, April 17
12:00 PM to 4:00 PM
Hilton Hotel
San Jose, California

SACRAMENTO

Sunday, May 1
12:00 PM to 4:00 PM
Beverly Garland Hotel
Sacramento, California

SANTA ROSA

Saturday, May 7
1:00 PM to 5:00 PM
Luther Burbank Center
Santa Rosa, California

SAN DIEGO

Saturday, May 21
1:00 PM to 5:00 PM
Catamaran Hotel
San Diego, California

L E A R N

NUTRITION
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and Mary McDougall
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Medical Research Reviewed by Dr. John McDougall

MAMMOGRAPHY FAILS TO SAVE LIVES

The Canadian National Breast Screening Study: A Perspective of Criticisms, by Cornelia Baines in the February 15, 1994 issue of the *Annals of Internal Medicine* dealt with the controversy this study has created in the medical business. Mammography screening of 50,430 women in 15 centers across Canada, started in January of 1980, found no survival benefit for women. "In women aged 40 to 49 at entry, no reduction in breast cancer mortality was observed when screened women were compared with virtually unscreened women. In women aged 50 to 59 years, breast cancer mortality was similar when annual screening with mammography and physical examination were compared with physical examination alone." A single physical breast examination was performed

upon entry into the study. In both age groups more cancer was found by mammography, but this did not translate into longer survival. The authors concluded: "Such controversy is expected when established medical practice is challenged by results from randomized controlled trials...In the case of breast screening, not only are radiologists distressed but also women who have been programmed to overestimate their risk for breast cancer and who therefore need reassurance..." They continued, "Passion must proceed with dispassion. Failure to do so will indisputably lead to more harm than good. Wishful thinking aside, compelling evidence has yet to be found that breast cancer screening in women under 50 years of age is beneficial in the first 12 years after screening is initiated."

COMMENT:

A June 1991 editorial in the *Lancet* (337:1575) pointed out "the 44 deaths from breast cancer in the screened group vs 29 in the control group translates into a 52% increase in breast cancer mortality among those screened." "...Other published studies have shown non-significant trends in the same direction, ranging from 3 to 29% with 6-8 years of follow-up." This increased risk of dying in the mammographically screened group includes three Swedish studies which have documented an excess number of deaths in women aged 40 to 49 years. Your first thought might be; the radiation is increasing the chance of death. However, the *Lancet* editorial said, "One explanation may be the type of treatment offered to women with mammographically detected breast cancer—usually a combination of surgery and radiotherapy." Treatment kills. An editorial in the *Journal of the American Medical Association* has reversed their previous long-held position on mammography in women under 50 by stating, "Wishful thinking cannot alter the fact that mammographic screening in women under the age of 50 does not reduce deaths, while those over the age of

50 years it saves lives. The reasons for these results are unknown and need to be resolved..." (*JAMA* 271:152, 1994). There is no data to support the use of mammography in women over the age of 69 years. I'm also confused as to why mammography seems to only work in a narrow age spectrum and in only certain studies. Only two out of the seven studies done show statistically significant benefits from mammography (*N Engl J Med* 327:319, 1992). Yet, the way you hear many doctors talk about mammography, you would think we'd found the cure for breast cancer. The overall mortality rate for breast cancer hasn't changed in the last 45 years, and until it does, we will have to admit that we are losing the war on cancer.

The reason early detection does not work is because it takes on the average 8 to 10 years of growth for a tumor to become large enough to be detectable by physical breast exam and/or mammography. By this time the tumor has spread to other parts of the body, where it is inaccessible to surgical removal or destruction by radiation.

Medical Research Reviewed by Dr. John McDougall

FAT MAKES YOU FAT

Obesity as an adaption to a high-fat diet: evidence from a cross-sectional study, by Arne Astrup in the February 1994 American Journal of Clinical Nutrition (59:350) examined 50 premenopausal women (34 overweight and 16 normal weight) and found the more fat a person ate the more likely they would be obese. They also predicted a 1.6% increase in dietary fat intake would result in a 22 pound weight gain. (Dietary fat is preferentially stored, with small amounts in the food easily ending up on your stomach, hips, and thighs. The authors believe: "A (genetically determined) preference for high-fat foods may in an affluent society result in consumption of a high-fat diet. Susceptible individuals may fail to increase fat oxidation (burning) appropriately without increasing body fat mass, and obesity develops."

Red, White and Green Sauce

Servings: 4

Preparation Time: 15 minutes

Cooking Time: 15 minutes

1/4 cup	water
1	leek, cut in half and thinly sliced
1 stalk	celery, sliced
1	red bell pepper, chopped
2 cups	soy or rice milk
1/4 cup	unbleached white flour
1 cup	frozen corn kernels, thawed
1/2 cup	frozen baby lima beans, thawed
1/8 cup	minced fresh dill weed
1/4 t	salt (optional)
1/4 t	freshly ground black pepper

Place the water, leek, celery and red pepper in a saucepan. Cook over low heat for about 7 minutes, stirring occasionally. Mix milk and flour together. Add to the vegetables along with the remaining ingredients. Cook over low heat, stirring often, until sauce has thickened slightly and vegetables are tender, about 7-8 minutes.

Serve over whole grains, potatoes or toast.

COMMENT:

Carbohydrate satisfies the appetite, and fat fails to provide satisfaction. Therefore, the amount of food consumed is based upon the body's need for carbohydrate. On a high-fat, low-carbohydrate diet, a person will eat larger quantities of food in order to attain sufficient carbohydrate to satisfy the appetite. On the other hand, on a high-carbohydrate, low-fat diet, less food is consumed because the carbohydrate needs of the body are more readily met.

The reason people are fat is simple: obese people consume a more fat rich diet than lean people. The more fat a person consumes the more fat is stored. Eventually a balance is achieved where the fat energy consumed equals the energy required to support the stored fat; and the weight stabilizes. If more fat is consumed, then the weight stabilizes at a higher level.

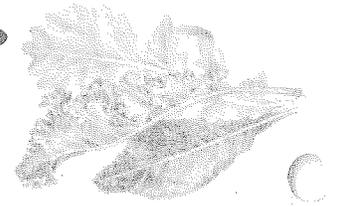
There are metabolic differences in people's ability to burn off consumed fat rather than to store it. Obese people have an easier time storing fat and greater difficulty burning it off. Therefore, they are susceptible to weight gain when exposed to a high-fat diet. In this study, obese people were found to actually burn more fat than lean people; which meant their obesity was due to habitually consuming more fat in their diet.

Even though there may be some genetic uncontrollable factors involved; the important issues are the ones that are under your control. The foods you enjoy are learned from your family as you grow up. This learning is the primary way you inherit obesity (and poor health) from your parents; not as a genetic problem. Because this tendency to become obese is learned, you have the potential to change your habits and free yourself from a life-long problem.

You can even overcome any real genetic tendencies if you follow a very low-fat, high-complex carbohydrate diet (The McDougall Program). You can be sure of this because millions of people around the world are immune from obesity on such diets. But they lose their immunity when they learn the high-fat American diet.

Healthy Recipes

By Mary McDougall



Minestrone Casalinga

8-10 servings

Preparation Time: 35 Minutes
Cooking Time: 2-1/2 Hours

- | | |
|-------------|---|
| 1 cup | dried flageolets or dried white beans |
| 10 cups | water or vegetable broth |
| 1 onion | coarsely chopped |
| 2 cloves | garlic, minced |
| 2 | leeks, sliced |
| 2 | carrots, sliced |
| 2 stalks | celery, sliced |
| 2 large | potatoes, peeled and chunked |
| 1/2 pound | mushrooms, thickly sliced |
| 2 | zucchini, cut in half lengthwise, then thickly sliced |
| 1 cup | green beans, cut in 1 inch pieces |
| 1 15 oz can | Italian stewed tomatoes |
| 1 T | parsley flakes |
| 1 t | dried basil |
| 1/2 t | dried rosemary |
| 1/4 t | dried sage |
| 1 cup | shredded cabbage |
| 1/2 cup | frozen peas |
| 1/2 cup | small pasta, such as orzo |
| | freshly ground pepper to taste |

Soak beans covered in water, overnight. Drain. Place beans and water or broth in large soup pot with onion and garlic. Bring to boil, cover and cook over low heat for 1 hour. Add leeks, carrots, celery, potatoes, mushrooms, zucchini, green beans, tomatoes and seasonings. Continue to cook for another hour. Add cabbage and peas. Cook 20 minutes. Add pasta and cook another 10 minutes. Sprinkle with freshly ground pepper before serving.

Hint: This soup is even better when it is reheated. It also freezes well. The vegetables may be varied to suit your own tastes or to use what you have available.

Mexican Layered Casserole

servings 8

Preparation Time: 30 Minutes
Cooking Time: 40 minutes

- | | |
|---------------|--|
| 1/4 cup | water |
| 1 | onion, chopped |
| 1 | green bell pepper, chopped |
| 1 clove | garlic, minced |
| 1-15 oz. can | kidney beans, drained and rinsed |
| 1-15 oz. can | black beans, drained and rinsed |
| 1 1/2 cups | frozen corn kernels |
| 1 1/2 cups | cooked brown rice |
| 1 1/2 cups | tomato sauce |
| 1-4 oz. can | chopped green chilies |
| 2 t | chili powder |
| 2 t | ground cumin |
| 4 cups | enchilada sauce |
| 4 | green onions, finely chopped |
| 1-2.2 oz. can | sliced ripe olives, drained (optional) |
| 12 | soft corn tortillas |

Place water in large pan with onion, green pepper, and garlic. Cook over medium heat, stirring frequently until softened, about 5 minutes. Add beans, corn, rice, tomato sauce, chilies, chili powder, and cumin. Stir to mix, then cook over low heat until warmed through, about 10 minutes. Remove and set aside.

Preheat oven to 350°.

Pour about 1/2 cup of the enchilada sauce into bottom of a 9 x 13 inch casserole dish and spread evenly. Pour the rest of the enchilada sauce into a bowl. Dip 4 of the tortillas, one at a time, into the enchilada sauce, then layer them in the bottom of the casserole dish. Spread 1/2 of the bean mixture over the tortillas. Repeat with the next 4 tortillas and the remaining mixture. Finish with the last 4 tortillas.

Pour the remaining enchilada sauce over the top and spread evenly. Sprinkle with chopped green onion and ripe olives (if desired). Cover and bake for 40 minutes. Remove from oven and let rest 5 minutes before serving.

Serve with salsa to spoon over the top, if desired.

Pureed Prunes

A Versatile Fat Substitute

By Mary McDougall

Prunes are high in fiber and nearly half the soluble cholesterol-lowering fiber pectin. Pectin works similar to shortening to help entrap and maintain a finely aerated "cream". As an added benefit, the flavor of prunes has been found to enhance the flavor of chocolate, vanilla, spices, and other fruit flavors. You can replace all the butter, shortening or oil in a recipe with prune puree and the resulting product will be virtually identical to the original in flavor, color, and texture. Substitute 1/2 cup prune puree for every 1 cup of shortening or other fat in a recipe.

To make your own prune puree:

Combine 2 2/3 cups pitted prunes with 2 1/2 cups water in a food processor or blender. Process until pureed, about 1 minute. This puree may be stored in the refrigerator up to 2 months. You can also buy a commercially made prune puree in most natural food stores. The product is called WONDERSLIM. It replaces oil, butter, shortening, and also eggs when baking cookies and brownies. Recipes are included when you buy WONDERSLIM, which gives you a few hints on how to use the product. They also suggest that WONDERSLIM can be used as a fat substitute in salad dressings and give the following recipe as an illustration.

Fat-Free Salad Dressing

1/4 cup	red wine vinegar
1/2 cup	WONDERSLIM
2 t	Dijon mustard
1 t	tarragon
1/2 t	salt (optional)
1/2 t	black pepper

Combine all ingredients in a jar and shake well.

You can write to
THE CALIFORNIA PRUNE BOARD
to receive more hints on baking with prunes.

The address is:
PO Box 10157
Pleasanton, CA 94588-0157.
Or call them at: (800) 729-5992.

The newest discovery
in low-fat baking
is
dried prunes.

Medical Research Reviewed by Dr. John McDougall

ANIMAL PROTEIN CAUSES OSTEOPOROSIS

Dietary intakes, and urinary excretion of calcium and acids: a cross-sectional study of women in China, by J.F. Hu in the September 1993 issue of the American Journal of Clinical Nutrition examined relationship of diet and the excretion of calcium in the urine, and found a positive relationship with intakes of animal protein, and negative correlation with plant protein (58:398). Five rural counties in China where the dietary patterns varied dramatically were studied.

Acid-forming foods, which are primarily animal-derived foods, resulted in more excretion of acid in the urine and more calcium lost through the kidneys. This acid burden draws upon the buffering capacity of the body leading to reabsorption of the bones. The acid-forming features of animal protein, along with the world wide correlation with animal protein and osteoporosis, have lead to the "metabolic acid-osteoporosis" hypothesis. Calcium loss is most closely tied to foods rich in sulfur-containing amino acids, methionine and cysteine, which are highest in animal foods. There is no increase in intestinal absorption to compensate for the loss of calcium through the kidneys.

Safe Food for Babies and Children (contintued from p.9)

Yellow and Red Light Foods

Apple	Milk Chocolate
Bologna	Peanut Butter
French Fries	Potatoe Chips
Hot Dogs	1/4 lb. Fast Food Burger
Ice Cream	Raisins

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John's Comments:

Because pesticides are visible to the naked eye we often fail to realize their importance. Chemical contaminants of our environment are now implicated by good research in the cause of cancer and allergic reactions. One of the most effective ways to reduce your intake of contaminants is to eat low on the food chain—a low-fat vegetarian diet—the McDougall program.

COMMENT:

Bone loss begins about age 40 and continues to death. Worldwide the risk of suffering a fractured hip due to osteoporosis is directly related to the intake of animal protein by that population (Calcif Tissue Int 50:14, 1992). There is no correlation with calcium intake and osteoporosis. In fact, countries where people consume more calcium have more osteoporosis, because of the higher animal protein intake, and calcium adds little or no protection.

Diets high in animal protein cause osteoporosis by a variety of mechanisms. Increased excretion of acid directly increases the loss of calcium in the urine. High protein diets also increase flows through the kidney (glomerular filtration rate) which results in loss of calcium (Fed Proc 40:2429, 1981). Most plant foods are known to be alkaline and reduce the acidity of the urine (J Biol Chem 11:323, 1912; Am J Clin Nutr 21:105:475). Meat is higher in acid than dairy product, and plant foods are the lowest in acid.

Even though plant proteins were not found to result in calcium loss, and are not positively correlated with osteoporosis worldwide, high intakes of plant protein may be detrimental. Concentrated sources of plant protein found in wheat gluten and soy protein have been found to cause negative calcium balances in people (Am J Clin Nutr 32:741, 1979; J Nutr 111:553, 1981; J Nutr 110:305, 1980). Therefore, my recommendation to limit high protein foods, such as beans, peas and lentils to one cup a day on the average for healthy people seems prudent. People with protein related disease, such as osteoporosis, kidney stones, liver and kidney failure must restrict protein even further.

Even though animal protein is the major factor in the development of osteoporosis; other factors such as exercise, phosphate intake, caffeine, tobacco, and hormone status also play a role. Therefore, because these are under your personal control you can prevent osteoporosis by a healthy diet and lifestyle. Furthermore, I believe you can reverse bone loss by correcting the causes, especially the diet.

Safe Foods for Babies and Children

By David Steinman

Many medical experts assert that infant susceptibility to toxic chemicals in food is much greater than adults. Dr. Samuel Epstein, M.D., professor of occupational and environmental health at the University of Illinois School of Public Health, notes that, "Pound for pound, babies and children receive a much more concentrated dose of a toxic chemical." Furthermore, a baby's liver still lacks certain enzymes and cannot break down pesticides effectively. Nor are babies' and toddlers' immune systems as strong as those of adults; they may not be able to vanquish toxic invaders.

In the first few years of life, children undergo rapid growth; their cells are extremely active, replicating at a rate much greater than adults. This may make the infant more vulnerable to carcinogenic residues in the food supply. "Cells undergoing rapid growth [may be] more susceptible to carcinogens than cells that are more static," Dr. Richard Jackson, chairman of the American Academy of Pediatrics environmental hazards committee, told *Newsweek*.

Toxins ingested by a baby can affect it for its whole life. A baby's neurological system undergoes important growth during the first few years, but many of the pesticides in baby food are neurotoxins, which can upset this development.

Over 400 pesticides are currently licensed for use on our foods, and every year over 2.5 billion pounds are dumped on our crop lands, forests, lawns and fields. Our children get several little bits of pesticides with their salad, different ones in their meat or fish, still others in the vegetables on the side, and a separate dose with dessert. Their fruit juice has pesticides, and for many of us, our children's water does as well.

The EPA's Office of Pesticide Programs does not include all our potential exposure to the same pesticide when calculating permitted residue levels of a given compound on a single crop. Dr. William Marcus, Ph.D., EPA senior science advisor asserts that these residues, if totaled, exceed 500% of the recommended daily intake.

This shopping guide is based on extensive reviews of the government's Total Diet Study, which shows the pesticide/industrial chemical contamination levels of a

wide variety of commercial products including baby foods.

If you buy organically grown baby food, no pesticides will have been used to produce your baby's food. Although a pesticide residue may occasionally find its way into even organic baby food, the overall exposure is so low as to not be a concern when compared with non-organic baby foods.

Use trips to the supermarket to teach your children good nutrition. Wonderful games to play include getting them involved in handling fruits and vegetables; tell your children you want something yellow or red or orange etc. Bake whole grain pizzas and pretend the pizza is Mr./Ms. Pizza by decorating the face with organically grown vegetables.

At parties, serve granola bars, plum drops and pineapple and coconut clusters, and organic potato chips. They should not be diet staples, but are purer than pesticide-laden milk chocolates and ice cream. Try nonfat yogurt with organic sweet conserves from Cascadian Farm and fresh organic fruits. Kids love these desserts. Serve muesli crackers and organic whole grain cookies. Instead of soda, serve organic strawberry cider or fruit spritzers.

Many of the foods children love are the most pesticide-laden. Some of the highest levels of benzene hexachloride (BHC)—a carcinogen 19 times more potent than DDT—are found in butter, processed cheese, beef/pork frankfurters, peanut butter and milk chocolate. The following list separates dangerous foods from safer substitutes. The pesticides commonly found in the foods under yellow/red light, are heptachlor, dieldrin, lindane, DDT, BHC, toxaphene and parathion—at levels among the highest of all foods in the American diet. The green light choices will dramatically reduce your exposure.

Green Light Foods

Organically Grown Apples	Carob, Caramel Candy
Applesauce	Hard Candy
Tofu Turkey Deli Cuts	Organic peanut butter,
Onion Rings	almond and safflower butter
Tofu Hot Dogs	Organic potato & blue corn chips
Nonfat frozen yogurt	Grilled Vegetarian Burgers
Dates, dried pineapple	(article continued on page 8)

Chromium Picolinate

Information provided by the Makers of KAL, Inc.

Most modern automobile bumpers are made of plastic, but mention the word "chromium" and people still think of bright shiny metal car trim. Just as oxygen is essential for life, but can also occur in dangerous carbon monoxide, there are different forms of chromium. Hexavalent chromium, the kind that is often used in metallurgy, can be very hazardous if it gets into your body.

Trivalent chromium, on the other hand, is a nutritionally essential mineral. It's vital to your health because it's a co-factor of the hormone insulin. And insulin regulates the metabolism of protein, carbohydrate, and fat.

Plants do not need chromium in order to thrive, so farmers do not add it to soils that have become depleted of this mineral. The little bit that does make its way into the vegetables and meats we eat is often dissipated during cooking and processing.

Small amounts of nutritional chromium can be found in such foods as brewers yeast, black pepper, lobster and liver.

You don't need much chromium to keep your insulin functioning properly. The National Research Council recommends that 50 to 200 micrograms a day will do the job. Dr. Richard Anderson at the U.S. Dept. of Agriculture found that nine out of 10 Americans did not get even the minimum recommended amount of chromium from their food.

Some typically American lifestyle traits contribute to the shortage of chromium such as high sugar intake and stress. Chromium occurs in ionic form which contains an electrical charge that is difficult to get into the cells in your body. The Dept. of Agriculture's Dr. Gary Evans discovered that the kidney and liver produce picolinic acid, which surrounds the chromium ion, shielding the electrical charge, and smuggles the chromium into the cell. This was such an important discovery that USDA patented this process for providing

dietary supplementation with essential metal picolinate.

In 1987, to provide the benefits of this discovery to the American consumers (and taxpayers who funded the research), USDA licensed the patent to Nutrition 21, an applied nutritional research company in San Diego. Nutrition 21 retained Dr. Evans as a consultant, who expanded with studies and found that large amounts of chromium fed to laboratory animals found no adverse side effects. Toxicity studies showed that rats fed chromium picolinate increased their healthy life span by about 36%. Ray Press, M.D., found that supplemental chromium picolinate reduced elevated blood sugar levels in diabetics. Another trial produced a reduction of elevated cholesterol. Dr. Lillian Gilman at Bemidji (Minnesota) State University found a reduction in body fat and increase in muscle occurred when chromium picolinate was given to a group of exercising athletes.

Chromium picolinate does only one thing: it is a co-factor of insulin and makes your insulin work the way it should. When insulin functions optimally, you get all the benefits of proper assimilation of protein, carbohydrate and fat. Plus, the reduction of risks from heart disease and diabetes that show up when you do not have sufficient biologically active chromium in your diet. While chromium picolinate is available from vitamin and mineral manufacturers in a variety of products and has been hailed as the "Nutrient of the Nineties", it should not be considered a magic bullet. If you strive to control an overweight problem, be advised to limit your fat intake, exercise and then take 200-400 micrograms of chromium picolinate daily.

Chromium picolinate is a nutrient, not a drug. If you take it for other purposes, consult a health professional for advice.

John McDougall's Comments

A recent study (Int J Sport Nutr 2:343, 1992) found an increase in body weight in women who took chromium picolinate over a 12-week weight lifting program (hopefully this was all muscle). No other changes were found. Another study of 28 volunteers given chromium or a placebo showed a drop in "bad" LDL-cholesterol and a rise in "good" HDL-cholesterol in those who took the chromium (West J Med 154:352, 1991). Lastly a study in Diabetes Care (6:319, 1983) found in 43 men the use of chromium resulted in no improvement in fasting blood sugar or lipids (cholesterol). One subgroup did demonstrate an improvement in insulin response after treatment. Overall, it appears that the benefits of chromium supplementation will be small in most people; however, more study needs to be done.

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