



The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL

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WINE FOR THE HEART?

The most popular episode of 60 Minutes, "The French Paradox," shown November 17, 1991, told the American TV viewing public the consumption of wine by the French protected them from the heart disease producing-effects of their high fat diet. The popularity of this message is of no surprise: People love to hear good news about their bad habits.

Other possible reasons the French have 3 times less heart disease in each age category than Americans were: the French do not eat between meals, they take more time for eating rather than our fast-food habit, American food is more processed than in France, the French eat more of their dairy products as cheese than as milk. One researcher believed the cheese caused little artery damage compared to milk based on his rat experiments, but there is no scientific basis for this difference in humans (Lancet 340:313, 1992). Other investigators suggest garlic in French foods may be the life saver.

The popularity of the message in "The French Paradox" is of no surprise: people love to hear good news about their bad habits.

25 years. (See table, page 2.) The French may actually have much more heart disease than they report on death certificates. They may be listing actual heart attacks as death by "natural internal event" rather than death from heart disease (Br. Med. J. 309:611, 1994).

The Rapidly Changing French Diet

The proportion of fat consumed in France increased 29% in 1961-63 period to 39% in the 1986-88 period, whereas the percent of calories from fat in the USA reached 39% in the 1950s and has remained at or above that level since. Since the French intake in fat and alcohol is now approaching that of the USA there is every reason to believe in sufficient time they will show the same death rate from heart disease. As of now, they have only had 4 to 6 years of this high fat eating compared to 50 plus years for people in this country.

Benefits Of Alcohol

Since this story of "the French paradox" the scientific literature has carried a number of articles on the effects of alcohol, in particular red wine, on heart disease. This benefit is not news. I remember from my medical school days the cleanest arteries I saw at autopsy in patients were among the skid row alcoholics. Their diet was, of course, mostly "liquid vegetarian" in the form of alcoholic drinks, often wine. They were, however, not known for their longevity, just their clean arteries. The facts are clear, moderate consumption of alcohol defined as about an ounce (20 to 30g) of alcohol a day—2 to 4 drinks a

Is There Really A Paradox?

This apparent paradox may simply be an artifact of the recent change in the French food supply. During the past 25 years the French food supply has become much higher in fat and lower in alcohol. Because heart disease takes decades to develop, the rates of this disease have not had time to respond to changes in the diet (Lancet 340:314, 1992). Data from the United Nations Food and Agriculture Organization (FAO) shows a 40% increase in the fat intake in the French diet in the past

Return of the McDougall Newsletter

Beginning with this issue, the contents of the newsletter will reflect only the thoughts and beliefs of John and Mary McDougall. Other contributors will no longer be included.

day— is associated with a 40% reduction in the incidence of heart disease (Lancet 338:464, 1991; Br Med J 303:553, 1991; Am Heart J 109:886, 1985). Beer, wine and spirits seem to be equally protective (Lancet 338:464, 1991).

Four Ways Alcohol Reduces Heart Disease

#1: A No-Cholesterol, Low-Fat Food
Alcohol is a no cholesterol, low-fat food (providing 7 calories per gram), which may constitute up to 40% to 60% of the calories consumed in some persons with alcoholism. The alcohol replaces foods laden with artery-damaging saturated fat and cholesterol. At high levels of alcohol consumption the "bad" LDL-cholesterol decreases, as well as total cholesterol. In animal studies atherosclerosis can be inhibited with high alcohol intake (36% of energy), but not with low intake (10% of energy). Therefore, unless you are a very heavy drinker, other mechanisms besides inhibition of the development of atherosclerosis must be involved (such as "thinning" of the blood).

#2: Raises Good Cholesterol

The "good" HDL cholesterol helps reduce the likelihood of heart disease by removing cholesterol from the arteries, transporting the cholesterol away from the tissues, back to the liver for excretion into the bile, and out of the body with the feces. Elevation of the HDL-cholesterol appears to account for only half the protective effect of alcohol on heart disease (Circulation 85:910, 1992). HDL-cholesterol can be divided into sub-fractions. Subfraction HDL₂ changes very little with alcohol intake, where as HDL₃ will rise substantially with drinking. Early data suggested that only HDL₂ levels were associated with changes in a person's risk of heart disease. However, more recent research suggests both subfractions are inversely related to heart disease. Furthermore, newer studies show both subfractions of cholesterol rise with alcohol consumption (Ann Intern Med 114:967,

1991).

#3: Antioxidant Activity

Alcohol beverages, especially red wine, contain powerful antioxidants. These substances decrease the reactivity of damaging substances, such as oxidized LDL-cholesterol, which injures the artery walls promoting atherosclerosis. The powerful antioxidants, including quercetin, epicatechin and resveratrol, are found in the non-alcoholic components of wine. Red wine diluted 1000-fold with water has been shown to inhibit LDL

to form a clot is significantly inhibited by alcohol (Lancet 339:1523, 1992). Addition of 4% to 6% of alcohol to drinking fluids of rats inhibits the activity of their platelets. A study of 1600 people showed small amounts of alcohol reduced the tendency of their platelets to aggregate (Am J Clin Nutr 55:1012, 1992). 343:1429, 1994).

This same effect on thinning of the blood can also increase bleeding tendencies and may account for the increased risk of subarachnoid hemorrhage in heavy alcohol users. There is also a rebound effect on blood clotting activity upon quitting alcohol (Lancet 339:1523, 1992). This may account for the increased risk of sudden death associated with binge and excessive drinking (Int J Epidemiol 12:145, 1988).

Adverse Effects On The Heart Liver Damage Decreases HDL

Very heavy alcohol consumption over long periods of time may cause such severe liver damage that the liver can no longer synthesize HDL cholesterol and the risk of atherosclerosis may actually be increased (Ann Intern Med 114:967, 1991).

Triglycerides Increase

Heavy alcohol consumption is the second most common cause of elevated triglycerides (diabetes is first). Moderate alcohol intakes show no consistent effects on triglyceride increases. Elevated triglycerides are associated with an increased risk of heart attacks, diabetes, and high blood pressure. They can become sufficiently elevated to cause pancreatitis. The magnitude of the rise is related to the fasting triglyceride level suggesting a role for an underlying abnormality in triglyceride metabolism (Ann Intern Med 114:967, 1991). Some people who have damaged themselves by years of over consumption of the rich American diet, develop faulty mechanisms for the regulation triglycerides. In these people alcohol may increase the formation of triglycerides by the intestines, especially in conjunction with a high-fat, high-cholesterol diet. Alcohol may

| FRENCH DIET | | | |
|-----------------------------|---------|---------|----------|
| | 1961-63 | 1986-88 | % change |
| Daily kcal intake | 3184 | 3312 | +4 |
| Total fat (g/day) | 100.6 | 141.8 | +40 |
| % kcal from fat | 29 | 39 | +34 |
| Food Supply | | | |
| (kg/person/yr) | | | |
| Cereals | 130.0 | 97.8 | -25 |
| Vegetables | 136.3 | 119.7 | -12 |
| Fruits | 77.8 | 77.1 | -1 |
| Meats | 80.0 | 105.4 | +32 |
| Milk products | 218.7 | 279.3 | +28 |
| Alcoholic beverages | 182.9 | 128.4 | -30 |
| Comparison with USA: | | | |
| Total fat (g/day) | 163.5 | | |
| Alcoholic beverages | 115.6 | | |

oxidation significantly more than vitamin E (a-tocopherol) (Lancet 341:454, 1993).

#4: Blood "Thinning"

A heart attack occurs as a consequence of two unhealthy conditions: diseased arteries and unhealthy blood coagulation. Damage to the arteries causes a disease known as atherosclerosis, which is made up of sores called plaques. Small unstable plaques will often rupture initiating a sequence that leads to a blood clot in the heart artery, known as a coronary thrombosis. A coronary thrombosis is commonly known as a heart attack. Animal fat in the diet encourages the blood to form these clots, whereas alcohol decreases the clotting activity of the blood, reducing the chance of a heart attack (Lancet 339:1523, 1992).

The tendency for blood clotting elements, known as platelets, to aggre-

Meat Acid and Osteoporosis

also decrease the enzyme activity in the liver (lipoprotein lipase activity) that removes triglycerides from the blood.

The Failing Alcoholic Heart

Heart failure due to heavy alcohol consumption is common. Heart decomposition typically occurs in men between the age of 30 to 55 years who have ingested at least 3 ounces (80 g) of alcohol daily for a minimum of 10 years. Chronic excessive alcohol consumption is a major cause of cardiomyopathy—a severe form of heart muscle failure. There is also an increased incidence of sudden death that peaks at about the age of 50 in alcoholics. Bouts of heavy drinking have caused the onset of irregular heart rhythms (arrhythmia). The most common arrhythmia associated with alcohol is atrial fibrillation (JAMA 264:377, 1990).

Strokes and Other Blood Vessel Disease

Heavy drinking was twice as common in men and seven times as common in women who suffered subarachnoid brain hemorrhages. Acute heavy alcohol consumption in young adults has also been found with victims of strokes. People who decrease their alcohol intake, soon lower their risk of strokes.

High Blood Pressure

Social drinking is associated with a small rise in systolic blood pressure (top number). In heavy drinkers the rise may be substantial. The rise in blood pressure may be caused by the effects of alcohol on blood pressure elevating hormones (aldosterone, renin, and catecholamines), and an increase in the activity of nerves that cause blood vessels to constrict, increasing the resistance to blood flow (increased peripheral resistance).

Real Health Professionals Don't Advocate Alcohol

The scientific research reveals benefits for the reduction of heart disease with the moderate use of alcohol. This has caused some doctors to advocate drinking. But, the overall effects on health are negative, especially when it comes to 10% of the population who are problem drinkers. When a doctor publicly encourages alcohol use for heart disease prevention, he/she risks giving permission for some to get drunk, and possibly beat the family or

Continued on page 4

“Improved Mineral Balance and Skeletal Metabolism in Postmenopausal Women Treated with Potassium Bicarbonate” by Anthony Sebastian in the June 23rd, 1994 issue of the New England Journal of Medicine found the administration of this base improved calcium balance in 18 postmenopausal women (330:1776). There was a reduction in excretion of calcium and phosphorus in the urine of these treated women. The end result of this therapy is to improve calcium and phosphorus balance, reduce bone loss and prevent osteoporosis.

COMMENT: When acid is fed to humans or animals in experiments over several weeks, bone mineral content and bone mass decrease and osteoporosis occurs. Our bones act as a regulator of the acid-base balance of the blood by dissolving to release base to counteract the acids in the circulating blood. The main source of acid intake is animal foods that Americans ingest in abundant quantities. According to these researchers the solution to this chronic acid load is to have people take capsules of a strong base, potassium bicarbonate (60 to 120 mmol per day per 60 Kg body weight).

In a letter to the editor of the New England Journal of Medicine that appeared on July 28, 1994 the authors of this study reacted to some concern from other doctors who worried that the ingestion of potassium bicarbonate might lead to dangerous elevation of blood potassium levels especially in elderly people with some kidney failure (331:279). The authors responded by writing, “We would like to emphasize that pending the results of long-term studies (lasting years), the findings in our short-term study (which lasted for only days) provide no basis for recommending potassium bicarbonate in any dose for the prevention and treatment of osteoporosis.” So why do medical researchers at the University of California dedicate their efforts to a drug to treat osteoporosis and why

does the New England Journal of Medicine publish such research if it has no clinical relevance?

Worldwide hip fracture data showed a strong, positive association between hip fracture rates and animal protein intakes

The relevant issue for preventing suffering from this disease is the diet; but this fundamental issue was merely glossed over in the original research paper. They mentioned in the introduction, “The bone loss may result, at least partly, from lifelong mobilization of skeletal calcium salts to balance endogenous acid generated from dietary precursors.” And in the conclusion, “Typical American diets are acid-producing in that renal excretion of acid

exceeds excretion of base, and when measured directly, the net balance of endogenous acid (production less excretion) is positive.”

In this letter to the editor the researchers finally focused on the dinner table by writing, “At present, for protection against the potentially deleterious long-term skeletal effects of diet-related acid production, we recommend modifying the diet, specifically to reduce precursors of dietary acid (e.g., by eating less animal protein) and increase dietary base (e.g., by eating more vegetables and fruits). So why don't these scientists dedicate their efforts to doing research on the effects our diet on our bones? I can only guess that the issues revolve around money and egos, as usual. For most researchers studying food is not worthy of a “real scientist's” efforts. Few dollars are available to fund projects showing the benefit of non-patentable, cost-free treatments, regardless of their benefits for relieving human suffering.

The physiologic mechanisms explaining how animal protein causes osteoporosis have been discovered and reported in the scientific literature. Proteins are composed of amino acids. These acids release hydrogen that must be buffered by bases such as phosphorus released by dissolving bone. Two sulfur-containing amino acids, methionine and cysteine, con-

tribute greatly to the body's acid load by producing sulfuric acid during metabolism. Animal protein contains much greater quantities of these kinds of amino acids than plants. For example, even though beef and beans are both about 30% protein, beef has 4 times the methionine as beans.

There are other mechanisms by which animal proteins cause bone loss. In the kidneys acid causes the loss of calcium. Plus the sulfur-containing amino acids prevent the kidneys from reabsorbing calcium that is being filtered. In addition to the decrease in the reabsorption of calcium by the kidneys, there is an increase in rate of filtration (glomerular filtration rate) of the kidneys caused by the high protein diet, which accounts for a 10 to 15% increase in the calcium loss (Am J Clin Nutr 58:398, 1993).

The worldwide hip fracture data from 34 published cross-cultural studies conducted separately in 16 countries showed a strong, positive association between hip fracture rates and animal-protein intakes (Calcif Tissue Int 50:14, 1992). This same study found a positive association between calcium intake and rates of hip fractures. In other words the more calcium consumed in a country the more the risk of osteoporosis. This is because calcium intake acts as a marker for an animal-protein rich diet. If calcium intake has any helpful benefit for preventing osteoporosis, it must be small, based on the epidemiological and other scientific data (See McDougall's Medicine—A Challenging Second Opinion).

Why don't we hear this message more often? Industry has no interest in telling you the adverse effects of their products. Marketing departments preparing advertisements for the high protein food manufacturers ignore the thousands of articles that tell of the destructive effects of protein on the bones. Instead, they incorporate the contradictory research that suggests the solution to osteoporosis is more calcium in the diet (Br Med J 298: 137 & 205, 1989). As consumers we must share the guilt for the spread of misinformation. We don't want to be told to limit turkey for Thanksgiving and fish for a special night out. Instead, we want to hear one more slice of pepperoni pizza is the solution for strong bones.

Exercise, Not Vitamins for the Elderly



"Exercise Training and Nutritional Supplementation for Physical Frailty in the Very Elderly People" by Maria Fiatarone in the June 23rd, 1994 issue of the New England Journal of Med.

(330:1769) found high-intensity exercise training to be a feasible and effective means of counteracting muscle weakness and physical frailty. In contrast, multivitamins appeared to be of no benefit.

Subjects were 100 people, average age 87.1 years, from the Hebrew Rehabilitation Center for the Aged in Roslindale, Massachusetts. The nutritional supplement, Exceed (Ross Laboratories), which provides 360 calories and one-third of the recommended daily allowance for vitamins and minerals was given once daily. The physical training was resistance exercises for the major muscle groups lasting 45 minutes daily.

Muscle strength, walking speed (gait velocity), stair climbing ability, mobility, and overall level of physical activity improved in the exercise group with no additional improvement when the supplement was used. The subjects who were the weakest at the beginning of the program showed the most improvement. Four subjects in the exercise group were able to give up their walkers for a cane. In the non-exercise group one person went from a cane to a walker in the study period. Those on the supplement gained a significant amount of weight.

COMMENT: I'm often asked if the McDougall Program of diet and exercise would help older people. The answer is a definite YES! This study should serve as inspiration for the elderly to take advantage of a simple, non-toxic, self-administered, cost-free therapy—exercise—to make the most of their years. It's never too late. My years of experience have proven to

me that a healthy diet has equally profound benefits for people who have all but given up the hope of enjoying their remaining years. The body has remarkable abilities to repair itself given half a chance.

Listening to radio and TV commercials for liquid supplements for the elderly you would think the answer for renewed health came in a can advertised as "complete and balanced nutrition." The truth is these supplements are generally useless for the elderly (as well as being useless for the young). Furthermore, they may do harm by providing messages of false hope which may keep them from looking into the benefits of a starch-based diet and exercise—a program that will really get them living again. You would think every retirement home in the country would realize the money-making advantages of having their residents healthier. Healthy residents are more independent, requiring less expensive care, and live longer to pay for more years of residential care.

"Wine for the Heart?" Continued from page 3

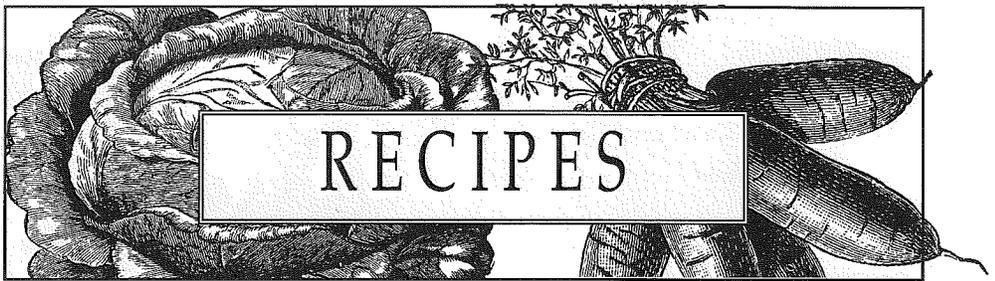
cause an accident. While alcohol may reduce risks from heart disease, risks from other causes of death, like cirrhosis, of the liver, cancer, violence and accidents are increased. For example, people over the age of 35 years with a previous arrest for driving while impaired (DUI) have nearly 12 times the risk of dying in an auto accident compared to controls with no history of a DUI offense (N Engl J Med 331:513, 1994). Obviously, the first indication a person has problems with alcohol deserves serious attention. Regardless how mixed the messages, efforts by everyone in our health care system should be to decrease the use of alcohol.

MRI Not Helpful for Back Pain

"Magnetic Resonance Imaging of the Lumbar Spine in People without Back Pain" by Maureen Jensen in the July 14th, 1994 issue of the New England Journal of Medicine (331:69) found 64 percent of people without back pain had abnormalities on this test. They studied 98 people between the ages of 20 and 80 years who had no symptoms of back trouble with one of the most commonly used tools to diagnose the cause of low back pain - magnetic resonance imaging, abbreviated MRI. The authors concluded, "Because bulges and protrusions on MRI scans in people with low back pain or even radiculopathy (nerve impingement) may be coincidental, a patient's clinical situation must be carefully evaluated in conjunction with the results of the MRI studies."

Comment: Back pain affects nearly half of all adult Americans in a given year and about two-thirds of adults have significant back pain some time in their life. This is the second most common reason for people to visit their doctor in the U.S. and the leading cause of work-related disability. The recent increase in the number of back surgeries (laminectomies, discectomies, and fusions) is caused in part by this new technology, the MRI. Because findings on a MRI may be irrelevant to the cause of back pain, they may trigger the use of unnecessary tests and treatments, including back surgery. Studies suggest that MRI tests only weakly predict the need for or the outcome of back surgery (AJNR Am J Neuroradiol 15:109, 1994). Because the MRI finds abnormalities in most people, the test may increase the patient's anxiety over his health, turning him into a cripple over nothing important.

So what's a person supposed to do? An accompanying editorial (331:115, 1994) recommended, "Thus, imaging should be reserved for patients who have signs and symptoms of radiculopathy (nerve involvement) and who do not have a response to conservative treatment over a period of four to six weeks." Most people with back pain recover in a month with adequate rest - often complete bed rest. Be careful - the decision to operate based on a MRI test may be the first step toward disaster.



RECIPES

Oriental Noodle Scramble

Servings: 6
Preparation Time: 30 minutes
Cooking Time: 15 minutes

1/3 cup water
3 tablespoons soy sauce
2-3 cloves garlic, crushed
1 tablespoon fresh grated ginger root
1 carrot, sliced
2 stalks celery, sliced
1 red pepper, cut into thin strips
1/2 pound sliced fresh mushrooms
1 baby bok choy, sliced
1 bunch green onions, cut in 1 inch pieces
1 leek, thinly sliced
1 can (5 ounces) water chestnuts, sliced
1 cup shredded cabbage
1 cup mung bean sprouts
1 cup frozen green peas
8 ounces fettucine or spaghetti
1 10.5 ounce package firm tofu, cubed
3/4 cup water
1/4 cup soy sauce
2 tablespoons cornstarch
2 teaspoons "chicken-style" seasoning mix

Place the first 4 ingredients in a large pan or wok. Heat. Add the carrots and celery, stirring occasionally for 3 minutes. Add the next 9 ingredients (all the vegetables) and continue to cook, stirring occasionally for 7 minutes.

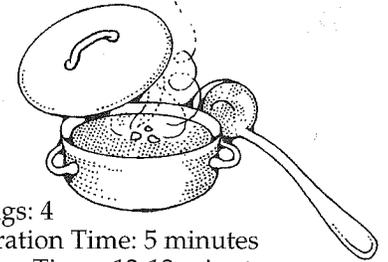
Meanwhile, cook the pasta in boiling water until tender. Drain, place in a large bowl and set aside.

Add the tofu to the vegetables, stir gently to mix. Mix the remaining water, soy sauce and cornstarch together. Add to vegetable mixture while stirring. Stir until thickened.

Sprinkle seasoning mix over the top and mix in well. Pour vegetable mixture over the pasta and toss well to mix. Serve at once.

HINT: Vegetarian "chicken-style" seasoning mix is sold at most natural food stores, usually in their bulk foods section.

Your Kids Will Love This Soup



Servings: 4
Preparation Time: 5 minutes
Cooking Time: 12-13 minutes

1/4 cup finely chopped onion
1/4 cup water
2 16 ounce cans no-fat refried beans
1-3/4 cups vegetable broth or water
2 cups frozen corn kernels
1/3 cup mild salsa
1/2 teaspoon ground cumin
chopped cilantro for garnish (opt.)

Place the onion and water in a medium saucepan. Cook and stir until onion is tender and water has evaporated. Add remaining ingredients, except cilantro, mix well and cook over very low heat for 10 minutes. Garnish with cilantro, if desired.

Spinach Rice

Servings: 4
Preparation Time: 15 minutes
Cooking Time: 50 minutes

1 small round onion, chopped
1 small green bell pepper, chopped
1/2 cup chopped green onion

RECIPES

Continued from page 5

1 clove garlic, minced
1/3 cup water
1 cup long grain brown rice
2 cups vegetable broth or water
1/2 cup chopped green chilies (4 oz. can)
1/2 cup chopped pimento (4 oz. jar)
1 1/4 cups corn kernels
1 tablespoon parsley flakes
1 teaspoon ground cumin
2 cups packed chopped fresh spinach
1/4 cup chopped cilantro
fresh ground pepper to taste

Place the onion, bell pepper, green onion and garlic in a medium saucepan with the water. Cook over medium heat for 3 minutes, until vegetables soften slightly and water has evaporated. Add rice, broth, green chilies, pimento, corn, parsley and cumin. Cover and cook over low heat for 45 minutes. Stir in remaining ingredients and cook for 2 minutes longer. Serve at once.

Fast Chili Topping

Servings: 4-6
Preparation Time: 10 minutes
Cooking Time: 15 minutes

1 medium onion, chopped
1/4 cup water
2 cans (14 1/2 ounces each) Cajun-style stewed tomatoes
1 can (15 ounces) kidney beans, drained and rinsed
1 can (15 ounces) black beans, drained and rinsed
1 cup frozen corn kernels, thawed
1/2 teaspoon chili powder

Place the onion and water in a medium saucepan and cook over low heat, stirring frequently until onion softens slightly, about 4 minutes. Add remaining ingredients. Cook for 10 minutes until flavors are well blended. Serve over toast, potatoes, whole grains or griddle cakes. HINT: For a



thicker topping, thicken with a mixture of 2 tablespoons of cornstarch mixed in 1/3 cup cold water. Add to chili and cook and stir until thickened.

Chard and Squash Soup

Servings: 6-8
Preparation Time: 30 minutes
Cooking Time: 4 hours, 35 minutes
(see note below)

1 - 1/2 cups dried garbanzo beans
8 cups water
4 cups vegetable broth
2 leeks, thinly sliced
2 cloves garlic, minced
2 medium yams, peeled and chopped
2 cups peeled and chopped winter squash
1 tablespoon soy sauce
1/2 teaspoon grated fresh gingerroot
1 teaspoon oregano
1/2 teaspoon rosemary
1/4 teaspoon freshly ground black pepper
2 cups tightly packed, coarsely chopped Swiss chard

Place the beans and water in a large soup pot. Cover and cook over medium heat for 4 hours. (Most of the liquid will be used up during this process.) Add the vegetable broth and the remaining ingredients, except the Swiss chard. Simmer, covered, over low heat until all vegetables are tender, about 30 minutes. Stir in the Swiss chard. Cook for another 3-5 minutes until chard softens. Note: To save time, cook the garbanzos

overnight in a slow cooker. Drain off most of the remaining liquid and proceed as directed. Canned garbanzos do not do justice to this delicious soup.

Garbanzo A La King

Serve this over whole wheat toast, baked potatoes, or whole grains.

Servings: 8
Preparation Time: 20 minutes
Cooking Time: 30 minutes

1 medium round onion, chopped
1/2 green bell pepper, chopped
1/2 yellow bell pepper, chopped
1/2 pound sliced fresh mushrooms
1/2 cup sliced oyster mushrooms
3/4 cup water
1/3 cup unbleached white flour
3 cups soy or rice milk
1 tablespoon soy sauce
1 tablespoon parsley flakes
1/2 teaspoon paprika
1/4 teaspoon black pepper
2 cups cooked garbanzo beans
1 4 ounce jar diced pimento
2 tablespoons cornstarch or arrowroot mixed in 1/4 cup cold water
1 tablespoon sherry (optional)

Place onion, bell peppers and mushrooms in a large pot with the water. Cook, stirring occasionally, for 10 minutes. Stir in flour, continue to cook and stir for about 2-3 minutes. Gradually add the soy or rice milk. Add the seasonings, garbanzo beans and pimento. Cook, stirring occasionally, over low heat for 10 minutes. Add the cornstarch mixture and the sherry, if desired. Cook and stir until mixture boils and thickens.



BULLETIN BOARD

Alaska Cruise



7-Day Cruise to Alaska leaving from Anchorage on May 24, 1995; Arrives Vancouver May 31, 1995 on Royal Odyssey by Royal Cruise Lines. Prices start at \$1269 double occupancy, plus airfare.

Call for information and reservations— The McDougall Cruise Desk at (800) mon-trose or (800) 666-8767. All McDougall Food and great McDougall Educational opportunities. Book early; this will fill up very soon, just like our cruise to Mexico did in the Summer of 1994.

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Nov 12 Agoura Hills—
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Hotel

Nov 20 Sacramento—Raddison
Hotel

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Call (800) 358-9195 information and reservations

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October 9

November 6

November 27

Alumni Programs:

November 20

McDougall Radio Shows

Daily show on KSRO 1350 from 11AM until noon PST. You can call in with your questions from anywhere in the country and talk to Dr. McDougall (often there is a guest the first half hour) at (707) 270-1350. FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show between 7 P.M. to 9 P.M. throughout California (with plans to go national soon). In California listen on:

KABC 790 AM Los Angeles

KSDO 1130 AM San Diego

KSTE 650 AM Sacramento

KQMS 1400 AM Redding

KSCO 1060 AM
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KVON 1440 AM Napa

KGLW 1340 AM San Luis
Obispo

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KINS 980 AM Eureka

KSRO 1350 AM Santa Rosa

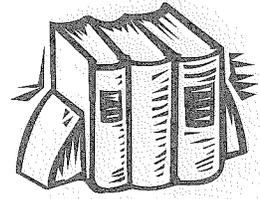
Donations to the McDougall Program

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.

McDougall Quick Recipe Search

We are looking for recipes to be included in a new "Quick Cuisine" book. Recipe preparation times (apart from cooking times) should be less than 15 minutes. Please send us your recipes to be considered - you will receive credit in the book if they are used! Send to: McDougall Quick Recipes, P.O. Box 14039, Santa Rosa, CA 95402

M c D O U G A L L O R D E R F O R M



| ITEM | PRICE/UNIT | QUANTITY | TOTAL |
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| The New McDougall Cookbook | \$24.00 | | |
| The McDougall Program | \$12.00 | | |
| The McDougall Plan | \$10.95 | | |
| McDougall's Medicine | \$11.95 | | |
| The McDougall Health Supporting Cookbook, Volume I | \$9.95 | | |
| The McDougall Health Supporting Cookbook, Volume II | \$9.95 | | |
| The McDougall Audio Tapes | \$39.95 | | |
| The McDougall Video | \$25.00 | | |
| Tax | | | |
| Shipping & Handling | | | |
| The McDougall Newsletter (Bi-monthly) Outside USA | \$20.00 \$24.00 | | |
| Miscellaneous | | | |
| Total | | | |

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