



# The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL

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## BOOSTING IMMUNITY

Between sickness and health, life and death, and between us and our environment, stands our immune system. Every effort must be taken to assure this system is functioning to its fullest capacity. Infectious diseases from bacteria and viruses, and autoimmune diseases, like rheumatoid arthritis and lupus, can be a direct consequence of faulty immunity. Many of these conditions are not prevented or effectively treated by standard medical care. With the threat of highly lethal, exotic, viral infections, such as the African Ebola virus (90% fatal), an optimally functioning immune system may be our only salvation.

Defense against potentially harmful organisms begins with our skin and mucus membranes acting as barriers, and mucus and cilia in the intestinal tract and lungs pushing foreign materials out of the body. The internal immune system consists of an integrated variety of white blood cells (lymphocytes), each with specifically designed functional roles. The system is called into action when it recognizes a foreign, potentially harmful, substance. Inflammation develops with the killing of invading microorganisms and the disposal of foreign toxic substances. The immune system can fail us by being unable to handle invading organisms, or it may react inappropriately and attack our body's own tissues. Isolating ourselves from a world filled with viruses and bacteria would be an important step toward keeping ourselves healthy, but that is practically possible. However, we do have control over the foods we eat and the ways we choose to live that can make all the difference in our

health.

### Immunizations

Many people in alternative fields of health care refuse immunizations for themselves and their children. They believe a well-fed, healthy child has no need for this protection, and that immunizations are ineffective and probably harmful. I believe this attitude is one of "throwing the baby out with the wash water." Only three things have decreased the incidence of disease in modern times: better

sanitation, nutrition, and immunization. Although many of the treatments in modern medicine fall short of miracles, immunizations have a time honored reputation of making a real difference. I have seen tetanus, polio, and hepatitis. These are real diseases that have been proved to be prevented by training the immune system with an exposure to an less toxic form of the infectious agents.

All of my children have been immunized and I would do the same again,

except for the pertussis vaccine (whooping cough) because of common, and sometimes severe, side effects. I would give it later or omit it altogether. As breastfed children, ours received substantial protection from this disease. Even if it were true that excellent nutrition would greatly reduce the risk of infectious diseases, there is no guarantee our children will always be willing and able to eat an excellent diet.

### Good Nutrition

Malnutrition due to starvation can severely suppress the immune system. Undernourished individuals experience a multitude of changes

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that make them more susceptible to diseases. With severe starvation, most of the defense system is compromised, allowing microorganisms to invade and cause disease (*Am J Clin Nutr* 53:1087, 1991). However, few people in our society suffer from a lack of food, but rather suffer from a form of malnutrition due to excesses of the wrong foods—the rich American diet.

Obesity alters a variety of immune responses. The weight of the thymus, a gland that produces and regulates lymphocytes, is decreased, and so are the number of lymphocytes. Natural-killer cells attack cancer cells and viruses. Their activity is decreased in obesity. This reduction in immune activity is believed to be due to the elevated blood cholesterol, sugar, insulin and hormone responses that are associated with the rich diet that leads to obesity. The overall consequence is obese adults have a higher risk of infection and a reduced capacity for the immune cells to do their job (*Ann Intern Med* 104:540, 1986).

The American diet filled with meats, dairy products, and refined foods is at the root of a deficient immune system. Some of the most detrimental foods in this diet are polyunsaturated fats (vegetable oils) and animal fats (*Clin Immunol Immunopathol* 62:240, 1992). Animal protein also suppresses and confuses the immune function.

The diet that best supports optimal immune function, and at the same time cures obesity, is a low-fat, starch-based diet (The McDougall Program).

### Animal Proteins and Mimicry

To avoid autoimmune diseases, such as insulin dependent diabetes, nephritis, rheumatoid arthritis and lupus, we should eliminate animal proteins from our diet and the diet of our children. Animal protein can pass intact through the intestinal wall into the blood stream. The immune system recognizes these proteins as foreign, invading, substances, like a virus or bacteria. Our body makes antibodies that attack small segments of these proteins, consisting of a specific sequence of amino acids. Unfortunately, this same sequence of amino acids may be present on the cells of our body. In an effort to

destroy the animal protein, the antibody attacks our own tissues, destroying them. This process is known as immunologic mimicry. Insulin-dependent diabetes (childhood diabetes) is caused by an immunologic mimicry reaction to cow's milk protein that now attacks the insulin producing cells of the pancreas (*Scan J Immunol* 40:623, 1994). Cow's milk protein is also the causative factor in many cases of rheumatoid arthritis (*Clinica Chimica Acta* 203:153, 1991).

Other autoimmune diseases caused by immunologic mimicry are Hashimoto's thyroiditis, myasthenia gravis, and multiple sclerosis. The immune system can attack muscles (myositis), arteries (arteritis), salivary and lacrimal glands (Sjogren's syndrome), the skin, and any other body tissue. Plant proteins are unlikely to cause mimicry because they are so structurally different from human proteins. However, people are animals with proteins similar enough to other animals that the immune system can make a mistake. Ingested animal proteins from cows, chickens, pigs, and other animals can stimulate an attack on our own body parts.

### Psychological Stress

Two pathways link the brain and the immune system: the autonomic nervous system that innervates lymphoid tissues (the lymph nodes and the spleen); and the output of hormones by the pituitary (*Lancet* 345:99, 1995). Damage to the brain can impair the immune system. Interestingly, rheumatoid arthritis patients with paralysis of a limb due to a brain or nerve injury do not develop joint inflammation in the paralyzed limb (*Science* 226:547, 1984).

Emotional stress in peoples' lives will affect their immune function. The death of a family member can result in depression and an increased risk of being sick and dying. Depressed patients have a decrease in the number and activity of their lymphocytes. Other losses, such as marital separation and divorce, also show changes in the immune system. Medical students at the time of examination show a higher level of distress and transient impairment of several indicators of immune function (*Br J Psychiatry* 124:273, 1974). The incidence of self-

reported infections is increased in students during examination periods.

Therefore, efforts to maintain a happy, tranquil, life should result in improved health. Unfortunately, we often do not have control over stressful situations. We can, however, practice habits that are known to relieve stress like: exercise, a good diet, enjoying hobbies and sports. For the sake of our health, whenever possible, we should try to resolve a stressful situation; for example, by finding a new job, new friends, or a new partner.

### Exercise

The function of the immune system can be significantly altered by exercise. Moderate exercise may be beneficial for the immune system; however, strenuous exercise could result in immune suppression. Heavy acute or chronic exercise is associated with an increase in the occurrence of upper respiratory tract infections (*Med Sci Sports Exerc* 26:128, 1994). The risk of such infections is especially high during the one to 2-week period following marathon-type racing.

### Sunshine

A small amount of sunshine is healthy. Vitamin D is synthesized by the action of sunlight on plant sterols. People with darker skin require more sunshine than fair-skinned people.

Too much sunshine may be harmful, not only to our skin, but to our overall health by suppressing our immune system. The effects on immune function are local to the skin at low doses, but become systemic at high doses. This has become a major topic now that the earth's surface is receiving an increased exposure of ultraviolet-B light due to the thinning of the atmosphere. The result may be an increased risk of infections and cancers (*Thymus* 21:93, 1993). Since even modest amounts of ultraviolet radiation alter immune function, avoidance of prolonged sun exposure seems wise (*Photoimmunology* 9:16, 1990).

### Vitamins and Minerals Supplements

Vitamin and mineral deficiencies will depress immune function and replenishment of these micronutrients will restore immune function (*JAMA* 245:53, 1981). Deficiencies of A, E, B6, and folate in experimental animals are associated with reduced immune function. Zinc, copper, and selenium are important for a healthy immune

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response. A slight excess of certain nutrients may enhance the immune response (beta-carotene, vitamin A, vitamin E, zinc, and selenium). Vitamin C is often recommended in large doses to enhance immune system activity. However, given in large quantities, zinc, selenium, iron, and vitamin A and E will suppress immune function (*Am J Clin Nutr* 53:1087, 1991).

At most you should respond to the mixed results of vitamins on the immune system by taking a one-a-day multivitamin-mineral supplement. However, the best mix of vitamins and minerals comes from a plant based diet (just like grandma always said).

### Sleep

Sleep has a restorative effective on the immune system. Natural killer cell activity (against viruses and cancer) was found to be reduced to 72% in 18 of 23 healthy males deprived of sleep (*Psychosom Med* 56:493, 1994). After one night of normal sleep, the activity returned. Thus another time honored piece of advice—to get adequate rest to avoid illness and to recover when ill—is scientifically substantiated. (Do not oversleep; mental depression may result—refer to the McDougall Program for Maximum Weight Loss).

### Herbs

Many herbal preparations have been recommended to enhance the immune system. Garlic is known for its antimicrobial activity (*Med Hypothesis* 12:227, 1983). Echinacea and goldenseal are probably the most common ones recommended by herbalists for the prevention of viral infections. Chinese herbal mixtures have been scientifically tested and found to help enhance the immune system and to treat immune system diseases. A Chinese herbal preparation, Man-Shen-Ling, was found to be effective for a kidney condition (nephritis) in 91% of cases, and showed no adverse effects (*Chung-Kuo Chung Hsi i Chieh Ho Tsa Chih* 13:269, 1993). Other mixtures of medical herbs have been shown to help restore immunity in cancer patients, and to potentiate the therapeutic effects and ameliorate the adverse effects of anticancer agents (*Methods and Findings in Experimental & Clinical Pharmacology* 14:725, 1992). Some herbs (*Astragalus mongholicus*, *Acanthopanax senticosus*, *Panax notoginseng*) stimulate the immune system to greater activity. Other

herbs are immunosuppressant (*Tripterygium wilfordii*, *Aconitum*, and *Artemisiae*). These immunosuppressant herbs are used to treat inflammatory conditions like rheumatoid arthritis, lupus, nephritis and skin disorders (*Memorias do Instituto Oswaldo Cruz* 86 suppl 2:159, 1991). Some herbs have been found to have tumor-killing properties on cancers in animals (*Jap J Pharmacol* 49:423, 1989).

## RESEARCH

### VEGETABLE FATS ARE BAD FOR ARTERIES

"Dietary Polyunsaturated Fatty Acids and Composition of Human Aortic Plaques" by Carl Felton in the October 1994 issue of the *Lancet* found high levels of dietary derived vegetable fats in atherosclerotic human plaques (344:1195). There was a positive association between the concentration of specific types of vegetable fats (omega-3, omega-6 and monounsaturated) in the blood and the plaques and also between the body fat and the plaque fat. According to the authors, "These associations may reflect a direct capacity for both dietary omega-6 and omega-3 polyunsaturated fatty acids to promote the atherosclerotic process." The authors conclude, "These findings imply a direct influence of dietary polyunsaturated fatty acids on aortic plaque formation and suggest that current trends favoring increased intake of polyunsaturated fatty acids should be reconsidered."

COMMENT: Standard dietary advice is to increase your intake of vegetable oils, such as corn, safflower, and olive oil to reduce your risk of dying of heart disease. In fact, population studies support this recommendation, finding a higher intake of vegetable oils worldwide is associated with a reduced risk of death from heart disease. There are two ways that vegetable fats may reduce the risk of a heart attack. First they will lower cholesterol levels when they replace animal fat in the diet. Second they "thin" the blood by reducing the activity of clotting proteins and platelets. When the blood is "thinned" it is less likely to form the blood clot (thrombus) which finally closes off the coronary (heart) artery, and kills the heart muscle (and often

the patient). However, these same vegetable fats may promote the damage to arteries through their susceptibility to oxidation. These fats are easily oxidized which may directly contribute to an increase in formation of oxidized-LDL cholesterol—a form of cholesterol which is particularly damaging to the arteries, promoting atherosclerosis.

There is more support for the claim that vegetable oils will damage your arteries. The Cholesterol Lowering Atherosclerosis Study by David Blankenhorn found a strong association with composition of the diet and the appearance of new atherosclerotic lesions in heart patients (*JAMA* 263:1646, 1990). Increases in total fat and polyunsaturated fat were associated with a significant increase in new lesions. Even olive oil fat (oleic acid) was associated with an increase in artery disease.

There are many other important reasons to avoid vegetable fats. They are effortlessly stored in the body fat causing obesity. They paralyze the activity of insulin causing the blood sugar to rise, especially in diabetics. Vegetable fats are very strong promoters of cancer, especially corn oil and safflower oil. They increase your risk of developing gallbladder disease. Vegetable oils are not only deposited under the skin in your fatty tissue, but also on your skin causing oily skin and hair. Therefore, the wise person will reduce all fats in his diet, not just replace animal fat with vegetable fat.

### PESTICIDES MAKE YOU DUMBER

"Neurologic Effects of Long-term Exposure to Organophosphates in Sheep Dip" by Richard Stephens in the May 1995 issue of the *Lancet* found a marked decrease in performance of mental activities in those farm workers exposed to organophosphates compared to non-exposed quarry workers (345:1135). Tests to assess sustained attention and speed of information processing were performed much more poorly by those exposed to the chemicals. Sheep farmers are exposed by dipping the sheep in a pesticide one to three times a year. The farmers with the greatest exposure had the worst mental performance.

COMMENT: Over 50,000 organo

phosphate compounds have been produced since they were first synthesized in 1854. Parathion became the most widely used insecticide. Poisonous gases were developed in World War II. One of these poisons, serin, was recently used in an attack on Japanese citizens in a subway. Organophosphates work by interfering with the nervous system (inhibition of acetylcholine metabolism via cessation of cholinesterase function). Distress with excess secretions in the upper airway, difficulty breathing, weakness, nausea, vomiting, urinary and fecal incontinence, and collapse develops about 30 minutes to 2 hours after acute exposure. Treatment is with atropine. Chronic exposure may give symptoms of tension, anxiety, irritability, restlessness, and headaches. Chronic exposure also results in damage to the nerves (peripheral neuropathy).

These chemicals are absorbed through the skin, lungs, and intestine. Organophosphates used as agriculture and household insecticides and the treatment of animal infestations are malathion, parathion, diclorvos, diazinon, and chlorothion. Check your cupboards.

## ASTHMA AND ACID REFLUX

"Gastroesophageal Reflux Disease and Asthma: Diagnosis and Management" by William Simpson in the April 1995 issue of the *Archives of Internal Medicine* provides an explanation of how acid reflux of stomach contents can cause asthma in many people (155:798). Most people with asthma have symptoms of indigestion, such as heart burn and regurgitation. However, approximately 25% to 30% of people with reflux-associated asthma have no symptoms. Treatment of the reflux can often help the asthma, but treatment of the asthma does not seem to help the reflux. (Many people with asthma do not have any reflux, and their asthma is often due to allergic reactions to foods and substances in the air.)

Asthma is caused by inhalation of the acidic stomach contents into the airways of the lungs. With regurgitation, acid flows from the stomach, through the esophagus, up into the back of the throat where vapors of acid are now inhaled into the lungs. The injury causes airways to close as the smooth muscles of the bronchial

tubes spasm, the mucosal linings swell, and copious amounts of mucus are produced. The final results are the patient wheezes and has difficulty breathing.

The classic symptoms of reflux-induced asthma are heartburn (acid indigestion) and regurgitation. However, the patient may complain of choking, neck, chest, or ear pain, sore throat, or hoarseness. Often the asthma will become worse with meals, alcohol, sleep, or lying down. The development of asthma in an adult is also a sign that reflux is involved. Development of asthma symptoms shortly after the onset of indigestion is also a strong clue that the two are linked. Evaluation with x-rays (barium swallow) or endoscopy (visualization through a flexible tube), and monitoring of the pH of the esophagus are commonly performed.

Treatment includes medicines and surgery. In one study, more than half of people improved with antacid therapy. As many as three-fourths are benefited by a combination of surgery and medications.

COMMENT: The profound improvement in asthmatics achieved by treatment of the acid indigestion and reflux points to the cause, at least in part, of asthma in many people. So what causes all this indigestion and regurgitation?

As with most medical articles, the obvious cause and treatment—the patient's diet—was left out of the discussion. The internal environment of the intestine—the food and remnants of its digestion—determine its health; just like the quality of the soil is the primary determinant of a plant's health. Excess acid is produced by the stomach in an effort to digest the animal protein from meat, poultry, eggs and dairy products; washed down with acid-producing regular and decaffeinated coffee. Furthermore, the rich American diet is deficient in fruits and vegetables that have been found protective of lung tissues, possibly because of their antioxidant activity (vitamin C, E, and beta-carotene) (*Br Med J* 310:76, 1995).

Effective treatment for acid reflux is more than antacids and surgery. In fact, these are the last two things that should be tried. A change to a starch-based diet (The McDougall Program) results in overnight relief of indigestion with associated regurgitation in

almost all patients. If relief is not so easily accomplished then modifications are made in the diet. Fruit juice, like grapefruit, pineapple, orange, tomato, and apple juice, cause a painful sour stomach in most people. (The whole fruit is usually well tolerated.) Raw vegetables, especially onions, green peppers, cucumbers, and radishes, cause distress in sensitive people. Hot spices and salsa are obviously troublesome. Even tomato products, such as purees and sauces, can bother the very sensitive stomach. The elimination diet (described in The McDougall Program—12 Days To Dynamic Health) offers a methodical approach to search out troublesome foods.

Avoiding overeating will help prevent over stuffing the stomach and regurgitation. Most people find relief by eating many small meals throughout the day rather than gorging on one or two heavy meals. Raising the head of the bed with 4 to 6 inch wooden blocks will keep the acid in the stomach by the forces of gravity. In adults, the most severe acid reflux is found in people with a hiatus hernia. Loosing weight will improve indigestion and regurgitation by taking pressure off the stomach. Lung function is also greatly benefited when circulation to the lungs is improved by feeding the patient a low fat diet (*JAMA* 223:15, 1973).

Allergic reactions to foods is the most important correctable factor causing asthma. Dairy products, known as "mucus-producing foods," are the most likely culprit. Shellfish, fish, eggs, and nuts are also notorious asthma-causing foods. Some people react to wheat and corn. In fact, almost any food can be the offending agent. The "elimination diet" is very helpful for sorting out the possibilities. Overall, the most effective diet for an asthmatic patient is based on starches with the addition of vegetables and fruits, with most people able to free themselves of this disease or dramatically improve their condition in days to weeks (*J Asthma* 22:45, 1985).

## HIGH TECH NOT BEST

"On-site Catherization Laboratory and Prognosis after Acute Myocardial Infarction" by Solomon Behar in the April 1995 issue of *The Archives of Internal Medicine* found no survival benefit for patients suffering from heart attacks treated in hospitals

where cardiac catheterization is available, compared to those treated in hospitals without this technology (155:813). One thousand fourteen patients were studied—307 admitted to coronary care units without on-site coronary angiography facilities and 707 with these laboratories. Thrombolytic (blood clot dissolving) therapy was used in 46% of the patients in each setting. Hospital mortality and the 1-year chance of being dead were essentially the same in both groups. There was no significant difference in the groups in terms of death, reinfarction (repeat heart attack), or function of the heart muscle (left ventricle). The availability of this technology lead to more angiography (26% vs. 10%) and more angioplasty and bypass surgery (12% vs. 5%).

COMMENT: Thrombolytic therapy—medication administered through a vein—is a relatively low-tech treatment, simple to administer in any community hospital, and the risk of death and the amount of heart muscle damaged are reduced when used shortly after a heart attack. Introducing more technology doesn't improve your odds. According to the results of this study, you have 2.5 times greater chance of undergoing an invasive test or treatment if you happen to choose a hospital with the latest and greatest technology, yet the outcome is no better. Many other studies have also found hospitalization at a facility where aggressive testing (angiography) is readily available does not result in lower rates of reinfarction, post heart attack chest pain, heart failure, or rehospitalization (*N Engl J Med* 320:618, 1989; *N Engl J Med* 329:546, 1993; *J Am Coll Cardiol* 16:1529, 1990)

Facing a life-threatening situation like a heart attack places pressure on everyone—patient, family members, and doctors—to do something. Even if the treatment kills the patient. The temptation for doctors to administer and patients to seek high tech tests and treatments is great. The well informed patient (or family members) will ask whether or not the test or treatment has been shown to save lives, or otherwise improve the outcome before signing on the dotted line.



## ALCOHOL AND DEATH

"Alcohol Consumption and Mortality among Women" by Charles Fuchs in the May 1995 issue of the *New England Journal of Medicine* reported on 85,709 women, between the ages of 34 to 59, and found light to moderate drinkers had a reduced mortality rate, but the benefits were primarily confined to women at high risk for heart disease (332:1245).

COMMENT: These findings are the same as those found with men and alcohol consumption. Compared to abstinence, light to moderate alcohol consumption was associated with much less death from heart disease. However, an increase in breast cancer rate by more than 3 times was found in heavy drinkers in this study. More than 2 1/2 beers, 3 (4 oz) glasses of wine, or 2 standard drinks of spirits daily was considered heavy drinking.

Among younger women and those without a risk of heart disease there is no benefit from light to moderate drinking. Actually there is an increase in death from alcohol-related accidents in younger women. Other diseases have been related to heavy drinking including colon-rectal cancer, cancer of the upper intestine, hemorrhagic stroke, cirrhosis of the liver, and suicide.

Overall, it would be a serious mistake for women to get the message that they should start drinking to improve their health. Health professionals should be careful about making such recommendations, because the individual result may be alcohol-caused tragedies—family discord, spousal and child abuse, murder, suicide, and auto accidents, to name a few consequences.

## THE LIGHTER SIDE

A graduation song from the April 1995 McDougall Program at St. Helena. (people referred to in the song are Dr. John McDougall and the McDougall Program's chief chef, Carol Wallace).

Sung to the tune of "The Beverly Hillbillies."

Now I'm gonna tell 'ya bout a man named John,

A plantation doc barely kept his family fed,

But then one day he was rustlin' up some food,

when into his head popped a theory far from crude—

No Oil! Sport Tea, Beans, Potatoes, and Exercise

So the next thing you know, 'ol John's a billionaire

The medical establishment's sayin, "move away from there!"

The diet gurus cried, "there's a place you oughta be,"

So they loaded up John's plane and moved to Napa Valley—

California that is (vineyards, shootin stars)

Now come along and visit St. Helena for a time,

The good doctor and his staff will make your fat decline,

And if your lab's not good enough,

You'll never hear him say—"Take off your shoes and set a spell."

You're all invited back again to this locality,

To have more heapin' helpins,

Of aunt Carol's great split pea,

And if you like the meatless stews,

There'll be more than years to live,

For John McD's a wizard at cutting cholesterol!





## BLANCO MEXICAN CHILI

Servings: 6-8

Preparation Time: 20 minutes

Cooking Time: 3-4 hours

1 pound dried Great Northern Beans  
1/4 cup water  
2 medium onions, chopped  
2-3 cloves garlic, chopped  
2 4-ounce cans chopped green chilies  
1 tablespoon chili powder  
1 tablespoon ground cumin  
1 tablespoon ground oregano  
8 cups vegetable broth  
2 12-ounce cans tomatillos, drained and chopped  
2 bunches green onions, chopped  
1/2 cup chopped cilantro  
1/2 tablespoon lime juice  
salt to taste  
dash or two of Tabasco sauce to taste

Soak the beans in water to cover overnight, OR place in a large pot with water to cover, bring to a boil, cook for 1 minute, turn off heat and let rest for 1 hour. Drain beans and set aside. Place the onions and water in a large pot. Cook, stirring frequently until onions soften slightly, about 3 minutes. Add garlic, chilies, chili powder, cumin and oregano. Cook and stir for another 3 minutes. Add the soaked beans, broth and tomatillos. Cover, bring to a boil, reduce heat and simmer for 2-3 hours, until beans are fairly tender. Add green onions and cilantro. Cook, uncovered for an additional 1 hour until chili is very thick. Stir in lime juice, add salt to taste and Tabasco sauce if desired.

## JULIE'S BLACK BEAN TORTA

Servings: 6

Preparation Time: 30 minutes

Cooking Time: 45 minutes

3 cups cooked black beans  
1/3 cup vegetable broth  
2 cups finely chopped red onion  
2 cups finely chopped mixed vegetables (zucchini, celery, bell peppers, etc.)  
2 cloves garlic, minced  
1 cup frozen corn kernels, thawed  
1 teaspoon cumin  
1/4 teaspoon crushed red pepper  
2 cups fresh salsa  
6 8-inch corn tortillas

Place the beans and vegetable broth in a food processor and process until fairly smooth. Set aside. Sauté the onion, vegetables and garlic in a small amount of water or vegetable broth for 10 minutes. Add corn, cumin and red pepper and cook for 3 more minutes. Remove from heat and set aside. Preheat oven to 375 degrees.

# RECIPES



Using an 8-inch springform pan (or an 8 inch cake pan lined with parchment paper), place 1 tortilla on the bottom of the pan. Spread with 1/2 cup bean mix, then 1 cup vegetable mixture, then 1/3 cup salsa. Repeat with remaining ingredients in the same order. (Tortilla, beans, vegetables, salsa.) Bake for 45 minutes. Let rest for 5 minutes before cutting into wedges.

## BASQUE PAELLA

Servings: 8

Preparation Time: 30 minutes

Cooking Time: 40 minutes

1 cup uncooked brown rice  
2 cups boiling water  
1 onion, chopped  
2 cloves garlic, minced  
1 small green pepper, sliced  
1 small red bell pepper, sliced  
2 small red potatoes, sliced  
1 small tomato, chopped  
2 cups hot vegetable broth  
1 teaspoon soy sauce  
1 teaspoon ground oregano  
1/16 teaspoon powdered saffron  
1 small can water-packed artichoke hearts (about 6) cut in half  
1 cup frozen peas

Place the rice and water in a bowl. Cover and let stand for 20 minutes. Pour off water and set aside. Place 1/4 cup water in a large pot. Add onion and garlic. Cook and stir over medium heat about 2 minutes, until onion softens. Add bell peppers, potatoes and tomato. Cook and stir for another 3 minutes. Add rice and hot broth. Bring to a boil. Stir in soy sauce, oregano and saffron. Reduce heat, cover and cook for 30 minutes. Add artichokes and peas. Cook for another 5 minutes.

## CREOLE GUMBO

Servings: 6-8

Preparation Time: 30 minutes (need cooked rice)

Cooking Time: 30 minutes

6 cups vegetable broth  
2 large onions, chopped  
4 stalks celery, chopped

2 green peppers, chopped  
3 cloves garlic, minced  
1 tablespoon Creole Seasoning mix  
1 15-ounce can black beans, drained and rinsed  
1 15-ounce can black eyed peas, drained and rinsed  
1 cup corn kernels, thawed  
1/4 cup chopped fresh parsley  
several dashes of Tabasco sauce  
several twists of fresh ground pepper  
pinch of crushed red pepper (optional)  
1 1/2 cups frozen chopped okra, thawed  
1 cup cooked brown rice

Place 1 cup of the broth in a large pot. Add onions, celery, green pepper, garlic and Creole seasoning mix. Cook, stirring frequently, for 10 minutes. Add remaining vegetable broth, the beans, black eyed peas, corn, parsley, Tabasco and pepper. Cover, reduce heat and cook for 15 minutes. Add okra and rice. Cook an additional 5 minutes until heated through.

## PORTUGUESE BEAN SOUP

Servings: 6

Preparation Time: 15 minutes

Cooking Time: 30 minutes

1/2 cup water  
1 onion, chopped  
1 clove garlic, chopped  
1 red bell pepper, chopped  
1 cup chopped frozen hash brown potatoes  
2 cups vegetable broth  
1 15.5-ounce can undrained white beans  
2 tablespoons sherry  
1 tablespoon soy sauce  
1 tablespoon lemon juice  
1 tablespoon parsley flakes  
1/2 teaspoon fennel seeds  
1/4 teaspoon Worcestershire sauce  
fresh ground pepper to taste  
2-3 sliced no fat, no meat hot dogs  
(Yves Veggie Chili Dogs)

Place water, onions, garlic and bell pepper in a large saucepan. Cook, stirring occasionally over medium heat for 5 minutes. Add remaining ingredients, except hot dogs. Cook over low heat for 10 minutes. Add the hot dogs and cook for another 15 minutes.



# BULLETIN BOARD

## Special Sale Continues on McDougall Goods

**Limited time offer until the stock from the McDougall Infomercial is gone.**

McDougall Audio Tapes (regularly \$39.95). Six audio cassettes - 5 by Dr. McDougall and one by Mary McDougall. These are the core lectures given at the 12-day live-in program for years. Now \$15 an album (10 albums for \$100).

The McDougall Health-Enhancing Cookbook. In this book are 100 of our favorite recipes from our first 3 books. At \$4 each.

The McDougall Report: Lifesaving Facts Your Doctor Never Told You. This book contains our favorite scientific studies, plus my comments. Lots more. At \$6 each (20 books for \$75).

Add \$4 first item, \$2 each additional item for S&H. Bulk orders \$10 S&H, plus actual postage. California tax 7/5%.  
Call (800) 570-1654 or write: P.O. Box 14039, Santa Rosa, CA 95402

## Upcoming Half-Day Classes

**39.95**

*A lively and informative presentation that may change your life! See and hear John and Mary McDougall present the latest information on health and diet. Call (800) 570-1654 or (707) 576-1654 for reservations*

June 10  
San Francisco: Marriott Hotel  
Downtown

June 17  
San Diego: Hilton Resort and  
Tennis Club

October 14  
Santa Rosa: Luther Burbank  
Center

## Upcoming McDougall Programs at St. Helena Hospital

*Call (800) 358-9195 for information and reservations*

### 12-Day Live-in Programs for 1995

June 18

August 13

September 10

October 8

November 5

December 3

### Alumni Programs - 3 Day

June 4

August 27

November 19

## McDougall Radio Shows

Daily show on KSRO 1350 from 11 AM 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, so call at 11:30 AM PST) at (707) 270-1350.

FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show between 7 PM to 9 PM throughout California (and we're starting to go national). Listen on:

KPIX 1550 AM, 96.5 FM,  
San Francisco

KABC 790 AM, Los Angeles

KSDO 1130 AM, San Diego  
(replayed Sunday 1-3 PM)

Please note the new  
Sacramento Station:

KCTC 1320 AM, Sacramento

KQMS 1400 AM, Redding

KSCO 1080 AM, Monterey/  
Santa Cruz

KVEN 1450 AM, Ventura

KVON 1440 AM, Napa

KGLW 1340 AM, San Luis  
Obispo

KYSO 1480 AM, Modesto/  
Merced

KINS 980 AM, Eureka

KSRO 1350 AM, Santa Rosa

KPSL 1010 AM Palm Springs

KXLY 920 AM Spokane, WA

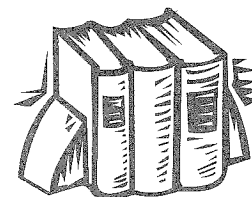
## Donations to the McDougall Program

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

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The McDougall Program for Maximum Weight Loss	\$11.95		
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		
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The McDougall Audio Tapes (6 tapes)	\$39.95		
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The McDougall Newsletter (Bi-monthly) Outside USA	\$20.00 \$24.00		
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Send to or call:

The McDougalls,  
P.O. Box 14039, Santa Rosa, CA 95402.  
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