SEPTEMBER - OCTOBER 1995 VOL. 9, NUMBER 5

The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL

INSIDE

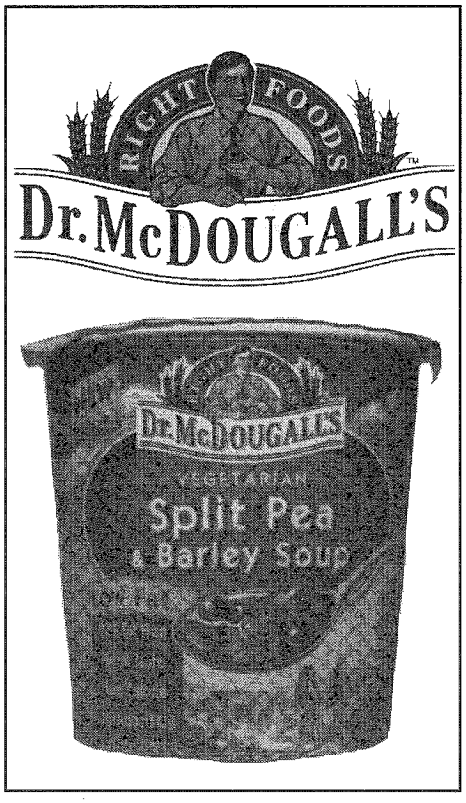
McDOUGALL AUDIO TAPES
Currently offerred at $20 for set of 6 ($39.95 value). See page 8 to order.

NEW VIDEO!
THE McDOUGALL PROGRAM FOR MAXIMUM WEIGHT LOSS
See Bulletin Board, page 7 for details

NEW RADIO STATIONS!
KZST 100.1 FM, Santa Rosa
KLAC 570 AM, Los Angeles

DR. McDOUGALL'S RIGHT FOODS

Dr. McDougall's Right Foods Inc. was founded by Dr. John McDougall and Jim Ahrens in 1993. You know all about me, but let me introduce you to my partner. Jim Ahrens' life was changed when he attended the McDougall Program at St. Helena Hospital, February 5, 1989. He lost weight, lowered his cholesterol, and started living again. Since that time he has remained enthusiastically committed to the program.



After I found out about his years of experience in the food industry I never left him alone. I wanted him to help me start a business to supply consumers with products and informationthat promote great health by providing them tasty, nutritious foods that are effortless to prepare. Jim is an expert in the food business. He began his career with Quaker Oats Company and subsequently founded two successful food brokerage companies--Carey, Ahrens, & Raynsford, and Eagle Foods Services. Our combined talents spell success.

The company is located in a 43,000 foot warehouse facility in South San Francisco, California. The initial product line will be "instant meals in a cup." The main asset of the company is the most sophisticated cup-filling machine in the world, which allows us to produce consistently great tasting meals. All of the products are high-carbohydrate, low-fat, and no-cholesterol (of course, vegetarian). They will contain small amounts of salt or sugar. However, "no-added salt and sugar" products will be available by mail order. After adding hot water to the very lightweight dehydrated ingredients, you have an instant, low-cost, delicious meal. The portions are generous; one cup will be plenty of food for many people. However, big eaters, like me, may want to add a potato or bowl of rice to round out the meal.

And these meals are delicious. Mary and I, along with many family members and friends, have compared them with everything else on the market. Our opinion is unanimous--these are the best instant meals we have ever tasted. Our soups beat the packaged and canned soups hands down. After enjoying them you will agree with us, they are even better than "home cooked." Competitors are not even close to the flavor, quality of vegetable ingredients, and the hunger satisfaction of these products.

The introductory line of products:

Instant Oatmeal with Maple Spice

Instant Oatmeal & Five Grains--Apple Cinnamon

Baked Ramen Noodles--Chicken Flavor

Baked Ramen Noodles--Beef Flavor

Mediterranean Pasta & Beans

Rice & Pasta Chicken Flavored Pilaf

Minestrone with Pasta

Split Pea Soup with Barley

Tortilla Soup with Baked Tortilla Chips

TexMex Rice & Pinto Beans

Tamale Pie with Baked Tortilla Chips

Vanilla Rice Pudding

Products will be available by Decmeber of 1995 by mail order, with distribution through natural food stores and supermarkets in Northern California beginning early 1996. Distribution will spread throughout the country during the year. Mail us a post card or fax us by November of 1995 and we'll send you an order form. We'll also provide you with ordering information to help you get these meals in your local stores.

Dr. McDougall's Right Foods
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South San Francisco, CA 94080
(415) 635-6000 • Fax (415) 635-6010

RESEARCH

THE FALSE PROMISES OF MAMMOGRAPHY

Screening mammography and public health policy: the need for perspective by Charles Wright and C. Barber Mueller in the July 1, 1995 issue of the *Lancet* reviewed the current scientific literature on screening mammography and concluded, "Since the benefit achieved is marginal, the harm caused is substantial, and the costs incurred are enormous, we suggest that public funding for breast cancer screening in any age group is not justifiable." *(346:29)* Early trials (2 to be exact) showing about a 30% reduction in mortality from breast cancer in women over 50 years of age, caused great enthusiasm for mammography among doctors and other health professionals. However, careful analysis of the data shows very little real benefit. For example, in the most encouraging program, the Health Insurance Plan of New York, 7086 women would have to have a mammogram to achieve one less death per year. The most recent study, the Canadian National Breast Cancer Study, found absolutely no survival benefit regardless of the number of mammograms performed on women. The four most recent studies (of a total of six studies) have shown no significant benefit at any age. These later trials should be more reliable because of improved study design. No study has shown a significant benefit for women under the age of 50.

The authors explain why mammography has little hope of ever helping women. "About 40 doublings of breast cancer cells create a lethal tumor burden, yet mammography cannot detect a mass until 25-30 doublings have already occurred." In essence the cattle are already out of the barn before the door is shut. The cancer cells have spread to other parts of the body (metastasis) before the mass is detected by mammography, and surgery is performed. It is the cancer cells that have spread to the liver, lungs, bones, and brain that kill, not the original cancer in the breast.

For many women this test leads to anxiety and unnecessary surgery. About 1 in 20 women tested have a mammographic abnormality. Approximately 80 to 93% of the tests initially read as possible cancer are eventually found to not be cancer on biopsy-- in retrospect the surgery was unnecessary. False reassurance is given to 10-15% of women with breast cancer when their test is read as normal and they turn out to have cancer within a year.

The authors also found this approach to breast cancer to be enormously costly. The mean annual cost per "saved" life is around $1.2 million (at a cost of $60 per mammogram and 20,000 women tested to benefit one). Possibly the money is the issue. The authors tell us, "Public imagination has been captured by mam

"Since the benefit (of screening mammography) achieved is marginal, the harm caused is substantial, and the costs incurred are enormous, we suggest that public funding for breast cancer screening in any age group is not justifiable."

mography, and all those involved in the screening industry have a major vested interest."

The authors contrast the facts with optimistic statements we hear, such as "Most women with breast cancer could be saved by early detection...with mammography," and "If you're over 35 and haven't had a mammogram, you need more than your breasts examined." One of most unfounded advertising messages for mammograms is "Mammography helps your doctor see breast cancer before there is a lump when the cure rates are nearly 100%" (American Cancer Society). The annual death rate from breast cancer, according to this article, is 8% per year among survivors even 20 years after diagnosis. (Mammography appears to save lives because cure of cancer has been defined as "survival 5 years after diagnosis." If you find the tumor earlier more people are going to reach that magic 5 year point and be defined as "cured;" but most will still die the same day.)

The authors do not question the value of mammography for women with breast problems, but only for otherwise healthy women who are recruited to be screened by mammography. Both of the authors of this paper are world renowned breast cancer surgeons who have experienced the suffering of thousands of women afflicted with this deadly disease. But they know the truth when they see it and as they put it, "We

are not going to win the race by backing a loser" *(Lancet 346:439, 1995).*

COMMENT: If you have been reading **The McDougall Newsletter** for some time this discussion is a repeat of information you read in November /December 1994 issue. Actually, I expressed similar views when I wrote "McDougall's Medicine--A Challenging Second Opinion" published in 1985. I came to these views the same way Dr. Wright and Mueller did, by reading the scientific studies. You can imagine how troubled I have been, holding conclusions opposite the vast majority of doctors and public health officials. Often I've thought, "I am missing something." I'd ask my collegues what has caused them to be so enthusiastic about mammograms (or bypass surgery, or angioplasty, or hysterectomies, or diabetic pills, the list appears endless). They never seem to be able to defend their position based on the data, but that doesn't seem to sway their convictions.

When an article like this appears in the world's most prestigious medical journal, I am reminded it has been worthwhile sticking to my beliefs when everyone else seems to doubt me. I have built my reputation on telling you the truth as I see it. (And I like to think I would be willing to reverse my position in the event I was grossly in error.) The truth is mammography is a cruel hoax perpetrated on a public being fed a message filled with hopes and dreams. The reality is there is hope. The war on breast cancer can be won today through prevention, by a healthy diet. Even after diagnosis a woman with breast cancer must change her diet for a better, longer life.

CLEFT PALATE AND DIET

Risks of orofacial clefts in children born to women using multivitamins containing folic acid periconceptionally, by Gary Shaw in the August 12, 1995 issue of the *Lancet* found a reduced risk of cleft lip and cleft palate if the mother had used multivitamins containing folic acid during the period from one month before through two months after conception *(345:393)*. The reduction was on the order of 25 to 50%. The estimated lifetime medical costs for children with orofacial clefts born each year in California is $86,352,000, not to mention the anguish suffered by the parents and the child.

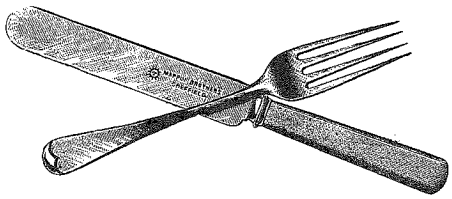
Several studies have found an association with multivitamin deficiencies (especially folic acid) and congenital abnormalities.

COMMENT: Several studies have found an association with multivitamin deficiencies (especially folic acid) and congenital abnormalities. Defects of the brain and spinal column, known as neurotube defects, have been extensively studied and found to be due to vitamin (especially folic acid) deficiency near the time of conception. These birth defects leave an opening in the base of the spine, known as spina bifida, and are often accompanied by paralysis and death. Another neurotube defect is an underdeveloped brain. Often very little brain tissue is ever formed and this fatal condition is known as anencephally.

The vitamins must be in good supply in a woman's body long before conception and during her early months of pregnancy because the abnormalities occur during the first few days of fetal development. Possible solutions to assure vitamin adequacy would be to have all women of reproductive years take vitamin pills or to fortify the food supply of a population with folic acid *(Br Med J 310:1019, 1995)*. These approaches have some appeal because of their commercial value (selling vitamin pills and fortified wheat or corn flour); plus the consumer is usually attracted to the most effortless approach. However, when it comes to their unborn children many women will only choose the best, regardless of the effort required.

The best solution would also be cheapest and most effective. Women of all ages--pregnant or not--should be on a starch-based diet with the addition of fruits and vegetables. Eleven of the 13 known vitamins are synthesized by plants (vitamin D is from the action of sunlight on plant derived sterols in the skin and B12 is from bacteria). As the name implies (foliage), folic acid is abundant in plants, especially fresh green vegetables. Overcooking and processing (canning and refining) destroy folic acid.

Because vegetables are low on the food chain, a plant-based diet also provides the fewest environmental chemicals that can cause birth defects. This same diet would reduce the number of difficult births due to overly large babies caused by the high-fat diet fed pregnant women. Mothers would stay trimmer and healthier, and have fewer cesarean sections. The list of advantages of the McDougall Diet for a pregnant woman would fill a large chapter in a book (to be published in 1997).



SOY LOWERS CHOLESTEROL

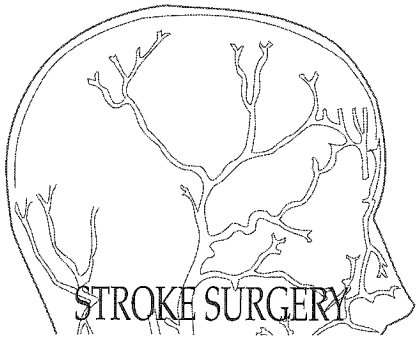
Meta-analysis of the effects of soy protein intake on serum lipids by James Anderson in the August 3, 1995 issue of the *New England Journal of Medicine (333:276)* looked at 38 controlled studies on the effects of soy protein consumption and cholesterol and triglycerides, and found soy protein, rather than animal protein, significantly decreased serum concentrations of cholesterol and triglycerides. Cholesterol decreased an average of 23.2 mg/dl; low-density cholesterol by 21.7 mg/dl, and triglycerides by 13.3 mg/dl. HDL-cholesterol went down insignificantly by 2.4 percent.

COMMENT: There are many qualities of plants that make your cholesterol go down; such as "low-animal" (saturated) fat, no-cholesterol, and high soluble fiber. How nice that nature designed her foods so that the starches, vegetables, and fruits have all the good qualities and the rich foods share all the unhealthy ones. The higher your cholesterol initially the greater the drop in level achieved when switching to a healthier diet

The nature of vegetable protein is still another quality. There are several mechanisms that may cause vegetable protein to lower cholesterol better than animal proteins. The amino acid composition of plant foods lowers the cholesterol. Soy protein may raise thyroid hormone levels which in turn lower

cholesterol. Phyto-estrogens, plentiful in soy proteins, may have a large effect on cholesterol.

On the **McDougall Program,** soy foods are generally considered "rich plant foods" because they are high in fat and vegetable protein. The fat can make you fat, and if you eat very large amounts (an intake only seen in experiments), then the protein can cause you to go into a negative mineral balance, that could lead to significant calcium losses, and theoretically osteoporosis *(Am J Clin Nutr 32:741, 1979; J Nutr 111:553, 1981; J Nutr 110:305, 1980).*



Risk of stroke in the distribution of an asymptomatic carotid artery by The European Carotid Surgery Trialist Collaborative Group published in the January 28, 1995 issue of the *Lancet* concluded after studying 2295 patients, "Population screening is not justified and endarterectomy for asymptomatic carotid stenosis should be performed in the context of well organised randomised controlled studies." The patients had significant atherosclerosis of the arteries to their brains (carotid arteries), but no symptoms. They had only a 2.1% chance of a stroke and 0.3% risk of fatal stroke over a 3 year period. If the closure was severe (70-99%) then the risk of stroke was only 5.7%. Given this low risk the potential benefit of surgery was small.

This is in contrast to people with symptoms from their carotid artery disease who do benefit from having their carotid arteries cleaned out with surgery--endarterectomy. The symptoms that would suggest need for an operation would be a non-disabling stroke and a TIA (a transient ischemic attack where there is a momentary loss of brain function).

Between 5 and 10% of the general population over the age of 65 years, and 20 to 30% of those attending the hospital for disease of other arteries (for example, heart attacks), have greater than 50% closure of one of their carotid arteries. Endarterectomy surgery carries a 1% risk of death and a 5 to 10% risk of stroke for patients with symptomatic disease.

COMMENT: On September 30, 1994 the results of the US National Institute of Neurologic Disorders and Stroke issued a report entitled "Major trial confirms benefits of stroke prevention surgery" *(Lancet 345:12254, 1995).* These finding of the Asymptomatic Carotid Surgery Study (ACAS) were reported in every major newspaper across the country. The five year risk of stroke was reduced from 11% to 5.1% after surgery. Which meant 85 operations would have to be done to prevent one stroke a year. The absolute benefit for the individual was very small.

Because of the small risk of stroke, and little added benefit from surgery under the best of circumstances, along with the discomforts and risks of surgery (strokes, nerve damage, heart attacks, and wound infections) the authors in an editorial in the *Lancet (345:1255, 1995)* concluded, "At the present one cannot recommend endarterectomy for everyone or even anyone with asymptomatic carotid artery disease."
The underlying disease is atherosclerosis caused by the way we eat and live. All patients with significant carotid artery disease should be on a low-fat, no-cholesterol diet and most should be taking small doses of aspirin daily. Some should be on cholesterol lowering medications and a few should be taking blood pressure pills. But, the knife should be spared for those without symptoms from their carotid artery disease.

VITAMIN C, FOOD, AND STROKE

Two studies were published on antioxidant vitamins and atherosclerosis in the June 17, 1995 issue of the *British Medical Journal.* One study, **Interrelation of vitamin C, infection, haemostatic factors, and cardiovascular disease** by Kay-Tee Khaw found high intake of vitamin C in daily foods protected against heart disease and respiratory infections *(310:1559).* The investigators measured levels of vitamin C in the blood (serum ascorbate). The most important determinants were foods, not supplements. Small increases in vitamin C containing foods made a big difference--as little as one orange daily was enough to show benefits. They suggest an increase of daily intake of fruit and vegetables by two to three servings is associated with a 20-40% decrease in stroke and a 25% decrease in risk of heart disease.

> Evidence for stroke prevention with increased intake of fruits and vegatables, using vitamin C as a marker, is more consistent than evidence showing a protective effect for heart disease.

The second study, **"Vitamin C and risk of death from stroke and coronary heart disease in cohort of elderly people,"** by Catherine Gale found the risk of stroke was highest in those with the lowest vitamin C intake; they had twice the risk of stroke *(310:1563).* No association with vitamin C and heart disease was found. Vitamin C was measured by blood and from dietary intake.

A third study, **"Protective effects of fruits and vegetables on the development of stroke in men"** by Mathew Gillman published in the April 12, 1995 issue of *JAMA (Journal of the American Medical Association)* found the intake of fruits and vegetables protected against the development of stroke in men. This research was based on the famous Framingham Study, looking at a population of 842 men, between the ages 45 to 65 years. Increasing servings of fruits and vegetables by 3 a day reduced the risk of stoke almost 25%. The benefits were independent of known risk factors for stroke including obesity, cigarette smoking, physical activity, blood pressure, blood sugar, or cholesterol, or intake of alcohol or fat.

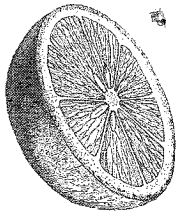
COMMENT: Strokes are the third leading cause of death in the United States, and the annual cost is at least $20 billion annually. Many more than 3 million stroke victims suffer disability. Because

of the permanent damage caused by a stroke and the lack of effective therapies, prevention is the only course to win the war on strokes.

There are many ingredients of fruits and vegetables that help prevent strokes. High potassium and fiber, and low sodium are known to lower blood pressure. They are low in fat and cholesterol preventing atherosclerosis that damages the arteries. They are high in antioxidant vitamins, especially vitamin C (animal foods, such as red meat, poultry, fish, eggs, and dairy products contain essentially no vitamin C). They are high in folic acid which lowers homocysteine levels, keeping the arteries healthy *(see MAR/APR 1995 McDougall Newsletter).*

Evidence for stroke prevention with increased intake of fruits and vegetables, using vitamin C as a marker, is more consistent than evidence showing a protective effect for heart disease. Vitamin C has been shown to lower blood pressure in double blind studies of elderly people *(Br Med J 310:1548, 1995).* Cholesterol is also reduced by taking 2 grams of vitamin C daily. However, vitamins served in their original packages--fruits and vegetables--are much healthier than any supplements you can take. This is because there are thousands of active substances in these foods working together to make the body healthy, rather than just one or a few isolated elements working out of their normal environment, as in pills.

However, people like to take pills and believe in the power of science. Scientists like to isolate and study the effects of a single element, even though things don't work that way in nature. All this in mind, there is enough evidence for me to say that some good may be done, with little harm and cost, by taking antioxidant supplements. I usually recommend taking 25,000 IU of B-carotene, 2 grams of vitamin C, and 200 to 800 IU of vitamin E (dry form) daily. But never rely on supplements instead of consuming a diet plentiful in fruits and vegetables, and cleaning up "bad" habits.



BP PILLS CAUSE MORE HEART DISEASE

"The risk of myocardial infarction with antihypertensive drug therapies" by Bruce Psaty in the August 23/30, 1995 issue of *JAMA (Journal of the American Medical Association) (274:620)* found an increased risk of heart attacks among patients who took a class of blood pressure pills known as calcium channel blockers. The study compared men and women over a 14 to 16 year period of time and found a 60% greater risk of heart attack in people on calcium channel blockers. Those on high doses of these medications had 3 times the risk of heart attacks. Several other studies have had similar findings. The authors tell us, "These clinical trial data illustrate the crucial point that because drugs have multiple effects, the use of blood pressure may not be adequate as a surrogate for the effect of antihypertensive therapies on major disease end points." In other words, having a blood pressure lowered by drugs may not be an accurate reflection of better health and a reduced risk of death and disease, especially if the drugs have an effect that increases your risk of problems.

They suggest the increased risk of death from these pills may be from 1) effects that weaken the heart muscle, 2) an increase in irregular heart beats (arrhythmia), 3) an increased risk of bleeding, 4) diverting blood away from the heart arteries, and/or 5) increased risk of plaque rupture.

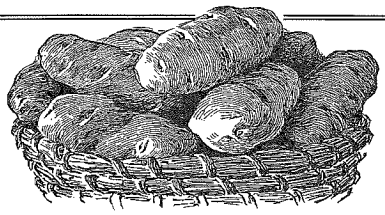
This study tested short acting calcium channel blockers and all three types they evaluated had similar effects. High doses (associated with 3 times the risk of heart attacks) were dosages greater than 30 mg of nifedipine, 180 mg of diltiazem, and 240 mg of verapamil (Furberg C. Circulation 92:1326, 1995). Smaller doses were associated with little increase in heart attacks.

COMMENT: Calcium channel blockers are commonly used to lower blood pressure in hypertensive patients and to relieve chest pain (angina) in heart patients. Calcium channel blockers include: Adalat (nifedipine), Calan (verapamil), Cardene (nicardipine), Cardizem (diltiazem), Dilacor (diltiazem), DynaCirc (isradipine), Isoptin (verapamil), Nimotop (nimodipine), Norvasc (amlodipine), Plendil (felodipine), Procardia (nifedipine), Vascor (bepridil), and Verelan (verapamil). The long acting agents are sometimes denoted by letters such as CC, CD, SR, XR, and XL that follow the name of the drug. Worldwide over $8 billion of revenue is generated from the sale of this class of drugs.

One of the authors of this study, Curt Furberg M.D., was invited to present his findings at the Congress of the European Society of Cardiology held in Amsterdam the end of August 1995. A press conference to discuss the increase in heart attacks with calcium channel blockers was to follow immediately after the meeting. The original draft of the panel of doctors for the press conference did not include Dr. Furberg. However, the panel did have a member nominated by Bayer, manufacturers of nifedipine, who publicly opposed Dr. Furberg's findings. After considerable pressure, Dr. Furberg was finally invited to be a member of the panel of the press conference. This political maneuvering by a drug company was the subject of a commentary in the *Lancet*, and evoked this criticism, "The European Society of Cardiology has been, until now, a creditable force in the cardiology community. Yet its pandering to the pressure exerted by the pharmaceutical company--coincidentally, one of the conference's major sponsors--is troubling." *(Lancet 346:586, 1995)*

The manufactures of these medications argue that the way calcium channel blockers are given these days--in long acting forms--they are safe. However, they do not have the research to support their safety. Based on the available evidence, I would never prescribe them for my patients (neither the immediate or long-acting types). Furthermore, any patients I have on these medications I will encourage to change to safer, more beneficial, drugs such as beta-blockers, if they need blood pressure or heart medications. Most patients who change their diet and exercise will not have to face choices of medications with a variety of side effects; some of them as serious as death. (Patients with diastolic pressures (lower number) below 100 mm Hg do not require treatment with medication. When treatment is required, then the diastolic pressure should not be reduced below 85-90 mmHg because of an increased risk of dying from heart attacks when the pressure is made too low by drugs.)

RECIPES



FRENCH TOAST

Servings: 8
Preparation Time: 5 minutes
Cooking Time: 5 minutes, in batches

1 1/2 cups fat free soy milk
2 teaspoons Egg Replacer
1/2 teaspoon soy sauce
pinch turmeric
8 slices whole wheat bread

Place the milk, Egg Replacer, soy sauce and turmeric in a blender jar. Process until mixed. Pour into a bowl.

Preheat a non-stick griddle. Dip slices of bread into the mixture and cook on a dry griddle until brown on both sides.

CURRIED CORN SALAD

Servings: 4
Preparation Time: 20 minutes
Chilling Time: 1 hour

3 cups frozen corn kernels, thawed and drained
1 red bell pepper, chopped
1 small cucumber, chopped
1/2 cup chopped green onions
1/2 cup oil-free Italian dressing
1/2 teaspoon curry powder
dash Tabasco sauce
1 cup loosely packed fresh spinach leaves

Combine first 4 ingredients in a bowl. Set aside.

Mix the curry powder and Tabasco sauce into the salad dressingusing a wire whisk. Pour over the vegetables and toss to mix. Chill for at least 1 hour. Serve over the spinach leaves.

RISOTTO PRIMAVERA

Servings: 4-6
Preparation Time: 30 minutes
Cooking Time: 15 minutes for rice; 12 minutes for vegetables

3 1/2 cups vegetable broth
1 cup Arborio rice
1/3 cup water
2 stalks celery, cut in matchstick strips
2 carrots, cut in matchstick strips
1 large leek, white part only, thinly sliced
1 cup French cut green beans
1 red bell pepper, cut into matchstick strips
1 zucchini, cut into matchstick strips
1/2 cup frozen peas, thawed
2 tablespoons chopped fresh basil
fresh ground pepper to taste

Place the vegetable broth in a sauce pan and bring to a boil. Stir in rice, reduce heat and cook over low heat, stirring frequently, until rice is tender and broth is absorbed.

Meanwhile, place the water in another sauce pan and bring to a boil. Add all of the vegetables, except the peas. Cook, stirring frequently for 10 minutes until vegetables are crisp tender. Stir in peas, cook for 2 minutes longer. Remove from heat.

Combine rice and vegetables. Stir in basil and fresh ground pepper. Serve at once.

CAPONATA

Servings: makes about 6 cups
Preparation Time: 30 minutes
Cooking Time: 20 minutes

1/2 cup water
4 cups peeled and diced eggplant
1/2 pound chopped mushrooms
1 onion, chopped
1 green pepper, chopped
2 cloves garlic, chopped
3 tablespoons chopped fresh basil
1 1/2 tablespoons chopped fresh oregano
1 14.5 ounce can chopped tomatoes and their juice
1 8 ounce can tomato sauce
1 4 ounce jar chopped pimiento
1/4 cup balsamic vinegar
several dashes Tabasco sauce
lots of fresh ground pepper

Place the water in a large pot. Add eggplant, mushrooms, onion, green pepper, garlic, basil and oregano. Cook, stirring occasionally for 10 minutes. Add tomatoes and juice, and tomato sauce. Cook for another 10 minutes. Add remaining ingredients, mix and heat through. Serve warm or cold.

Use as a dip for bread, crackers or vegetables. It is also good tossed with small cooked pasta shells, or other small shapes.

POTATO AND CABBAGE SOUP

Servings: 4
Preparation Time: 10 minutes
Cooking Time: 25 minutes

3 cups vegetable broth
1 cup water
2 1/2 cups frozen chopped hash brown potatoes
1 leek, thinly sliced
4 cups shredded cabbage
2 cups sliced fresh mushrooms
2 tablespoons soy sauce
1/2 tablespoon caraway seed
1/2 teaspoon paprika
1/2 cup fat free soy milk (optional)
freshly ground black pepper to taste

Place the vegetable broth, water and frozen potatoes in a large soup pot. Bring to a boil, reduce heat, then add the leeks, cabbage, mushrooms, soy sauce, caraway seed and paprika. Cover and cook about 20 minutes. Remove from heat. Stir in soy milk, if desired, and ground pepper to taste.

GARBANZOS WITH SPINACH

Servings: 6
Preparation Time: 20 minutes
Cooking Time: 55 minutes

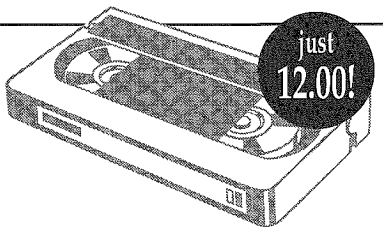
1/2 cup water
1 onion, chopped
2 cloves garlic, minced
1 15 ounce can chopped tomatoes
1 bay leaf
1 1/2 teaspoons paprika
2 15.5 ounce cans garbanzo beans with their juice
1 1/2 cups frozen chopped hash brown potatoes
2 tablespoons soy sauce
1/2 teaspoon ground oregano
2 cups packed chopped fresh spinach
several twists of fresh ground pepper
dash or two of Tabasco sauce (optional)

Place water, onion and garlic in a large pan. Cook, stirring occasionally, for 5 minutes. Add tomatoes, bay leaf, and paprika. Cook for 2 minutes. Add garbanzo beans, hash browns, soy sauce and oregano. Cover and cook over medium-low heat for 45 minutes. (Covered for 30 minutes and uncovered for 15 minutes.) Remove 1 cup of the mixture to a blender jar and process until smooth. Return to pan. Remove bay leaf. Add spinach and mix in well. Cook, covered for 3 minutes. Add pepper and Tabasco, if desired. Serve over rice or other grains.

BULLETIN BOARD

The McDougall Program for Maximum Weight Loss

30-minute VIDEO



INCLUDES:

- Introduction to the Program
- Examples of people who lost large amounts of weight permanently
- Eight steps to change your diet and your life
- Tips on shopping
- How to eat out
- Mary shows you how to make 4 dishes:
  Fresh Salsa
  Spicy 3-Bean Salad
  Potato Salad
  Mushrooms McDougall
- John shows you how to make breakfast in a jiffy
- Answers fo 3 of the most commonly asked questions:

1) Why do you recommend starches, when they make me fat?

2) How do I get my protein without meat?

3) How do I get enough calcium if I don't drink milk?

- Price: $12 each
  Bulk orders (10 or more)
  $10 each

Add $4 first item, $2 for each additional item for S & H. Bulk orders $10 S & H, plus actual postage. California residents add 7.5% sales tax.

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

October 14
Santa Rosa: Luther Burbank Center

October 21
Los Angeles: Sheraton LAX

October 28
Spokane, Washington

January 20
Los Angeles: LAX Marriott

January 27
San Diego: Catamaran Hotel

McDougall Radio Show

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:

NEW STATION!
KZST 100.1 FM, Santa Rosa

KLAC 570 AM, Los Angeles

KPIX 1550 AM,
San Francisco

KPIX 95.7 FM,
San Francisco

KQMS 1400 AM, Redding

KSCO 1080 AM, Monterey/ Santa Cruz

KSDO 1130 AM, San Diego
(replayed Sunday noon to 2 PM)

KVEN 1450 AM, Ventura

KVON 1440 AM, Napa

KGLW 1340 AM, San Luis Obispo

KYSO 1480 AM, Modesto/ Merced

KINS 980 AM, Eureka

KPSL 1010 AM Palm Springs

KXLY 920 AM Spokane, WA

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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.

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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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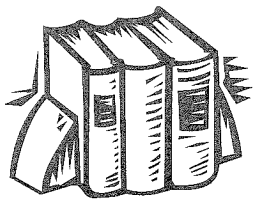

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