



The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL

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IS HRT FOR YOU?

Trim women who exercise and eat a nutritious starch based diet have much less trouble going through menopause than women in poor health.

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McDougall TV Show

"McDougall" the TV show, began airing 8:00 PM EST (5 PM PST) Sunday evenings on the American Independent Network Nationwide. This half hour show stars who else but John McDougall, MD, with interviews of entertaining and expert guests. You can receive it on your cable dish (302 channel 2), by your local TV stations, or your local TV stations can carry the show independently. Call (805) 373-3680, ask for Chauncy, if you need more information or know of a TV station that would like to carry us.

See p. 7 for details on:

CRUISE TO COSTA RICA

Coming in July, 1996 - a fabulous cruise in a Latin paradise

CHRISTMAS SPECIALS

Save a friend and save money!

EATING OUT GUIDE

100 Restaurants in Santa Rosa & the north Bay with McDougall selections. Plus money-savings coupons!

HORMONE REPLACEMENT THERAPY IS HRT FOR YOU?

Menopause is a normal, natural, stage of life, which women have been passing through without the aid of meddling doctors and pharmaceutical companies for at least 4 million years. Ending menstrual periods signals the end of child bearing. That's good. A mother will then have at least twenty years remaining to raise her children. After menopause, stimulation of the hormone-sensitive organs (breast, uterus, and ovaries) by reproductive hormones is decreased. That's good, too. Over-stimulation causes diseases like cancer, uterine fibroids, and fibrocystic breast disease. (After menopause both the fibroids and the fibrocystic breast disease regress.)

Recently, physicians all across America have waged war on menopause, promising to eliminate this scourge from women's lives. One reason for such widespread enthusiasm among doctors is we finally have a pill that works. HRT reduces the risk of osteoporosis-related fractures and possibly heart disease, as well as relieving hot flashes and thinning (atrophy) of the genital tissues.

All these benefits understood, you should never be placed in a situation where you feel forced to take hormones, because there is a price to be paid. HRT increases your risk of breast and uterine cancer, and gallbladder disease. A most distressing side effect is often the reintroduction of monthly menstrual periods. No more than 20 to 30% of eligible women ever start HRT and about 50% of those who start, stop in a very short time.

Menopause

Menopause is defined as the final episode of menstrual bleeding. However, the term is commonly used to refer to the transition period when the function of your ovaries is gradually lost. The decrease in production of

hormones is due primarily to loss of the egg producing follicles from the ovaries—they are gradually lost as a natural part of aging.

For women following the rich Western diet, the time of menopause is commonly between 50 to 51 years. Women following a healthy, low-fat diet commonly have their last period two to four years earlier (Am J Epidemiol, Proceedings of the Society of Epidemiology Research, 1988, p107). A small percentage of women keep menstruating up to the age of 60.

Postmenopausal Hormones

Female hormones are made in the ovaries, the adrenal glands, and many other tissues of a woman's body, including her body fat. The principle hormones are 3 kinds of estrogen, 1 progesterone, and several androgens (male hormones). The function of estrogen is to promote the development of a young girl into a woman, and to grow and maintain her uterus, vagina, and breasts. The most potent estrogen, estradiol, is secreted primarily by the ovaries. Estrone is the principle hormone after menopause. (Male hormones made in the adrenal glands are converted into estrone by the fat cells.) Estriol is the weakest estrogen and plays its role mostly during pregnancy. Because a major site of estrogen production is a woman's fatty tissues (adipose tissue), she usually retains considerable estrogen activity after menopause.

Progesterone is referred to as the pregnancy hormone because it prepares the uterus for the implantation of the fertilized egg. Progesterone is produced after ovulation by the developed egg follicle (known as the corpus luteum). Although small amounts are made by the adrenal glands, the production of this hormone essentially ends at the time of menopause.

The ovary and adrenal glands also synthesize male hormones, known as androgens. Androstenedione, the most common androgen in women of reproductive age, is cut approximately in half at menopause. Testosterone continues to be produced by the ovaries, and a appreciable drop in levels is not seen until about 10 years after menopause. Male hormones stimulate sexual interest (libido) and help maintain vaginal tissues.

Signs and Symptoms of Menopause

The most common symptoms of menopause are hot flashes and problems caused by atrophy (thinning) of the genital tissues. Hot flashes are experienced by over 75% of women. More than half will have symptoms for less than 2 years and 15% to 20% will be troubled for more than 5 years. Common complaints associated with menopause are nervousness, anxiety, depression, fatigue, irritability, insomnia, night sweats, forgetfulness, pain with intercourse, and weight gain, especially in the lower abdomen. Weight gain is a consequence of a decrease in physical activity and a decrease in energy expenditure during rest (*Ann Intern Med* 123:673, 1995). Muscle tissues waste away and fat tissues enlarge. There is also a decrease in scalp, pubic, and axillary hair. After menopause thinner skin, a decrease in the size of the breasts and uterus, and osteoporosis are common.

Healthy Women Need Little Help

Trim women who exercise and eat a nutritious, starch-based diet have much less trouble going through menopause than women in poor health. This is best demonstrated by the fact that Japanese women living in Japan rarely complain of unpleasant side effects through their change of life. (*Lancet* 339:1233, 1992; *Lancet* 337, 1270, 1991). One author recently wrote in the *Journal of the American Medical Association*, "There appears to be no 'midlife crisis' for the majority of Japanese women, who regard the end of menstruation as one small part of a normal midlife transition associated simply with aging, which few women approach with dread" (*JAMA* 274:1265, 1995). In fact, hot flashes are so rare for Japanese women living in Japan that there is no word in their language to describe them (*Clin Endo Metab* 7:17, 1993).

The reasons for this lack of illness, commonly referred to as the "menopausal syndrome," lie in their rice and veg-

MENOPAUSAL SIGNS/SYMPTOMS			
Vagina	Painful intercourse	Skin	Facial hair
	Bloodstained discharge		Dry mouth
	Itching	Heart	Coronary disease
	Smaller size		Elevated cholesterol
Bladder	Frequency/urgency	Skeleton	Fractures
	Stress incontinence	Breasts	Reduced size
	Bacteruria		Drooping
Uterus	Uterine prolapse	Psychological	
Skin	Dryness/itching		Anxiety
	Easily injured		Depression
	Hair loss		Insomnia
			Altered libido

etable-based diet. In addition to providing overall good health, their diet has some very specific effects. Plant foods contain metabolically active compounds, known as phyto-estrogens (classified as isoflavones). These compounds bind to estrogen receptors found inside the cells, providing a weak estrogenic effect. Three of these compounds--genistein, daidzein, and equol--have been found to be 60 to 100 times higher in the urine of Japanese women compared to Finnish women (*Lancet* 339:1233, 1992). They are also excreted in 100 to 1000 times higher amounts than the estrogen synthesized by a woman's body. Therefore, even though they have weak activity, because of the large quantities, they produce an important effect.

In women of all ages these phyto-estrogens are helpful. The growth of human breast cancer cells are inhibited in laboratory tests by phyto-estrogens (*Biochem Biophys Res Com* 179:661, 1991). Supplementation of a menstruating woman's diet with 60 g of soy protein daily has been found to change her hormone makeup to one that is less favorable for the development of breast cancer (*Am J Clin Nutr* 60:333, 1994). Elevated levels of estrogen produced by a postmenopausal woman's own body are associated with the short-term risk of breast cancer--a two-fold variation in estradiol levels was associated with a three fold variation in breast cancer risk (*J Natl Cancer Inst* 87:190, 1995). The rich American diet and resulting obesity elevate these estrogen levels. (*Nutrition*

7:137, 1991)

Soy products, such as tofu and miso, and boiled beans are known to be excellent sources of phyto-estrogens. However, most plant foods have biologically active substances beneficial to a woman's hormone sensitive organs and her overall well being. Vegetarians are found to have much higher levels of these substances than meat eaters (*Scan J Clin Lab Invest* 215:5, 1993). When macrobiotic followers (like the McDougall diet), lacto-ovo-vegetarians, and meat-eaters were compared, the macrobiotic women had the greatest production of these protective substances and the meat-eaters the least (*J Steroid Biochem* 25:791, 1986). You should not be misled to believe soy foods are the only sources of helpful substances. There are many beneficial biologically active substances in all kinds of plants foods.

Medical HRT

I feel HRT is of definite value, especially if you are having unpleasant symptoms that detract from the quality of your life. But there are risks to be taken and prices to be paid for the benefits.

HRT does not mimic the natural hormone production that occurs during reproductive life, therefore, it is more accurately referred to as "hormone treatment," rather than "replacement therapy." There is no agreed upon clinical or laboratory way to assess the proper dose of estrogen to be given; however, many doctors find hormone blood levels helpful. The amount and type needed varies greatly among patients.

Reduction of the hot flashes and improvement in vaginal symptoms are the most reliable indications that the treatment is right.

Estrogen pills: The most popular way to administer HRT is by pills. To help prevent osteoporosis 1 to 2 mg of estradiol must be taken (similar doses of .625 to 1.25 mg of conjugated estrogen). Too much results in headaches, nausea, breast swelling and tenderness, and vaginal bleeding. Improvement in the genital tissues can usually be accomplished by a smaller dose. Estrogen therapy relieves stress incontinence in about 50% of women and reduces the risk of bladder infections (*Maturitas* 7:335, 1985; *N Engl J Med* 329:753, 1993). Oral estrogen treatment is associated with weight gain, and the patient often feels fatter (*Clin Ther* 12:447, 1990). Oral estrogen increases body fat by inhibiting the burning of the fat (*N Engl J Med* 333:669, 1995).

Women who have undergone a hysterectomy will usually be prescribed estrogen alone for part of or the entire month. The risk of cancer of the uterus is increased by estrogen, therefore, women who have their uterus will also always be prescribed progestins or progesterone.

For women with their uterus, "sequential therapy" has been the most common way to prescribe estrogen and progestins. Estrogen is taken for the entire month; progestins or progesterone are added for the last 10 to 14 days of the cycle. Although progestins reduce the risk of endometrial cancer, they do not reduce the risk of breast cancer. Synthetic progestins increase the risk of breast cancer (*Epidemiol Rev* 15:98, 1995). Synthetic progestins also have an

adverse effect on the blood lipids (cholesterol and triglycerides). Menstrual periods commonly occur with this form of therapy. Some women prefer to continue having periods--most don't.

"Continuous therapy" is becoming more popular these days because it eliminates the common side effect of a monthly period that occurs with sequential therapy. Doctors prescribe the estrogen and progestins together throughout the entire month. However,

the long-term effects of continuous therapy are unknown. I am worried the even more unnatural hormone environment created by continuous hormones all month long may cause problems (naturally a woman's hormones cycle through the month--a pattern simulated by sequential therapy).

Transdermal estrogen patches: Administering hormones through the skin avoids metabolism of the hormone by the liver that occurs when the drug is taken by mouth. One benefit that is lost by this route of delivery is improvement of blood lipids (HDL "good" cholesterol goes up and LDL "bad" goes down) by liver metabolism of the drug with oral therapy. The transdermal route causes less elevation of triglycerides and also avoids weight gain seen with oral estrogen (*N Engl J Med* 333:669, 1995).

Transdermal gels and creams: These formulations are made up by a pharmacist for the specific needs of the woman. They provide the same advantages as the patches. Estradiol is added to a cream or gel base. The usual dose is 1.5 mg in 2 cc of gel (measured in a syringe and applied to the skin). The maximum dose is 3 mg in 2 cc. The gel base allows for a prolonged absorption throughout the day. Creams are absorbed much faster.

Vaginal estrogen creams: Delivery of estrogen directly to the vaginal tissues is particularly effective for atrophy (thinning) and for inflammation of the urethra. However, these hormones are rapidly absorbed into the body, which must be taken into account. Twice the dose of vaginal estrogen (1.25 mg) is required to raise the blood level of

estrogen as much as an oral dose (.625 mg). Because it is absorbed, the creams effectively relieve hot flashes. As little as .3 mg of conjugated estrogen will strengthen the vaginal tissues. This lower dose will have a proportionally lower risk for cancer and other side effects (breast tenderness, headache, etc.). There are conjugated (Premarin, .625 mg/gram) and synthetic estradiol (Estrace, .1 mg per gram) vaginal creams. Half a gram daily used 2 to 4 times a week will usually be enough to improve the strength of the vagina and

surrounding tissues.

Progestins: Progestin is a generic term used to refer to any substances, natural or synthetic, that effects some or all of the biological changes produced by progesterone (distinguished from natural progesterone). Provera is a synthetic progestin--it is not the same as progesterone which is a natural hormone. Preparations are available in oral pills, creams, and vaginal suppositories. The synthetic progestins have more adverse side effects than natural progesterone; for example, synthetics raise triglycerides and lower HDL "good" cholesterol, where as natural progesterone does not (*JAMA* 273:199, 1995). Synthetic progestins are believed to act synergistically with estradiol to increase the risk of breast cancer (*Epidemiol Rev* 15:98, 1993).

Progesterone pills: Natural progesterone is made from soybeans, and is the same chemical as the progesterone made by a woman's ovary. Taken as 200 mg pill daily it can relieve many of the menopausal symptoms. Taken orally, much of the progesterone is metabolized by the liver before it can reach the tissues, therefore the effects can vary greatly. Progesterone is given to help offset the cancer-promoting side effects of estrogen on the endometrial tissues of the uterus. Assessment of the cancer protection is made by ultrasound or endometrial biopsy. Breakthrough bleeding may be one sign you're not taking enough progesterone.

Since the principle hormone lost at menopause is progesterone, and there is often plenty of estrogen present, restoration of levels of progesterone will often result in all the benefits you are looking for; with relief of hot flashes and complete restoration of your feelings of well being. Progesterone reverses some of the adverse effects of estrogen, relieving breast tenderness and lumps associated with fibrocystic breast disease. Vaginal progesterone creams were found to relieve breast pain in 65% of menstruating women (*J Endocrinol Invest* 15:801, 1992). Progesterone may also be beneficial for fibroids and endometriosis. This hormone is active in the building of bone.

Progesterone cream: This form is readily absorbed through the skin, passing via the blood stream directly to the hormone responsive organs; avoiding metabolism by the liver. A recent study using progesterone applied to the skin (a dose of 25 mg for 10-13 days) prevented estrogen-induced pre-cancerous

"Since the principle hormone lost at menopause is progesterone, and there is often plenty of estrogen present, restoration of levels of progesterone will often result in all the benefits you are looking for..."

changes in the breast tissue of women (*Fertil Steril* 63:785, 1995). The cream was well absorbed and effective. Your doctor can write a prescription for progesterone creams and gels delivering 25, 50, or 100 mg/daily dose.

However, many effective preparations can be bought without a prescription. For example, Pro-Gest cream can be purchased in natural foods stores or call directly at (800) 866-9085 or (800) 648-8211. Using one ounce of this cream over a 24 day time period (20 mg/day) will be effective for postmenopausal women. Increasing the progesterone effect for premenopausal women is accomplished by using the cream only from day 12 to day 26 of the menstrual cycle. In practical terms, the dose is approximately 1/4 teaspoon daily--a large dab on the tip of your finger--rubbed into a soft area of the skin. Preliminary research suggests that progesterone cream will help rebuild lost bone due to osteoporosis. (*Endocrine Rev* 11:386, 1990; *Int Clin Nutr Rev* 10:384, 1990; *Lancet* 336:1327, 1990).

PROGESTERONE CREAMS

(Effective creams with more than 400 mg progesterone/oz.)

Pro-Gest	Prof. & Tech. Serv.
Bio Balance	Elan Vitale
Progonol (Rx required)	Bezwecken
OstraDerm (Rx Required)	Bezwecken
Pro-Alo	HealthWatchers Sys.
PhytoGest	Karuna Corp
NatraGest	Broadmoore Labs
Happy PMS	HM Enterprises

Prepared by Aeron Lifecycles 7/31/95

Androgen pills, creams, and gels: Male hormones are generally classified as androgens. Using male hormones is not widely recommended by doctors. There are possible adverse effects on cholesterol levels and male cosmetic changes (virilizing--e.g. facial hair growth). Also many women don't like the idea of ingesting male hormones. However, women make plenty of male hormones in their ovaries and adrenal glands. Combination of estrogen and

androgens have been helpful for relief of hot flashes (*Am J Obst Gynecol* 148:552, 1984). Androgens also relieve estrogen-induced breast pain and prevent bone loss. The best known, and most desired, effect of androgen therapy is to increase libido. A dose of synthetic methyltestosterone of 2.5 mg/day is commonly prescribed by doctors. However, this synthetic form has many more serious side effects than natural testosterone. Methyltestosterone is toxic to the liver (cholestatic hepatitis) and causes liver tumors, whereas, natural does not.

Natural testosterone (the same as your body makes) can be prescribed by doctors as 2-10 mg pills daily. Testosterone cream 2% or a .5 mg/2cc gel (increased to 2.5 mg/2cc dose) can be applied to the skin or vaginal tissues to help with libido and thickening of vaginal walls.

Pretreatment Evaluation

Before beginning HRT, you should have a complete history and physical examination. Breasts should be checked for possible tumors by physical exam and mammography; to avoid stimulating the growth of a breast cancer with the hormones. A vaginal exam should be performed to discover fibroids which also may be stimulated to grow with HRT. A PAP smear should be performed to check for existing cancer. Any severe or unusual bleeding while on HRT would suggest the need for a biopsy of the inside lining of the uterus (endometrium).

Fooling Mother Nature--SAFELY?

Hormone supplements should be used to improve the quality of your life. If you are feeling great than leave well enough alone--"if its not broke, don't fix it."

Progesterone Only

When you're having problems begin with simplest, safest approaches. For troublesome hot flashes try an effective, over-the-counter progesterone cream first (Many are ineffective because of too low a progesterone content--pick one from the above list). If this is too weak then have your doctor write a prescription directing a pharmacist to make up a stronger cream or gel (delivering 50 or 100 mg per dose per day). Prescription creams are usually less expensive than the over-the-counter ones.

Some women don't like applying creams and gels. Another way to take progesterone is by mouth--200 mg of micronized progesterone by pill daily (doses can be increased to 400 mg

Contraindications to HRT (history of:)

known or suspected pregnancy

cancer of breast or uterus

known or suspected
estrogen dependent cancers

acute liver disease

active thrombophlebitis or
thromboembolic disorders

undiagnosed genital bleeding

hypersensitivity to ingredients

daily). However, because oral doses are metabolized by the liver before they reach the tissues this route is less effective than through the skin. Sustained release formulations help level the absorption of progesterone throughout the day. Avoid taking synthetic progestins (medroxyprogesterone) because of side effects including raising triglycerides and lowering HDL "good" cholesterol, and greater risk of breast cancer.

Progesterone is well known to reverse the pre-cancerous changes in the uterus caused by estrogen (*Maturitas* 20:191, 1994). The recent study showing progesterone cream reverses the pre-cancerous changes in the breasts caused by the effects of transdermal estrogen is very encouraging (*Fert Steril* 63:785, 1995). If this protection of breast tissue is found to be true with subsequent studies then all women (with or without a uterus) should be on progesterone if they are taking estrogen replacement. Someday physicians may argue that because of the over abundance of estrogen stimulation of their breasts and uterus from their rich diet and excess body fat, all women should be using progesterone to help counteract some of the estrogen effects (or they may argue that a change in diet is in order).

Estrogen Therapy

If you're troubled with symptoms due to genital atrophy then you may need estrogen. (Progesterone may do nothing to help your vaginal problems.) Pharmaceutical vaginal estrogen cream (Premarin or Estrace) taken in small quantities (half a gram) two to four times a week will thicken and moisturize the vaginal tissues. Pharmacies can also make up a vaginal cream for you. Use only the amount necessary to

accomplish the desired effects. Vaginal creams will also help with hot flashes. Sometimes more than local, genital, effects are required, then transdermal (skin) delivery or oral therapy should be considered.

A transdermal (skin) route is preferable over pills for estrogen delivery since liver metabolism is avoided. This means a smaller dose can be used and the effects of the medication are more predictable. More predictable, that is if you are careful to use the right amount. Because it is self-administered some women will fail to realize this route of medication is powerful and use it with reckless disregard to long-term consequences (breast cancer, for example).

If the transdermal route is not effective or acceptable, then pills will be the last choice for estrogen treatment.

A Little Testosterone?

Testosterone cream maybe used to increase libido and help with vaginal dryness. It can be added right to the estrogen/progesterone cream or gel, making for simple application.

Recommended Estrogen Therapies:

The best HRT is anyone's best guess. For now I will take the stand that the more you can resemble nature, the better. Estradiol is preferred over conjugated estrogens, which actually consist of horse estrogens (derived from pregnant mares urine = Premarin. Transdermal is the preferred route. Dosages should be varied based upon response. The goal is to improve a woman's feelings of well being, relieve hot flashes, and symptoms of vaginal atrophy.

For women who do not object to monthly menstrual periods, the most natural way to administer HRT would be estradiol cream or gel (.5 to 1.5 mg/day) applied to the skin every day. Starting on the first day of the calendar month (day 1), add 100 mg of progesterone cream or gel once or twice a day; continued until day 14. A menstrual period follows in about 3 to 5 days if you have a uterus. This cycle is repeated monthly. Any bleeding before day 11 or after day 21 is considered abnormal and should be investigated by your doctor.

Continuous therapy with a fixed combination of estradiol and progesterone may be preferred by women who do not want periods and women without a uterus; even though the woman's cycle of hormones is not simulated. Apply the

EXAMPLE MEDICAL APPROACHES:

VAGINAL CREAMS:

Estriol suppositories 1 to 2 mg (up to 5 mg)

Estriol cream 1 mg per gram

Estradiol .1 mg per gram

TRANSDERMAL:

A gel of 25 to 100 mg of progesterone in 2 cc daily

A cream of 25 to 100 mg of progesterone per gram dose, daily (one gram = 1/4 tsp.)

SEQUENTIAL THERAPY:

A gel or cream of .5 to 1 mg of estradiol used once or twice a day the entire month. Calendar days 1 through 14 use 100 mg of progesterone twice a day in a gel or cream, sometimes adding testosterone daily.

CONTINUOUS THERAPY:

A gel containing a mixture of 1.5 mg of estradiol with 100 mg of progesterone in 2 cc (Sometimes adding .5 mg of testosterone), daily.

A cream of estradiol .5 to 1 mg with 100 mg of progesterone per gram dose twice a day (one gram = 1/4 tsp.) (Sometimes adding testosterone 1, 2.5, 5 mg per gram).

PILLS:

Estradiol .5 to 1 mg with 200 mg of progesterone (Sometimes adding 1 to 2 mg testosterone)

Doses adjusted based on relief of symptoms (hot flashes and genital atrophy) and blood levels of hormones determined by laboratory tests. Progesterone must be sufficient to prevent break through bleeding (suppressing precancerous endometrial changes).

combination estradiol/progesterone cream daily for the entire month.

Hot flashes only last for a year or two for most women. Periodically you should consider stopping the medications to see if the discomfort is gone. Likewise vaginal symptoms may only need intermittent treatment. Remember your goal is to use the least amount of the safest medication to control your symptoms, and to discontinue use as soon as possible.

Many pharmacies are unfamiliar with the "natural" gels, creams, and pills. There are pharmacies that specialize in natural products for women. You can fill your doctor's prescriptions at the Woman's International Pharmacy (800 279-5708), the Madison Pharmacy Assoc. (800 558-7046), and College Pharmacy (800 888-9358).



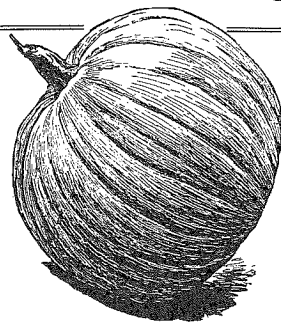
RESEARCH

LEGITIMATE MCDUGALL

"Rapid reduction of serum cholesterol and blood pressure by a twelve-day, very low fat, strictly vegetarian diet" by John McDougall in the October 1995 issue of the *Journal of the American College of Nutrition* (14:491) tells the world of the remarkable results of my St. Helena hospital-based diet and lifestyle program. Results: During this short time period, cardiac risk factors improved: there was an average reduction of serum cholesterol of 11% ($p < 1000$) and a weight loss of 2.5 kg for men and 1 kg for women. Serum triglycerides did not increase except for two subgroups: females age >65 years with serum cholesterol <6.5 mmol/L and for females 50 to 64 years with baseline serum cholesterol between 5.2-6.5 mmol/L. High-density lipoprotein cholesterol measured on 66 subjects decreased by 19%.

COMMENT: Now that we are published in the medical literature the McDougall Program should no longer be viewed as unproven, fringe, unorthodox, or quackery. We're now (almost) mainstream. If you would like a copy of this scientific paper, send a SASE to McDougall, P.O. Box 14039, Santa Rosa, CA 95402. Share this paper with your skeptical family, friends, and doctors.

RECIPES



FESTIVE PUMPKIN STEW

Servings: 6-8

Preparation Time: 60 minutes

Cooking Time: 1 hour 20 minutes

- 2 cups vegetable broth
- 1 onion, chopped
- 1 red or green bell pepper, coarsely chopped
- 1 teaspoon minced garlic
- 2 teaspoons chili powder
- 2 bay leaves
- 1 1/2 teaspoons ground oregano
- several twists of fresh ground pepper
- 3 carrots, scrubbed and cut into 1 inch pieces
- 2 ears corn, cut in 1 inch pieces
- 2 yams, peeled and cut in large chunks
- 2 russet potatoes, peeled and cut in large chunks
- 1 10 ounce bag frozen petite whole onions
- 1 4 ounce can chopped green chilies
- 8 ounces seitan, cut into bite sized pieces
- 1 4-5 pound pumpkin
- 2 tablespoons pure maple syrup

Place 1/4 cup of the broth in a large pot. Add onion, bell pepper and garlic. Cook and stir until softened, about 5 minutes. Add chili powder, oregano, bay leaves and black pepper. Cook and stir for 2 more minutes. Add remaining broth, carrots, corn, potatoes, yams, frozen onions, canned chilies and seitan. Cook, covered over low heat for 30 minutes.

Preheat oven to 350 degrees.

Meanwhile, prepare pumpkin by cutting off the top, as if you were going to make a jack-o-lantern. Set top aside. Clean out seeds and stringy portion. Brush the inside with the maple syrup. Put top back on. Place in a 9 x 12 inch baking dish with 1/2 inch water in the bottom. Bake for 30 minutes. Remove from oven. Ladle the stew into the pumpkin, cover with pumpkin top and bake for 45 minutes.

Serve from the pumpkin, scooping out bits of pumpkin along with the stew.

Hint: This may seem like a lot of work, but it is very festive and it is delicious. It makes a wonderful holiday centerpiece.



CREAMY PUMPKIN SOUP

Servings: 6

Preparation Time: 5 minutes

Cooking Time: 10 minutes

- 1/4 cup water
- 1 small onion, chopped
- 4 cups vegetable broth
- 1 16 ounce can solid pack pumpkin
- 1/2 cup unsweetened applesauce
- 2 teaspoons curry powder
- Several dashes Tabasco sauce
- 1/2 cup soy or rice milk

Place water and onion in a medium saucepan. Cook, stirring occasionally, for 5 minutes, until onion is soft. Add broth, pumpkin and applesauce. Stir to combine. Add seasonings. Cook over low heat, stirring occasionally, for 10 minutes. Stir in milk just before serving.

Hint: This would be very attractive served in a small baked pumpkin. See recipe for Festive Pumpkin Stew on how to bake pumpkin. My 13 year old son loves to dunk bread or rolls in this soup.

EASY PIE CRUST

Servings: Makes 1 9 inch pie crust

Preparation Time: 5 minutes

Cooking Time: 5 minutes

- 1 1/2 cups fat free cookie crumbs or fat free graham cracker crumbs
- 3 tablespoons apple juice concentrate

Preheat oven to 350 degrees.

Make crumbs by processing in a blender or food processor.

Combine crumbs and concentrate. Mix well. Press into bottom and sides of a 9 inch non-stick pie pan.

Bake for 5 minutes. Cool before filling. If using with a no bake filling, chill and serve. If baking, bake as directed.

Hint: This crust gets soggy if it sits for longer than 1 day. It can be baked, cooled and filled another day. Other sweeteners may also be used. Try orange juice concentrate with peach or apricot pie. Pure maple syrup also works well.

PUMPKIN PIE

Servings: Makes 1 9 inch pie

Preparation Time: 15 minutes

Cooking Time: 45 min.

Chilling Time: 2 hours

- 15 ounces Mori-Nu Lite Silken Tofu-Extra Firm
- 1 16 ounce can solid pack pumpkin
- 2/3 cup honey
- 1 teaspoon vanilla
- 1 teaspoon ground cinnamon
- 1 teaspoon pumpkin pie spice
- 1/2 teaspoon ground ginger
- 1/4 teaspoon ground cloves

Preheat oven to 350 degrees.

Combine all ingredients in a food processor and process until very smooth. Pour into pie crust and bake for 45 min. Remove from oven and chill for at least 2 hours before serving.

CHOCOLATE CREAM FILLING

Servings: Makes 1 9 inch pie

Preparation Time: 10 minutes

Chilling Time: 4 hours

- 2 10.5 ounce packages Mori-Nu Lite Silken Tofu-Extra Firm
- 1/2 cup Wonderslim Low-Fat Cocoa Powder
- 3/4 cup honey
- 3 teaspoons vanilla

Place tofu in food processor and process until very smooth.

Place cocoa in a separate bowl. Set aside.

Heat honey in microwave for 1 1/2 minutes. Pour over cocoa powder and mix until very smooth. Add cocoa mixture and vanilla to tofu and process again until very smooth. Pour into baked pie crust and refrigerate for at least 4 hours.

Hint: This is also delicious as a pudding. Pour into individual bowls. refrigerate before serving.

BULLETIN BOARD

special CHRISTMAS SALE

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- Eating for Maximum Weight Loss Cookbook
- The McDougall Program for Maximum Weight Loss

\$25.00 (a \$31.00 value)

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Hawaii Prince Hotel

McDougall Support Class

Here is a course to provide practical information regarding the challenges that arise in beginning and staying on the McDougall Program. Jacque Pedgrift and Phylliss Grannis, MFCC (Licensed marriage and family counselors and authors of *Dining Out McDougall Style*) are offering a course beginning January 1996 to help you with the change. Topics include changing your diet, taming your appetite, meal planning and shopping, beginning and staying on a moderate exercise program. For more information call (707) 579-0458 or e-mail at food@lifematters.com.

McDougall Radio Show

FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show between 7 PM to 9 PM throughout California (and

Listen on:
KZST 100.1 FM, Santa Rosa

KLAC 570 AM, Los Angeles

KPIX 95.7 FM,
San Francisco

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

KXLY 920 AM Spokane, WA

Dining Out McDougall Style Guide

For Santa Rosa and the North Bay

This guide lists 100 restaurants that serve McDougall-style foods. The items they offer and the prices are included. A further incentive is the more than \$300 worth of coupons provided in the back of the book. Price is \$7.95 plus \$2 S&H.

McDougall's Right Foods

Products will be available by December 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
101 Utah Avenue
South San Francisco, CA 94080
(415) 635-6000
FAX (415)-635-6010

Instant Oatmeal w/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 w/Baked Tortilla Chips

TexMex Rice & Pinto Beans

Tamale Pie w/Baked Tortilla Chips

Vanilla Rice Pudding



CRUISE TO COSTA RICA

Final plans are being made for an expedition cruise to Costa Rica July 13 to 20, 1996, aboard the 185 foot cruise ship Temptress Explorer. There is room for only 99 people. We have the whole ship and only McDougall food will be served. On board are biologists and naturalist guides who will be providing daily lectures and tours through the rain forests and other natural sights. There will be leisure time for snorkeling, sailing, scuba diving, water skiing, sea kayaking and walking the beaches.

Details and costs can be obtained by calling Montrose Travel at 1-800-666-8767.

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



ITEM	PRICE/UNIT	QUANTITY	TOTAL
The McDougall Program for Maximum Weight Loss	\$11.95		
The New McDougall Cookbook	\$24.00		
The McDougall Program	\$12.00		
The McDougall Plan	\$11.95		
McDougall's Medicine	\$12.95		
The McDougall Health Supporting Cookbook, Volume I	\$9.95		
The McDougall Health Supporting Cookbook, Volume II	\$9.95		
The McDougall Audio Tapes (6 tapes)	\$39.95		
New Video! The McDougall Program for Maximum Weight Loss 30 min.	\$12.00		
The McDougall Video 2 hrs.	\$25.00		
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Shipping & Handling			
The McDougall Newsletter (Bi-monthly)	\$20.00		
Outside USA	\$24.00		
Miscellaneous			
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