

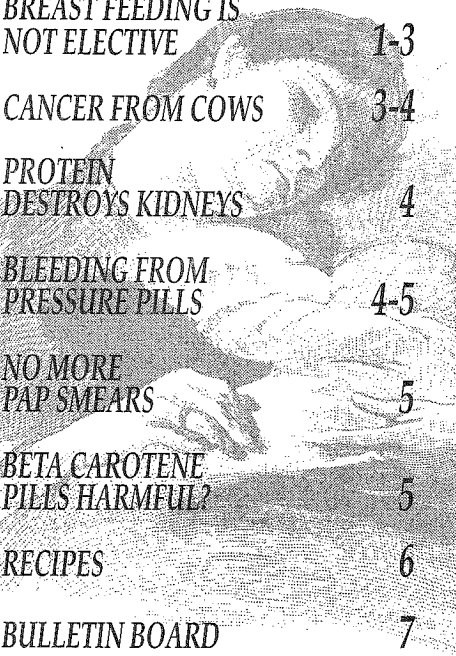


The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL

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BREAST FEEDING IS NOT ELECTIVE

If a new treatment became available that could save the lives of more than a million babies yearly, worldwide, reduce the risk of multiple diseases throughout life, improve intelligence, and foster social well being; yet cost nothing, and was taken by mouth; it would be prescribed to everyone by order of national law. Breast-feeding can do all this and more. Professional organizations, including the American Academy of Pediatrics, American College of Obstetrics and Gynecology, and the American Dietetic Association have all developed position statements declaring breast milk superior and ideal for infants. Your doctor should never be in a position of justifying the recommendation for breast milk, but instead, must always justify replacement with formula.

vary widely around the world, no specific problems associated with dietary calcium deficiency have been identified—in other words, there has never been a case of calcium deficiency due to mother eating a low calcium diet. Alterations in absorption, metabolism, and excretion conserve calcium when requirements increase.

Breast Milk Prevents Infection

For the baby, breast milk may mean the difference between life and death. In countries with poor sanitation, bottle-fed infants are at least 14 times more likely to die of diarrheal illnesses, and 4 times more likely to die of pneumonia (*Lancet* 2:319, 1987). Even in countries like the United States, bottle-fed infants require hospital treatment 5 times more often than those who are partially, or fully, breast-fed.

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Ideal Nutrition

Breast milk is made up of water, carbohydrates, fats, proteins, vitamins, minerals, and other substances precisely engineered for the human infant.. Vitamin B12 levels can be deficient in milk of vegetarian women. If mother's diet is adequate in B12, there is no deficiency in B12 in her baby. Hence, pregnant and lactating women following a pure vegetarian diet should take a supplement of B12 (approximately 5 µg per day). Although calcium intakes

Breast milk is a living fluid in which antibodies and cells move about. The infant exposed to infection produces changes in the mother's breasts causing her to make "environmentally specific" milk within hours, that contains the antibodies and immunoglobulins necessary to protect the infant. These disease fighters protect baby against blood-borne, brain, intestinal, chest, ear, and urinary tract infections in all

Womens' Problems Helped by the McDougall Program

Please contribute your experiences with female health problems that have been helped by the McDougall Program for the next McDougall Book. Your efforts to share will ultimately help other women solve health problems that once troubled you. See Page 7 for details.

young children (*J Pediatr* 108:887, 1986). Furthermore, breast milk encourages the growth of bacteria (*Lactobacillus bifidus*) in the intestine that inhibit the growth of disease causing bacteria (*Staphylococcus aureus* and *Shigella*). Breast milk contains sugars (oligosaccharides) that prevent the attachment of bacteria to the cells of various body tissues (*Pediatrics* 94:853, 1994). Thus, the adherence of *Haemophilus influenza* and pneumococci, for example, to cells of the back of the throat is efficiently inhibited by human milk. This may be one explanation for the fact that breast-fed babies have less ear infections (otitis media), than the non-breast-fed. Cow's milk and infant formulas actually enhance attachment of bacteria to the cells (*J Infect Dis* 153:232, 1986). Human milk also supports the well-being of the infant by being anti-inflammatory.

A Bottle Full of Illness

Bottle-fed babies are more likely to develop insulin-dependent diabetes, obesity, celiac disease, inflammatory bowel disease, coronary artery disease, and multiple sclerosis. A study found that children who were breast-fed for more than 12 months were at half the risk of developing diabetes (*Diabetes* 37:1625, 1988). The longer an infant is breast-fed the lower the risk of diabetes (*Am J Clin Nutr* 51:489, 1990; *Diabetes Care* 14:415, 1991).

Food allergies, especially those due to cow's milk, may be troublesome for as many as 50% of children. Human milk significantly reduces the risk of allergic diseases, like eczema, asthma and other food allergies, later in life (*Lancet* 346:1065, 1995). Breast-feeding protects from serious inflammatory bowel diseases (ulcerative colitis and Crohn's disease) (*BMJ* 1:382, 1979; *BMJ* 298:1617, 1989). Bottle-feeding contributes to common problems of children; like hypertrophic pyloric stenosis (outlet obstruction of the stomach), acute appendicitis, and tonsillectomy (*BMJ* 312:745 & 747, 1996). Cancer risk, especially of lymphomas and acute leukemia are reduced by mother's milk (*Lancet* 2:365, 1988; *Arch Dis Child* 62:279, 1987). Bottle-fed infants are more likely to develop tooth decay; as well as malocclusion of the teeth, because the act of suckling helps proper development of the jaws and teeth.

Over the past 25 years there have been 19 studies on the relation of bottle-feeding to sudden infant death syndrome (SIDS or crib death). Twelve studies found an increased risk with bottle-

feeding; seven showed no effect (*BMJ* 310:8, 1995). Overall, if you choose to bottle-feed your baby, the risk of SIDS is increased 2- to 4-fold over breast-fed babies. (*Int J Epidemiol* 22:885, 1993).

Formulas are contaminated with aluminum which can cause bone and brain problems for infants. Raw materials (soybean), additives, manufacturing processes and storage containers are potential sources of contamination of infant formulas (*J Pediatr Gastroenterol Nutr* 19:377, 1994).

Aluminum concentrations in "milks" (micrograms/L):

breast	9
whey-based	165
fortified	161
preterm	300
soy	534
casein hydrolysate	773

Infants may be at risk from aluminum toxicity when consuming formula containing > 300 micrograms/L. The concentration of aluminum in the blood is almost double for infants fed soy and casein based formula (8.6 vs. 12.5 and 15.2 respectively)

A Healthier Nervous System

An increased incidence of behavioral abnormalities in children who had been bottle-fed infants was noted over 65 years ago (*JAMA* 92:615, 1929). Children under 5 who were breast-fed have fewer speech difficulties than those who were bottle-fed (*NZ Med J* 82:373, 1978). Breast-fed infants show higher scores on intelligence tests (*Soc Sci Med* 16:1705, 1982; *Soc Sci Med* 26:635, 1988). Intelligence quotient at age 7 years old was found to be 8.3 points higher when premature infants had the advantage of mother's milk (*Lancet* 339:261, 1992). The more breast milk consumed the greater the child's IQ later in life. In addition to the milk, close contact provides tactile, auditory, olfactory, and visual interchanges which reinforce bonding and love. The longer the duration of breast-feeding the more measurable the quality of mother-child bonding. There is a significantly lower risk of child abuse and failure to thrive in nursing relationships. In addition to improved intelligence, this rich source of essential fats may make the tissues of the nervous system more resistant to injuries from viruses or autoimmune damage later in

WHY BREAST MILK?

Ideal Nutrition
 Provides "Intelligent" Immunity
 Enhanced Brain Development
 Protection from Crib Death
 Fewer Hospitalizations
 Cuts Constipation and Diarrhea
 Half the Ear Infections
 Prevents Diabetes
 Prevents Future Health Problems
 Keeps Mother Healthier
 Easier, Cheaper, and Cleaner
 Enhanced Child-Mother Bonding

life; these injuries may lead to multiple sclerosis (*Neuroepidemiology* 11:214, 1992).

Exclusive Breast Feeding for How Long?

Closely observing baby's development will give you clues to when to introduce solid foods. At about six months of age they develop teeth for chewing and their hands become coordinated enough to grab solid foods from mother and put them into their mouth. The American Academy of Pediatrics recommends a baby be breast-fed exclusively for the first six months of life and after that solid food be introduced slowly, one at a time, during the next six months of life (*Pediatrics* 57:278, 1976). Breast milk intake decreases when solid foods or liquids are introduced, causing a potentially serious disadvantage because of the low nutrient density of solid foods and liquids compared to breast milk and the possibility of contamination (*Lancet* 343:288, 1994).

Advantages For Mother

Breast-feeding right after birth releases hormones (prolactin) that shrink the mother's uterus, preventing bleeding and hastening recovery. Breast-feeding limits fertility and helps her with family planning by spacing out her children naturally. By providing nearly 700 to 1000 extra calories a day to her infant, extra pounds gained during pregnancy are shed easily, and she never has to be hungry (providing she is eating a

starch-based diet). The work of washing and sterilizing bottles and nipples, trips to the refrigerator, and heating formulas is eliminated with breast-feeding. You want to have quality time with your children—nothing can be more sharing than providing nourishment. The risk of breast cancer in premenopausal women is lower (*Am J Epid* 124:353, 1986). Women who breast feed also have a lower risk of osteoporosis (*Am J Med* 78:95, 1985).

Overcoming a World Against Breast-feeding?

Our society takes great efforts to protect our young children by warning mothers not to drink alcohol or smoke during pregnancy, and insisting on the use of child safety seats and immunizations. But, when it comes to breast-feeding, it's "a mother's choice." The decision not to breast feed is often made on inaccurate information: it's always painful, I have to avoid too many foods, I won't have enough milk, or a belief there is no real benefit to breast-feeding. Most women these days have to work to keep the family's higher standard of living. At best they are given a six-week maternity leave and feel there is no point in breast-feeding for so short a time. Many women are shy about breast-feeding in public.

The hospitals, doctors, and drug companies are the greatest enemies to successful breast-feeding. Hospitals separate mother and child, and place restrictions on the duration and frequency of breast-feeding, making breast-feeding difficult. Unless the baby is fed on demand he is likely to cry, giving the impression that he is not getting enough to eat and needs supplements of water and formula or a pacifier. Health workers defend their lack of support for the new mother on the grounds they do not want to make mothers feel guilty. The drug companies promote bottle-feeding through advertisements, pamphlets and free sample packs of formula passed out in hospitals and by willing doctors. Free formula is recognized as the most detrimental practice inducing mothers away from breast-feeding.

The uncertain mother needs clear and complete information on the importance of breast milk, and help. She needs skilled support, not the assurance that failure does not matter. To ensure success, immediately after delivery the baby should be put to the breast and breast-feeding should begin within an hour. New mothers must be told it is very rare that a mother cannot produce

enough milk. She should know babies do want to feed every 2 to 4 hours and she should feed on demand. Solid foods and additional liquids should not be given. A lactation counselor should be consulted during pregnancy and with the first sign of any trouble. These helpful women are found in the phone book or through La Leche.

RESEARCH

CANCER FROM COWS

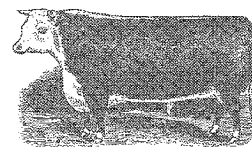
Diet and Risk of Non-Hodgkin Lymphoma in Older Women, in the May 1, 1996 issue of the *Journal of the American Medical Association* by Brian Chiu, found a high meat diet and a high intake of fat from animal sources is associated with an increased risk of a cancer of the lymph system, known as non-Hodgkin lymphoma (*JAMA* 275:1315). (The name non-Hodgkin is used to distinguish this from a similar disease called Hodgkin's lymphoma) Red meat, especially hamburger, was tied to increases in non-Hodgkin lymphoma. Greater intakes of animal, but not vegetable protein, showed an increased risk. Monounsaturated fat (like olive oil) was also associated with increased risk. There was a decreased association of this disease with increased consumption of fruits. This data was obtained from the Iowa Women's Health Study, involving 98,030 women, age 55 to 69 years. People with the unhealthiest diets, with most meat and animal fats, had twice the chance of getting non-Hodgkin lymphoma compared with those eating healthier.

COMMENT:

Malignant lymphomas arise from the transformation of cells in the lymph tissues, such as the lymph nodes, tonsils, and spleen. About 43,000 new cases of non-Hodgkin lymphoma occur each year in the United States and the number seems to be rising, with a 73% increase in incidence between 1973 and 1991. They are the commonest cancers of people between ages 20 to 40 years. Most patients present with painless enlargement of their lymph nodes. Diagnosis is made by microscopic examination of an enlarged node. Treatment with radiation and chemotherapy has been associated with success, and prolongation of the patient's life. Unfortunately, the treatments result in secondary cancers, especially breast cancer, later in life (*N Engl J Med* 334:745, 1996).

Suppression of the immune system by drugs and AIDS is found to increase the development of these cancers. Exposure to pesticides, use of hair dyes, and prior blood transfusion (also immunosuppressant) have been associated with the risk of lymphoma. Previous studies have shown consumption of milk, animal protein, liver, butter, polyunsaturated oils, coffee, tea, and cola mean a higher risk of lymphoma. Whereas, higher intakes of citrus fruits, dark green leafy vegetables, vitamin C, and carotene (plant forms of vitamin A) are associated with a decreased risk. Chemicals (heterocyclic amines) created when cooking meat may be toxic to the lymph system. Fat and animal protein may suppress the cancer fighting abilities of the immune system.

One interesting theory on lymphomas and diet was proposed by Allan Cunningham (*Lancet* 2:1184, 1976). His study found a direct association with lymphomas worldwide and consumption of cow protein in populations. Dietary proteins in susceptible people are absorbed through the gastrointestinal tract into the blood stream. The immune system interprets this "foreign" protein as a virus or bacteria. Every meal, loaded with protein, provides chronic stimulation to the immune system. In laboratories, chronic stimulation of the immune system causes lymphomas in animals, and is believed to also do so in humans. For example, Burkitt's lymphoma is believed to be due in part to chronic over stimulation of the immune system by infection with malaria parasites. People with celiac disease have an abnormal intestinal tract, highly permeable to dietary protein. In people suffering with this disease, lymphomas are a hundred times more common than the general population. Cow proteins are especially potent stimulants to the immune system. According to Dr. Cunningham, "The predilection of non-Hodgkin lymphoma for the gastrointestinal tract probably results from the fact that this is the prime site for antigen (cow protein) absorption." The fact that protein overnutrition suppresses immunity is one reason upper socioeconomic groups, who eat more animal foods, have more lymphomas (*J Immun* 116:782, 1976).



PROTEIN DESTROYS KIDNEYS

The Effect of Dietary Protein on the Progression of Diabetic and Nondiabetic Renal Disease: A Meta-Analysis, by Michael Pedrini in the April 1, 1996 issue of the *Annals of Internal Medicine* found dietary protein restriction effectively slows progression of kidney disease (124:627). Ten medical studies from the English language literature between January 1966 and December 1994 involving 1521 patients were analyzed and the progression of kidney disease was slowed in up to nearly half the cases with a lower protein diet and the risk of death and complete kidney failure by one-third. Most of these people in the study had already lost over half of their kidney function (creatinine clearance of less than 55 L/min). The authors conclude, "They (the studies) provide sufficient justification to recommend dietary protein restriction for well-informed patients with chronic renal failure and renal insufficiency." They recommend .6 gram of dietary protein per Kg body weight.

COMMENT:

A couple of months ago a woman came to the McDougall Program at St Helena Hospital with diabetes, kidney failure, heart disease, and high blood pressure. She complained about severe fatigue, and "bad" breath. I placed her on a relatively low protein, vegetarian diet. During the first week she stopped taking 95 units of insulin and her blood sugars remained the same (about 160 mg/dl). Her BUN (blood urea nitrogen from protein degradation), a measure of kidney function, decreased from 36 mg/dl to 21 mg/dl (normal of 20 mg/dl). Creatinine, another measure of kidney function, stayed the same (2.9 mg/dl). She was relieved of her indigestion, stomach pains, and constipation; improved her exercise tolerance and feelings of well-being. Her "bad" breath, caused by the build up of protein in her blood (reflected by an elevated BUN), disappeared. She also lost 8 pounds. Most important she has a good chance of slowing or stopping the progression of her kidney failure and staying off a kidney machine, if she remains on the McDougall diet. This low protein level can be accomplished by eliminating all high protein beans, peas, and lentils, and adding simple sugars (which contain no protein). Lower protein starches like rice, millet, sweet potatoes, potatoes, and corn

Ten medical studies... were analyzed, and the progression of kidney disease was slowed in up to nearly half the cases with a lower protein diet and the risk of death and complete kidney failure by one third.

make up the basis of the meal plan. When kidney function is very poor (less than 10%), high potassium fruits and vegetables must be eliminated (See McDougall's *Medicine—A Challenging Second Opinion* for details).

Other studies have shown benefits on the progression of kidney disease by lowering blood pressure, better control of blood sugar, and using a type of blood pressure medication known as angiotensin-converting inhibitors (ACE inhibitors). In this review, the benefits were not a result of blood pressure or blood sugar control from a healthier diet, but the direct effects of the removal of excess protein from the diet.

Protein consumed in excess of needs (over 20 grams a day) must be eliminated from the body through the kidneys. The American diet often contains over 120 grams of protein daily. Dietary protein is one of the most subtle and important toxins you can force upon your kidneys. Excess proteins are not stored in the body in the way that excess calories are stored as body fat; excess proteins have to be eliminated quickly. The byproducts of proteins that are not used for body repair and growth spill over into the bloodstream and remain there until they are removed by the liver and kidneys. The parts of the kidneys that filter them out of the blood stream are called nephrons. Destruction of the nephrons is believed to be caused directly by the remnants of the excess protein. These byproducts raise fluid pressures in the nephrons and affect the flow of both blood and waste materials in, through, and out of the kidneys. The increase in glomerular pressures and flows is believed to accelerate the destruction of kidney tissues, leading to more rapid loss of kidney function (*N Engl J Med* 307:652, 1982). This damage is not limited just to individuals who already have diseased kidneys, but is believed to be the cause of the progressive loss of kidney tissues and functions that affects people as they age.

BLEEDING FROM PRESSURE PILLS

Risk of Gastrointestinal Hemorrhage with Calcium Antagonists in Hypertensive Persons over 67 Years Old, by Marco Pahor in the April 20, 1996 issue of the *Lancet*, found almost twice the risk of intestinal bleeding with calcium channel blockers compared to beta-blocker type blood pressure pills. The average age of patients was 75.3 years. The risk was the same for various kinds; such as verapamil, diltiazem, and nifedipine. There was a small (23%) increased risk of bleeding with a class of drugs called ACE inhibitors.

COMMENT:

Calcium channel blockers interfere with blood clotting by inhibiting platelet aggregation and cause the blood vessels to dilate—preventing normal blood vessel constriction. They have previously been shown to increase the risk of surgical bleeding. Other drugs that increase the risk of bleeding are anticoagulants (Coumadin), non-steroidal anti-inflammatory drugs (Advil, Motrin, aspirin), and corticosteroids.

The authors suggest this inhibition of platelet aggregation may be of benefit for artery circulation, preventing coronary artery disease. However, recent research has found an increased risk of heart attacks among patients who take this class of blood pressure pills (*JAMA* 274:620, 1995). 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 (*Circulation* 92:1326, 1995). Smaller doses were associated with little increase in heart attacks. Calcium channel blockers are commonly used to lower blood pressure in hypertensive patients and to relieve chest pain (angina) in heart patients. They include: Adalat (nifedipine), Calan (verapamil), Cardene (nicardipine), Cardizem (diltiazem), Dilacor (diltiazem), DynaCirc (isradipine), Isoptin (verapamil), Nimotop (nimodipine), Norvasc (amlodipine), Plendil (felodipine), Procardia (nifedipine), Vasacor (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. I suggest all patients who need medication for blood pressure or chest pain ask their doctor if there is a better choice than calcium

channel blockers for them.

NO MORE PAP SMEARS

Effectiveness of Vaginal Papanicolaou Smear Screening After Total Hysterectomy for Benign Disease, by Michael Fetters in...

the March 27, 1996, issue of the *Journal of the American Medical Association* found, "...there is insufficient evidence to recommend routine vaginal smear screening in women after total hysterectomy," after analyzing studies published between 1966 and 1995.

Hysterectomy is the second most common operation done on women in the United States (Cesarean is first). Over 590,000 hysterectomies were performed in the US in 1991. One-third of women have lost their uterus by the time they reach menopause. Papanicolaou Smears, commonly known as PAP smears, are done to detect changes that suggest cancer of the cervix will develop. About half of women continue to have PAP smears even though their cervix has been removed by hysterectomy. It is estimated that approximately 5.72 million PAP smears are performed on women who have had a hysterectomy. Why?

The reasons given for continued PAP smears are: detection of early-stage vaginal disease, detect vaginal cancer, detect possible cancer in cervical tissue not excised, and an opportunity to perform other screening tests (breast exams, mammograms). Because the incidence of vaginal carcinoma is low and there is no data suggesting early detection saves lives, PAP smears hold little hope for helping women who have had a hysterectomy for non-cancerous disease. Women with a history that would suggest an increased risk of future gynecologic problems (cancer of the genital area or DES hormone exposure) should continue to have exams according to the authors.

COMMENT:

With our limited health care resources we need to be careful to only do tests and treatments that clearly benefit

patients. PAP smears are beneficial for women at high risk of cervical cancer— younger women with intact organs. However, even these women are often over tested. An article in the April 1993 issue of the *British Medical Journal* (306:967) found: "All women over 50 with an adequate history of negative results on smear testing every three years may be safely discharged from further screening if these findings are confirmed in other populations." They studied women with cancer of the cervix diagnosed between 1989 and 1990 in Scotland. Most cancerous changes occurred in women younger than 45 years (711 cases vs. 38 cases in women over 45). Of the women over 50, only 26 cases were found and they had not had adequate previous PAP smear testing.

Preventive guidelines from the American College of Physicians, the Canadian Task Force on the Periodic Health Examination, and other well-known authorities recommend women have PAP smears performed every 3 years (after 2 negative annual exams) (*Ann Intern Med* 114:758, 1991). In summary, in otherwise healthy women, PAP smears should be done every 3 years until the age of 50 years, then stopped. If a hysterectomy is done for non-cancerous disease, and there is no other risk factor such as exposure to DES, then PAP smears should be stopped after removal of the uterus (cervix).

BETA CAROTENE PILLS HARMFUL?

Two studies in the May 2, 1996, issue of the *New England Journal of Medicine* cast serious doubts on the benefits of taking vitamin pills with beta carotene. **Lack of Effect of Long-term Supplements with Beta Carotene on the Incidence of Malignant Neoplasm, and Cardiovascular Disease** by Charles Hennekens, reported a randomized, double-blind, placebo-controlled trial of 50 mg of beta carotene every other day for 12 years on 22,071 physicians (334:1145). They concluded, "In this trial among healthy men, 12 years of supplementation with beta carotene produced neither benefit or harm in terms of the incidence of malignant neoplasms, cardiovascular disease, or death from all causes."

Effects of Combination of Beta Carotene and Vitamin A on Lung Cancer and Cardiovascular Disease by

Gilbert Omenn, reported a randomized, double-blind, placebo-controlled trial of 30 mg of beta carotene and 25,000 IU of retinol daily on 18,314 smokers, former smokers, and workers exposed to asbestos (334:1150). They concluded, "After an average of four years of supplementation, the combination of beta carotene and vitamin A had no benefit and may have had an adverse effect on the incidence of lung cancer and on the risk of death from lung cancer, cardiovascular disease, and any cause in smokers and workers exposed to asbestos." They stopped the trial early because of a trend of increased cancer and death.

COMMENT:

Of the four recent studies looking at the effect of beta carotene supplements on health, two showed adverse effects, one no effect, and one a slight benefit.

Overall risk of Death in Vitamin Group:

Beta Carotene and Retinol Efficacy Trial:

Up 17%

Physicians Health Study:

Up 1%

Alpha-Tocopherol, Beta Carotene Study:

Up 8%

Linxian (Chinese study):

Down 9%

An accompanying editorial pointed out, "In most such studies (of food and health), persons who ate a relatively large quantity of fruits and vegetables were found to have a profoundly lower risk of death, particularly from cardiovascular disease and cancer. Antioxidant vitamins may not account for all (or even any) of the benefits associated with this dietary pattern, and the myriad of other substances in plants should be examined for possible preventive properties." (*N Engl J Med* 334:1189, 1996). While scientists are busy trying to figure out which of the thousands of chemicals in vegetable foods are most powerful for saving lives, we can take all the advantages of nature's protective foods by eating a plant based diet.



SEITAN CURRY

Servings: 4-6
Preparation Time: 15 minutes
Cooking Time: 30 minutes

1 small onion, chopped
½ cup water
2½ teaspoons minced ginger root
⅓ cup unbleached flour
4 cups soy or rice milk
2-3 teaspoons curry powder
1½ tablespoons lemon juice
8 ounces chopped seitan;
turkey or chicken style

Put the onion and water in a large saucepan. Cook and stir until onion softens slightly, add ginger and cook for 2 minutes. Turn off heat. Stir in the flour. Gradually add 1 cup of the milk while stirring. Turn heat on low and cook very gently for 2 minutes, stirring constantly. Add remaining milk and other ingredients. Cook uncovered over very low heat for 25 minutes, stirring occasionally. Mixture will thicken as it slowly cooks. Serve over rice with assorted condiments to spoon over the top, if desired.

Condiments: Chopped green onions, raisins, drained chopped pineapple, mandarin orange segments.

BAKED BEANS & DOGS

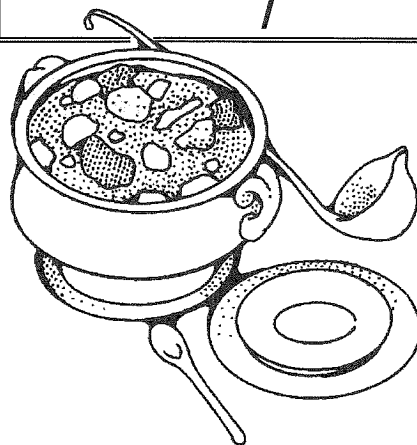
This is another favorite with kids. This may be prepared ahead and baked in the oven if desired. Just cook the onion as directed, then combine the remaining ingredients in a casserole dish. Refrigerate until ready to bake. Bake at 300 degrees for 30 minutes.

Servings: 4
Preparation Time: 5 minutes
Cooking Time: 14 minutes

1 onion, chopped
⅓ cup water
2 - 16 ounce cans fat free baked beans
1 - 15 ounce can red beans,
drained and rinsed
2 tablespoons molasses
1 tablespoon prepared mustard
4 fat free, meat free hot dogs,
sliced ½ inch thick

Place the onion and water in a saucepan. Cook, stirring occasionally, for 4 minutes. Add remaining ingredients and cook for 10 minutes, until well heated.

Recipes



CHILI TORTILLA SOUP

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

⅓ cup water
1 leek, thinly sliced
1 cup chopped celery
½ teaspoon fresh minced garlic
1¼ cups vegetable broth
1 - 7 ounce can chopped green chilies
2 cups soy or rice milk
½ teaspoon cumin
dash or two Tabasco sauce
1 tablespoon cornstarch mixed in ¼ cup
cold water
1 cup baked fat free tortilla chips, broken
into pieces
chopped cilantro for garnish

Place the water in a large pot with the leek, celery and garlic. Cook, stirring occasionally for 3-4 minutes, until softened. Add broth, chilies, milk, cumin and Tabasco. Cook over low heat, stirring occasionally for 5 minutes. Stir in cornstarch mixture and cook and stir until slightly thickened. Place ¼ cup of the chips into each bowl and ladle the soup over the chips. Garnish with cilantro.

PAD THAI

Servings: 4
Preparation Time: 15 minutes
Cooking Time:

8 ounces uncooked rice noodles
3 tablespoons soy sauce
2 tablespoons rice vinegar
2 tablespoons lime juice
1 tablespoon ketchup
2 teaspoons sugar
¼ teaspoon crushed red pepper
⅓ cup water

4 green onions, chopped
½ teaspoon minced fresh garlic
1 - 6.5 ounce package Smoked Tofu,
thinly sliced
2 cups mung bean sprouts
½ cup shredded carrot
¼ cup chopped cilantro
2 tablespoons chopped peanuts (optional)

Place noodles in a bowl and cover with hot water. Soak for 10 minutes. Drain. Combine the soy sauce, rice vinegar, lime juice, ketchup, sugar and red pepper in a bowl. Mix well and set aside. Place the water in a large non-stick frying pan. Add green onions and garlic. Cook, stirring frequently for 3 minutes. Add tofu, bean sprouts and noodles. Cook and stir for 2 minutes. Add sauce mixture. Cook and stir for another 3-4 minutes until heated through. Transfer to a serving platter. Sprinkle with carrot, cilantro and peanuts, if desired. Serve at once.

Hint: Rice noodles can be found in most Asian markets. They are made from rice and water. They are also called cellophane noodles. They do not need cooking, just soak in hot water to soften. Smoked Tofu is made by Wildwood Natural Foods and is sold in natural food stores.

FRUIT ENCHILADAS

Servings: 8
Preparation Time: 10 minutes
Cooking Time: 5 minutes

12 large strawberries, diced
1 - 8 ounce can crushed pineapple,
drained (reserve juice)
1 cup fresh or frozen blueberries
1 cup raisins or chopped dates
1 - 15 ounce can pears, drained
(reserve juice) and diced
½ cup combined reserved juices
1 cup unsweetened applesauce
1 teaspoon cinnamon
½ teaspoon nutmeg
½ teaspoon honey
8 fat free flour or corn tortillas

Mix strawberries, pineapple, blueberries and raisins or dates in a bowl. Set aside. Place the pears and reserved juice in a saucepan. Mash with a fork or bean masher. Add applesauce, cinnamon, nutmeg and honey, and heat over low heat until warmed through. Do not boil.

Place ½ cup of the fruit mixture down the center of each tortilla. Roll up, pour a little of the sauce over each tortilla and serve.

BULLETIN BOARD

Women's Health

A new book presently titled the **McDougall Program for Healthy Women** is now being written, and I need your help. Please share with me any experiences you have had with a healthier diet and lifestyle, and problems that are common (but not exclusive) to women. Many of you have lost weight, resolved intestinal problems, headaches, body aches and arthritis. PMS, heavy menstrual periods, breast tenderness, and breast lumps have also gone away. Any of you who have used my recommendations for hormone replacement therapy (estrogen/progesterone replacement), osteoporosis, heart disease, breast feeding, mammograms, PAP smears, weight loss, to avoid unnecessary surgery of the uterus, breasts, or other body part, or any other information that has helped you, please write me. If you have any story that needs to be told to other women, here is your opportunity - Send a letter with your experience to The McDougall Program for Healthy Women, P.O. Box 14039, Santa Rosa, CA 95402. Thank you.

John McDougall, M.D.

McDougall TV Show

"McDougall" the TV show, airs across the country on the American Independent Network Nationwide. Call (805) 373-7681, ask for Chauncy, if you need more information or know of a TV station that would like to carry us.

McDougall Radio Show

FOR YOUR GOOD HEALTH is a syndicated Sunday evening radio show from 7 PM to 9 PM throughout California.

KZST 100.1 FM, Santa Rosa
KLAC 570 AM, Los Angeles
KPIX 95.7 FM, and 1550 AM, San Francisco

KSDO 1130 AM, San Diego (replayed Sun. noon to 2 PM)
KXLY 920 AM Spokane, WA

The Healthy Heart Book

The McDougall Program for a Healthy Heart is in your bookstores for \$24.95, plus tax. This book tells you about your heart, blood vessels, and blood. You learn how to lower blood pressure and cholesterol naturally. The very few honest indications for bypass surgery and angioplasty are clearly explained so you can effectively deal with the medical business. Plus 100 new healthy heart recipes by Mary. Order by calling (800) 570-1654 or write P.O. Box 14039, Santa Rosa, CA 95402.

Las Vegas Health Show

June 17-19, 1996, at Bally's Resort. Get 2 free tickets with any order of McDougall products through our office. Many nationally recognized speakers, including Robert Pritikin, Bernie Siegel, Earl Mindell, Neal Bernard, Julian Whitiker, and John McDougall will be presenting at this show at Bally's Resort. To order books, tapes, or newsletters, or sign up for a class call (800) 570-1654 or write P.O. Box 14039, Santa Rosa, CA 95402.

Upcoming Half-Day Classes

A lively and informative presentation that may change your life! Call (800) 570-1654 or (707) 576-1654 for reservations

August 11 - Detroit
Detroit Holiday Inn (near Dearborn)
1:00 pm - 5:00 pm

September 12 - San Francisco
San Francisco Learning Annex
(415) 788-5500

September 15 - Santa Rosa
Luther Burbank Center
1:00 pm - 5:00 pm

September 21 - Portland, Oregon
Red Lion Inn
1:30 pm - 5:30 pm

McDougall's Right Foods

Products are available now in natural food stores and supermarkets in Northern California. They also may be ordered by mail. Distribution will spread throughout the country during the year. Mail or FAX us, 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

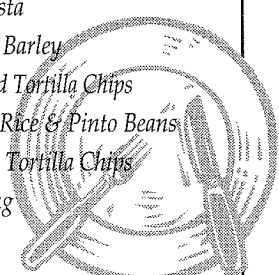
Split Pea Soup with Barley

Tortilla Soup w/Baked Tortilla Chips

Southwestern Style Rice & Pinto Beans

Tamale Pie w/Baked Tortilla Chips

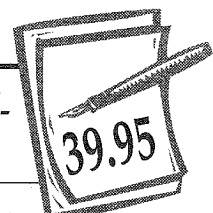
Vanilla Rice Pudding



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 *Tempress 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.



CHILI TORTILLA SOUP

Servings: 4

Preparation Time: 10 minutes

Cooking Time: 10 minutes

1/3 cup water

1 leek, thinly sliced

1 cup chopped celery

1/2 teaspoon fresh minced garlic

1 3/4 cups vegetable broth

1 - 7 ounce can chopped green chilies

2 cups soy or rice milk

1/2 teaspoon cumin

dash or two Tabasco sauce

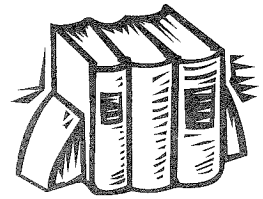
*1 tablespoon cornstarch mixed in 1/4 cup
cold water*

*1 cup baked fat free tortilla chips, broken
into pieces*

chopped cilantro for garnish

Place the water in a large pot with the leek, celery and garlic. Cook, stirring occasionally for 3-4 minutes, until softened. Add broth, chilies, milk, cumin and Tabasco. Cook over low heat, stirring occasionally for 5 minutes. Stir in cornstarch mixture and cook and stir until slightly thickened. Place 1/4 cup of the chips into each bowl and ladle the soup over the chips. Garnish with cilantro.

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 a Healthy Heart (hard cover)	\$24.95		
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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The McDougall Newsletter (Bi-monthly) Outside USA	\$20.00 \$24.00		
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Total			

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California residents add 7.5% sales tax.

Send to or call:

The McDougalls,
P.O. Box 14039, Santa Rosa, CA 95402.
(707) 576-1654.
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