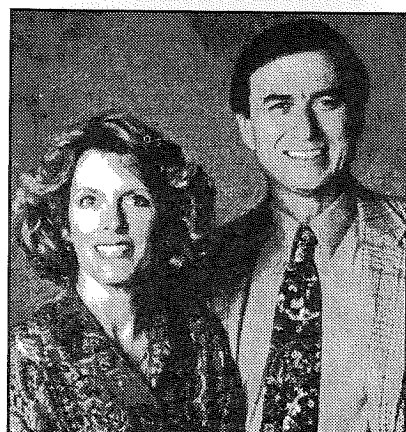


The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL



MARY & JOHN McDUGALL

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PICTURE YOUR HEART

In May of this year I received a panicked phone call from a former patient of the McDougall Program at St. Helena Hospital. He had just read the results of his Coronary Artery Scan for Calcification:

"Your score places you in the 99th percentile. This means you have more calcified atherosclerotic plaque than 98% of people of your age and gender."

Now that was a life shaking message for this fifty year old, highly successful business and family man. Since I hadn't heard of this test I had no comment. I started my investigation into this new technology for seeing inside the living heart with Imatron Corporation in So. San Francisco. I found a better crystal ball to predict a person's future risk of dying of heart disease.

Star Wars Technology

The machine that takes the pictures of the beating heart is called an Ultrafast Computerized Tomography (CT) scanner and costs 1.5 to 2 million dollars. X-ray transmission data obtained from many different directions is synthesized into a single cross-sectional picture of the heart. Several "slices" are taken from the top to the bottom of the heart. You may be familiar with CT scanners used to take pictures of the inside of the head and body, while lying still. Technical advancements for this machine allow

the Ultrafast CT scanner to gather the information in fractions of a second. By taking "pictures" at the exact same phase of each heart beat, this scanner essentially freezes the motion of the beating heart.

The entire procedure can be completed in 10 minutes, involves no injections or surgery (noninvasive), does not require medication be stopped, requires no exercise, and demands little effort from the patient. The patient must hold his breath for a few seconds. Results are available almost immediately; but are

usually reviewed by a cardiologist and communicated directly to the patient or his physician. The x-ray dose delivered amounts to about 8 chest x-rays or one abdominal x-ray series, and much less than an angiogram. The cost is around \$400 (technical fee, including professional interpretation), compared to \$25 for a blood cholesterol, \$400 for a treadmill stress test, \$750 for an echocardiogram, \$1,200 for a thallium stress test, and \$4,000 for an

...Coronary calcium signifies coronary atherosclerosis...however, even when no calcium is found there can still be important disease, and the finding of calcium does not necessarily mean there will be obstructing or dangerous plaques found on autopsy or angiogram.

angiogram.

Scanning for Calcification

The scan provides a breathtaking picture of your heart, showing calcium deposits in the regions of the coronary arteries, the valves, and the muscle walls. The accompanying report provides a number, called a "calcium score," representing the amount of cal-

cium in all of the arteries and each of the individual major heart arteries. A low score for men is 20 and women 10; while a high score is over 300. Zero would be an ideal score for calcium. Coronary artery calcification is first observed in men in the 3rd decade of life. In women, calcification is first seen in the 4th decade and its incidence increases markedly after the age of 50 years.

Calcium is actively laid down as a result of years of chronic inflammation of the arteries due to atherosclerosis. Think of this as chronic irritation of the tissues and the response the body makes is to lay down calcium for some unknown purpose. There are many examples of calcification due to irritation. On mammograms, calcium is seen in the breasts after years of inflammation caused by excess hormone stimulation. Calcium is seen in tendons after years of tendonitis. Inflammation caused by years of tuberculosis is seen as calcification in the lungs on x-ray.

Coronary calcification is found in 30% of men and 10% of women between the age of 29 and 37 years. Yet, more than 60% of asymptomatic women and more than 80% of asymptomatic men over 60 years old have at least some detectable calcium by coronary scan

Meaning of Calcification

Autopsy evidence and angiographic studies have shown that coronary calcium signifies coronary atherosclerosis. The presence of calcium always means there is disease in the arteries. When the arteries are normal and healthy there is no detectable calcium seen on the scan. However, even when no calcium is found there can still be important disease, and the finding of calcium does not necessarily mean there will be obstructing or dangerous plaques found on autopsy or angiogram.

There are two closely related, but separate forms of atherosclerosis to distinguish. Early stages of plaque formation may cause swellings in the arteries that may obstruct the flow of blood; howev-

er, the inflammation may not have been present long enough for the calcium to be laid down. In the opposite case; a section of artery may have suffered years of disease with significant calcium deposited; yet not have caused swelling that blocks the flow of blood.

Because atherosclerosis usually goes on for years and a common consequence is obstruction of the artery; calcium usually means obstruction will be found in the artery. However, in people under fifty with significant disease by angiography, in up to 30% no calcium is found on a scan (these are people with earlier disease because of their age) (*Circulation* 89:285, 1994). Therefore, a negative test does not exclude significant disease. In general, the more extensive the calcium burden, the more extensive the atherosclerotic disease of the coronary arteries. Calcium is detected in about 95% of those who have significant blockages (Significant blockages are ones that show greater than 50% closure of their coronary arteries.)

Because calcium reflects the extent of long standing coronary artery disease, calcium is more likely to be found in men and as people age. Coronary calcification is found in 30% of men and 10% of women between the age of 29 and 37 years. Yet, more than 60% of asymptomatic women and more than 80% of asymptomatic men over 60 years old have at least some detectable calcium by coronary scan (*Am J Cardiol* 72:247, 1993). Risk factors—cholesterol, triglycerides, smoking, age, etc.—are associated with a greater chance of finding calcium on a scan. Men, average age 47, with an average cholesterol of 266 mg/dl, without symptoms of heart disease, had a 65% chance of having noteworthy coronary calcifications (*Circulation* 85:1799, 1992).

Only a Reflection

Traditionally, a person's risk for suffering a tragic heart attack was based on risk factors, like elevated cholesterol, hypertension, smoking, or diabetes; now the Ultrafast CT scan can add a big piece to the puzzle of predicting the future. Ultrafast CT scan makes this prediction by estimating the burden of atherosclerosis the body is suffering; the scan does not actually look at the disease that kills. The lesions of the atherosclerotic disease that kill are usually not the large plaques that show up as calcification on a scan, but tiny, non-calcified, plaques (*Circulation* 87:1179, 1993). These tiny overstuffed plaques rupture and cause a blood clot to form, closing down the artery. Whereas the absence

of coronary calcium at any site is highly specific for the absence of obstructive disease (big plaques), nonobstructive disease (tiny plaques) is still common in most such segments (*J Am Coll Cardiol* 20:1118, 1992); *Am J Cardiol* 73:1169, 1994) More calcium means a gloomier future (*J Am Coll Cardiol* 24:354, 1994). The reason a person with a high "calcium score" is more likely to die of heart disease is this person has more severe artery disease, with great numbers of older calcified plaques; as well as great numbers of early, tiny, but lethal plaques (*Circulation* 92:2157, 1995).

These tests are used to guess the future, based upon what has happened to other people who had similar findings. The Ultrafast CT scanner is a better predictor than other tests, such as cholesterol. Most importantly, the presence of calcium has been linked to the likelihood of a heart attack and/or heart surgery in the future (*Circulation* 88(pt.2):I-15 abstract, 1993).

BENEFITS OF SCANS

A Strong Motivation

A recent article in the business section of the San Francisco Chronicle quoted cardiologist, Dr. Lewis Wexler, who chaired a study on Ultrafast CT scans, "...the AHA would like to see some studies that show whether patients who learn they have a problem actually get scared into permanently changing their lifestyles." Ultrafast CT scans can encourage (scare) people into making long-overdue changes in their diet and lifestyle. A picture of your heart is a more compelling message than the abstract value of a cholesterol number.

Lifelong Cholesterol Medication?

Diet/lifestyle changes and use of medications to lower cholesterol have been shown to prevent death and improve health in people with and without symptoms of coronary artery disease. Everyone, with or without heart disease, should eat a healthy diet, exercise, and practice good health habits. There are no side effects or drawbacks. However, cholesterol lowering medications have side effects, including the possibility of more cancer. Therefore, before committing someone to a lifetime of medication it would be helpful to know they have the potential to suffer the disease you're trying to prevent. A negative heart scan in someone with high cholesterol should cause a doctor to withhold treatment using powerful medications and a very positive scan should cause aggressive treatment, possibly even when the cholesterol is already low.

Monitor of Progress

The Ultrafast CT scan is also useful to show evidence of progression or regression of coronary artery disease by the change in the "calcium score" and eventually the picture of the calcium in the heart arteries (*Am J Cardiol* 68:1, 1991; *Am J Card Imaging* 8(suppl 1):10, 1994). A yearly scan could help you determine whether or not you were on the right course. If your disease is stable or improving then you would feel confident your efforts are sufficient. However, if you show progression then you would want to be even stricter on your diet, and possibly add "natural" and prescription cholesterol-lowering drugs to your program (See The McDougall Program for a Healthy Heart, chapter 12). By following a no-cholesterol, low-fat diet and judicious use of medications, reduce your cholesterol below 150 mg/dl, where reversal of artery disease is expected.

Aid in Diagnosis

Symptoms, including chest pain, that do not readily lead to a diagnosis of coronary artery disease can be clarified by a scan, without going on to more expensive and dangerous angiograms. Since about 30% of coronary angiograms are normal, an initial evaluation could eliminate many of these expensive and potentially dangerous tests; saving on suffering and health care costs. A positive treadmill stress test in someone without symptoms of heart disease might be determined to be a false positive by using a Ultrafast CT scan, avoiding the usual next step, an angiogram.

High Risk Occupations

Scans could be used to evaluate people with high risk occupations that require exemplary health, such as an airline pilot or an astronaut. A clean scan with a healthy personal history would be an extraordinary step to reassure there will not be a cardiac catastrophe.

Women Especially Benefit

Diagnosing heart disease in women can be difficult and the outcome is often worse than in men. Chest pain is less specific for women. Conventional testing is less accurate for making a correct diagnosis—for example; as many as half the results of a treadmill stress test in women are falsely positive. Women are older by the time the diagnosis of heart disease is made and they are usually in worse health by then than are men. They also have worse results from heart surgery than men.

The reason for these differences is in

part that symptoms of heart disease are often not taken seriously by most doctors, because of the widely held perception that women rarely suffer from heart attacks. This is true for younger women, but after the age of sixty they have vascular disease as severe as men. Better education of doctors is helping women get better treatment.

The problems with testing accuracy of traditional methods can be helped with the Ultrafast CT scan. This technology has the potential to detect coronary artery disease with the same accuracy in both men and women. Since the test is relatively inexpensive and free of side effects, women with symptoms suggesting heart trouble should be sent for a scan, rather than be ignored.

DRAWBACKS OF SCANS

False Reassurance

A false sense of reassurance is the biggest drawback from this test. A negative scan does not mean you are healthy, only that you have a much reduced risk of dying from heart disease. Many people will find their coronary arteries spotless and assume they can go on with their high hog eating and slovenly lifestyle. However, this scan only tells you about 22 inches of your artery system. The arteries to the brain (stroke), ears (hearing loss), kidneys (kidney failure), back (degenerative disk disease), legs (gangrene), and penis (impotence) could be plugging up and the heart scan be baby clean (*Circulation* 85:1799, 1992). Nor does this scan tell you about other effects of the rich Western diet, like breast, colon, and prostate cancer, or multiple sclerosis or rheumatoid arthritis.

Making a Cardiac Cripple

If you flunk this test you are going to have to live with the information. This means you may consider yourself (probably incorrectly) doomed to die of heart disease, and suffer anxiety and depression. If others found out about your scan results you could be denied health and life insurance. Your career potential could be affected if your employer or clients knew you had severe coronary artery disease. Dangerous tests and treatments—many of which have little or no chance of improving your chances of surviving—will likely be recommended to you after positive findings. (Angioplasty being a good example of a treatment that has never been shown to prolong life, which you might be asked to undergo).

Even though half of asymptomatic adults have artery disease as shown by

Ultrafast CT scan, very few are destined to have problems in the near future. At least 95% of healthy men can expect to remain free of coronary events for 10 or more years. The mere presence of disease may not be a sufficient predictor of the future.

DO YOU NEED THIS TEST?

Ask Yourself:

- Do I need more motivation to eat and live healthier?
- Will I make useful changes if I find something's wrong?
- Am I willing to start a lifetime of medication if the scan shows advanced disease?
- Do I have symptoms that might be heart disease?
- Will I abandon healthy eating and exercise if the scan is negative?
- Can I live with more bad news?
- Will this information help me make better decisions for tests or treatments?
- Based on the above answers, is the information worth \$400 to me?

Let's not lose sight of the fact that this technology is potentially a highly profitable procedure. Consider how many asymptomatic people there are who have atherosclerosis—in the United States alone there must be over 100 million people who might qualify for this test. That would be \$40 billion just on the first pass, not to mention the follow-up scans and further tests and treatment generated by a positive scan. The use of this technology should be limited to situations where the results could positively affect a person's future; especially to help direct proper treatment.

MORE INFORMATION

Receive a free video cassette by calling Theresa Michael (415) 583-9964 Ext. 420.

Ultrafast CT scanner locations:

* Indicates you can refer yourself (no doctor's order required)

EASTERN REGION:

St. Francis Hospital—Roslyn, NY (516) 629-2000*

Children's Hospital—Buffalo, NY (716) 878-7560

Deaconess Hospital—Boston, MA (800)896-1048*

Flower Memorial Health Plex—Sylvania, OH (419) 824-1034

Mercy Hospital—Pittsburgh, PA (412) 232-7920
U of Pennsylvania Hosp. Philadelphia, PA (215) 662-3005

SOUTHERN REGION

Lifetech Ultrafast Imaging—Nashville, TN (615) 321-5700*
Memorial Mission Hospital—Asheville, NC (704) 255-6026

MIDWESTERN REGION

U of Illinois—Chicago, IL (800) 639-8378*
High Tech. Med. Park—Palos Heights, IL (708) 361-0220
U of Iowa—Iowa, IA (319) 356-1775*
Mayo Clinic (St. Mary's Hosp), MN—(507) 255-6210
Mayo Clinic (Charlton Bldg), MN—(507) 284-5513
Heartscan Houston—Houston, TX (713) 796-8940
Scott & White Mem. Hosp.—Temple, TX (817) 724-3968

WESTERN REGION

Heartscan San Francisco—S. San Francisco, CA (800) 469-4327*
UCSF—San Francisco, CA (415) 476-2573
UCLA Medical Center—Los Angeles, CA (800) 408-SCAN*
St John's Cardiovascular Res. Ctr.—Torrance, CA (310) 222-2773*
CT Scans of Valencia—Valencia, CA (805) 253-8400
Mayo Clinic Scottsdale—Scottsdale, AZ (602) 301-7549*
Heartscan Seattle—Seattle, WA (206) 363-9870*
Sheilds Diagnostic—Spokane, WA (509) 838-0567*
St. Mary's Regional Med Ctr—Reno, NV (702) 789-3177

Costs range from \$230 to \$700

RESEARCH

BP PILLS AND CANCER

Calcium-channel blockers and incidence of cancer in aged populations by M. Pahor in the August 24, 1996 issue of the *Lancet* found nearly twice the risk of getting cancer for those who took a class of blood pressure pills known as calcium channel blockers (348:493). Those taking verapamil had the highest rate followed by those taking nifedipine and diltiazem. The authors suggest these drugs inhibit the mechanisms that limit cancer growth.

COMMENT: Add cancer to an increased risk of dying of heart disease

(Sept/Oct 1995 Newsletter) and gastrointestinal bleeding (May/Jun 1996 Newsletter) for those taking calcium channel blockers. These medications have not been shown to reduce the risk of dying from any cause—just the opposite has been found. Many doctors find it hard to admit they have been giving their patients potentially harmful drugs, and there is great pressure from the pharmaceutical companies to keep this 8 billion dollar business alive and prospering. I recommend if you are on these medications for blood pressure or chest pain that you ask your doctor if there isn't a better way—no medication or another kind of medication. A commonly prescribed alternative in many cases would be a β -blocker for blood pressure and heart patients, and a nitroglycerine preparation for chest pain.

BP OVER-TREATMENT KILLS

Incidence of myocardial infarction in elderly men being treated with antihypertensive drugs: population based cohort study by J. Merlo in the August 24, 1996 issue of the *British Medical Journal* found men treated with blood pressure pills to cause their diastolic (bottom number) pressure to go below 90 mmHg had a fourfold increase in incidence of heart attacks compared to those whose diastolic blood pressure was treated so it remained above 90 mmHg (313:457). The authors point out that the effectiveness of reducing heart attacks by treating blood pressure is questionable and treating high blood pressure may actually increase the risk of heart attack. The main drugs used in this study were β -blockers and diuretics.

COMMENT: Over treatment with blood pressure medication decreases the perfusion pressure to the heart muscle and thereby decreases blood flow which may be the reason for increased risk of death and heart attacks. People on blood pressure medication should keep their diastolic pressures between 90 to 100 mmHG (difficult task). Without medication, a normal blood pressure is 110/70 or less. (For a thorough review of this subject see The McDougall Program for a Healthy Heart, chapter 13).

MIDWIFE-CARE

Randomised, controlled trial of efficacy of midwifery-managed care by D.

Turnbull in the July 27, 1996 issue of the *Lancet* found mid-wife care for healthy women, integrated within existing services, is clinically effective and enhances women's satisfaction with maternity care (348:213). Women taken care of by midwives were less likely to have an induction of labor and episiotomy, compared to a group which also involved care by doctors. Perineal tears and complications were the same for both groups. However, satisfaction of care from early pregnancy to long after delivery was found to be much higher in the midwifery group.

COMMENT: Doctors and hospitals have depersonalized the birth experience for many women and health care costs have risen as a result of medical intervention. It is time childbirth be reclassified from an illness to a natural part of human life—avoiding high-tech intervention except in those few cases that need the extra help.

BRAIN TISSUE IN MEAT

Brain emboli in the lungs of cattle after stunning by T. Garland in the August 31, 1996 issue of *Lancet* found brain tissue in the left and right branches of the main arteries to the lungs in 2.5% to 5% of cattle after slaughter (348:610). The stunning device is an air driven bolt that hits the cow's head with such a force that brain tissue is dislodged and spread through the blood-stream. The prion protein that causes mad cow disease is known to be most concentrated in the brain tissue, and feeding brain tissues to other animals as a feed additive is a notorious form of transmission of mad cow disease among animals.

COMMENT: Mad cow disease, transmitted by eating cows, is believed to be the cause of a fatal brain disease called Creutzfeld-Jakob disease in 10 cases of young people in Britain. Just 10 years after the epidemic of mad cow disease began in Britain these cases began to appear in humans. Most people have eaten brain tissue without knowing it because industrially prepared bovine brain pool homogenates were used as binding agents for the preparation of hamburgers, sausages, and other lunch meats (*Lancet* 347:1704, 1996). Cooking at temperatures required for sausage production is insufficient to kill the prion protein. Another, previously unrecognized, source of "brain food" is from the slaughter. According to the authors, "It is likely that the prion pro-



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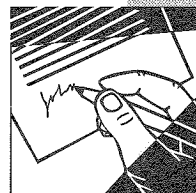
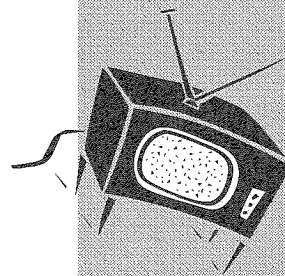
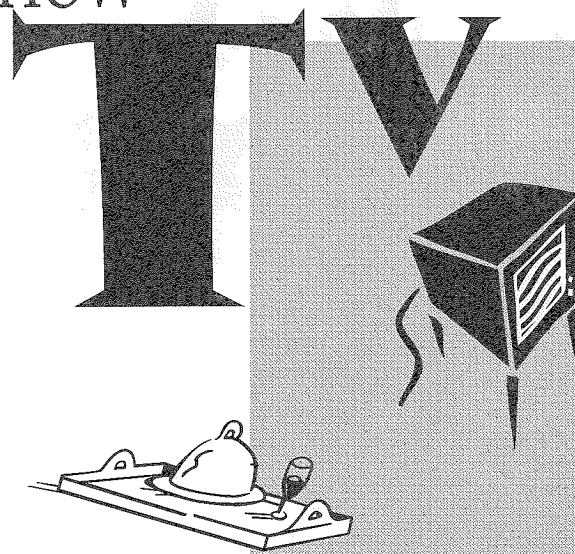
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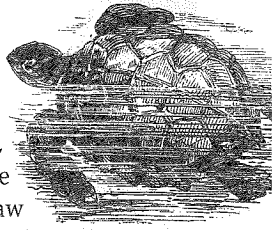
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1997 CRUISE TO COSTA RICA



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more. We saw toucans, scarlet macaws, monkeys, sloths, Jesus Christ lizards, coati-mondis, iguanas, tapirs, leaf cutter ants, butterflies, pelicans, red-headed woodpeckers, porpoises, sea turtles, tropical fish and much more. This is an adventure cruise, where you explore the rain forests with expert guides. Each evening a naturalist gives a presentation and outlines the events for the next day. There is a choice each day of three or more hikes of varying difficulty - from athletic to a casual stroll. One day is spent snorkeling or scuba diving. There are rafting trips up the river and across bays to observe the waterfowl. Almost daily, we paddled kayaks and swam

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teins are found throughout the bodies of animals stunned for slaughter."

PROSTATE DRUGS

The efficacy of terazosin, finastride, or both in benign prostatic hyperplasia by H. Lepor in the August 22, 1996 issue of the *New England Journal of Medicine* found a blood pressure pill known as Hytrin (terazosin) worked better than a testosterone blocking drug Proscar (finasteride) for relieving symptoms related to an enlarged prostate (335:533). The Proscar was only a little better than placebo, and when Proscar was added to Hytrin, the combination was no better than Hytrin alone. Side effects caused 5% to 8% to drop out of the study.

COMMENT: Benign prostatic hyperplasia is caused by the high fat American diet, that raises blood levels of testosterone. Logically, it would make sense to use a drug that inhibits testosterone activity, like Proscar. Unfortunately, it doesn't seem to work. Hytrin works by relaxing the smooth muscles around the bladder neck and in the prostate, improving the flow of urine.

There are two alternatives someone with prostate symptoms should consider. An alternative to these two drugs discussed above is a herb, purchased in a natural food store, called Saw Palmetto. An alternative to surgery (transurethral prostate resection) is a technique that heats the prostate using microwave, causing the tissue to shrink, leaving a larger opening for the passage of urine. The technique, called transurethral microwave thermomagrahy (TUMT), has been used for years in Canada, and is just being introduced into the US. Ask your urologist.

ESTROGEN THERAPY FOR ALZHEIMER'S

Effect of estrogen during menopause on risk and age at onset of Alzheimer's disease by M. Tang in the August 18, 1996 issue of the *Lancet* found use of estrogen delayed the onset and decreased the risk of Alzheimer's disease (348:429). The study included 1124 elderly women free of Alzheimer's and other neurologic diseases. With estrogen use the risk of Alzheimer's was 5.8% and without use, 16.3%. There are

some biochemical reasons estrogen therapy may have this protective effect on women, including improved circulation, slowing nerve cell aging, and improving glucose metabolism (*Lancet* 348:420, 1996).

COMMENT: The incidence of Alzheimer's disease has increased 10-fold in the past decade, at the same time more women have been taking estrogen supplements after menopause. Therefore, Alzheimer's must be due to something other than a decrease in estrogen production at menopause. Scientific evidence strongly incriminates aluminum exposure to the cause of Alzheimer's (See The McDougall Program, page 304 to 306, for a thorough review). Not everyone exposed to aluminum develops Alzheimer's; therefore there must be other factors involved. Estrogen supplementation seems to be one of the protective factors. Other risk factors for more Alzheimer's include head injury, female sex, hypothyroidism, and depression. Higher education, smoking and use of non-steroidal anti-inflammatory agents (aspirin, Advil) are protective.

TESTOSTERONE MAKES MUSCLE

The effects of supraphysiological doses of testosterone on muscle size and strength in normal men by S. Bhasin in the July 4, 1996 issue of the *New England Journal of Medicine* found testosterone supplementation, especially when combined with strength training, increased fat-free mass and muscle size and strength in normal men (335:1). Forty-three men were assigned to one of four groups: placebo with no exercise; testosterone with no exercise; placebo plus exercise; and testosterone with exercise. They received either 600 mg of testosterone or placebo by injection for six weeks. Testosterone with exercise did best, but testosterone alone did better than placebo. Testosterone without exercise caused more muscle mass gain than exercise without testosterone. However, strength was much more improved with exercise than with the hormone treatment alone.

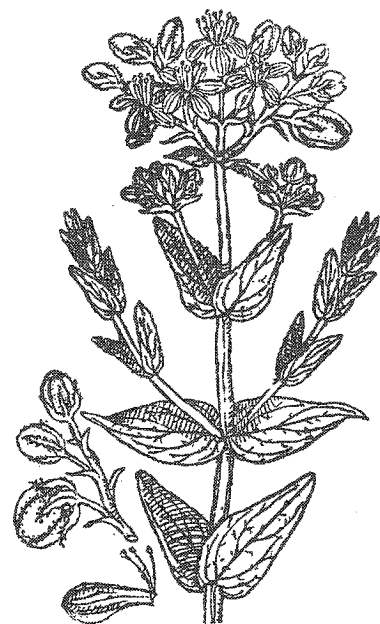
COMMENT: Obviously steroids work, as every body builder knows. However, the side effects are significant, including acne and testicular atrophy. These hormones also raise cholesterol levels and increase your risk of

prostate cancer.

HERBS FOR DEPRESSION

St John's wort for depression—an overview and meta-analysis of randomised clinical trials by K. Linde in the August 3, 1996 issue of the *British Medical Journal* found evidence that extracts of the hypercium are more effective than placebo for treatment of mild to moderate depression (313:253). Extracts of a plant, *Hypericum perforatum*, commonly called St John's wort, have been used in folk medicine. They are licensed in Germany for treatment of anxiety and depression, and sleep disorders. There are at least 10 compounds that may provide effects, but hypercium appears to be the most active ingredient. Side effects are mild and rare—most commonly gastrointestinal symptoms, allergic reactions, and fatigue. Two to four weeks are required to develop mood elevating effects.

COMMENT: Now you have four alternatives to doctor prescribed drugs to relieve depression. Exercise relieves mild depression and anxiety by producing endorphins in the nervous system. A healthy, low-animal-protein diet, allows the production of neurochemicals, like serotonin, that elevate mood. Avoiding too much sleep is one of the most powerful antidepressants, because for many people sleep produces a depressogenic substances. (See The McDougall Program for Maximum Weight Loss, chapter 11 for more details.) And now herbals help.



St. John's Wort

MARILYN'S SMOKED BLACK BEAN SOUP

Servings: 10

Preparation Time: 20 minutes

Cooking Time: 3 hours

2 cups dried black beans
8 cups water
2 cups chopped celery
2 cups chopped carrot
1 yellow onion, chopped
1 green bell pepper, chopped
1 cup soy milk
¾ cup barbecue sauce
¾ cup sun-dried cranberries
½ cup dry white wine (optional)
3 tablespoons vegetable broth mix
2 tablespoons Worcestershire sauce (optional)
1 tablespoon dried basil
1 tablespoon dried thyme
1 tablespoon liquid smoke seasoning
1 teaspoon Tabasco sauce
1 bunch fresh cilantro, chopped
1 cup broccoli florets (optional)

Place beans in a large soup pot, cover with water and soak overnight. Drain, add the 8 cups water and bring to a boil. Reduce heat to low, add all the ingredients except the cilantro and broccoli. Cover and cook over low heat until tender about 3 hours. Add more water, if necessary. Add the cilantro and optional broccoli about 15 minutes before the end of the cooking time.

Contributed by Marilyn Talley
of Reno, NV

GRILLED PORTOBELLO MUSHROOMS

Servings: 4

Preparation Time: 5 minutes

Cooking Time: 10 minutes

4 large portobello mushrooms
¼ cup balsamic vinegar OR soy sauce
1 teaspoon minced fresh garlic
several twists fresh ground pepper

Clean the mushrooms well and leave whole or slice thickly crosswise. Combine remaining ingredients in a small bowl. Brush mushrooms with this mixture on both sides and grill over medium coals for about 5 minutes on each side. Brush with more mixture while grilling. Serve at once.

Recipe Hint: Whole portobello mushrooms make delicious burgers. Serve them on a sliced whole wheat bun with lettuce, tomatoes, onions, ketchup and mustard. They have a wonderful meaty

Recipes

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taste and texture. For variation, I sometimes brush teriyaki sauce over the mushrooms before grilling.

GRILLED RED POTATOES

Servings: 4

Preparation Time: 10 minutes

Cooking Time: 10 minutes

6 medium red potatoes, scrubbed
1-2 teaspoons Cajun seasoning mix

Place potatoes on paper towel in microwave oven. Cook for 5 minutes on one side, turn over and cook for another 5 minutes. Remove from oven and place in a bowl of cold water. Drain and pat dry. Cut in half lengthwise and carefully thread onto skewers. Sprinkle cut side with seasoning blend. Place on grill over medium coals and grill for 5 minutes on each side, until tender and brown.

Recipe Hint: Other seasoning blends may also be used, such as chili powder, Italian blend or another favorite blend. We eat these with ketchup or various barbecue sauces.

SPICY MONGOLIAN NOODLES

Servings: 4

Preparation Time: 15 minutes

Cooking Time: 10 minutes

10 ounces uncooked udon noodles
⅓ cup water
1 tablespoon grated fresh ginger
2 teaspoons minced fresh garlic
1 bunch green onions, cut in ½ inch pieces
4 ounces fresh shiitake mushrooms, stemmed and sliced
4 cups vegetable broth
¼ cup soy sauce
½ teaspoon Sambal Oelek (ground fresh chili paste)
1 10.5 ounce package extra firm lite silken tofu, cut into cubes

4 cups sliced bok choy greens
⅓ cup chopped cilantro

Put a large pot of water on to boil. Drop udon into boiling water and cook until tender, 8 to 10 minutes. Drain and set aside. Meanwhile, place 1/3 cup water, ginger and garlic in a large soup pot. Cook and stir for 2 minutes. Add onions and mushrooms. Cook and stir for 3 minutes. Add broth, soy sauce and chili paste. Cover and bring to a boil. Add tofu and bok choy. Cook for 2 minutes. Turn off heat. Add cooked noodles and cilantro. Stir to mix. Serve at once.

Recipe Hint: To serve, remove noodles from broth with tongs, then ladle some broth over the noodles.

SUMMER FETTUCCINE

Servings: 8

Preparation Time: 15 minutes

Cooking Time: 20 minutes

1 pound fettuccine or other pasta
½ cup water
½ teaspoon minced fresh garlic
1 small onion, cut in wedges
2 large tomatoes, chopped
2 yellow summer squash, thinly sliced
1 cup cut fresh green beans
1 cup corn kernels
¼ cup finely chopped fresh basil
2 tablespoons chopped fresh parsley
1 6 ounce can tomato paste
fresh ground pepper to taste

Place the water in a large saucepan. Add the garlic and onion. Cook and stir for 2 minutes. Add the tomatoes, summer squash, green beans, and corn. Cook, stirring frequently for 5 minutes.

Put a large pot of water on to boil. Drop the pasta into the boiling water and cook according to package directions.

Add basil, parsley and tomato paste to vegetable mixture. Cook over low heat, stirring occasionally for about 15 minutes, until vegetables are tender. Season to taste with fresh ground pepper.

Drain pasta and place in a large bowl. Spoon the sauce over the pasta and serve at once.

Recipe Hint: 1 cup of sliced mushrooms may be substituted for the corn, if desired. Zucchini may be used in place of the summer squash. Try this with gnocchi instead of pasta. Your kids will love it!

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 on Primestar

Starting Oct. 6, "McDougall" the TV show will be on Primestar satellite, channel 120, early Sunday mornings. If you need more information or know of a TV station that would like to carry us, call (800) 570-1654.

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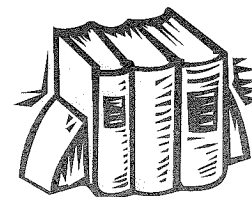
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