

The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL



MARY & JOHN McDUGALL

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Cookbook News

The New McDougall Cookbook, with over 300 recipes, is now available in paperback for only 13.95 plus S&H! See page 8 for ordering information.

NUTRITION FOR PREGNANCY

Biologically speaking, pregnancy is the time when women are the most important to their species, therefore they should be at their healthiest. Unfortunately, for the most part, in our modern society pregnant women tend to be sick women. They are often fat, swollen, constipated, uncomfortable, and lethargic. Many are on medications for diabetes and high blood pressure. For one-fourth of these pregnant women, the grand finale of this life giving orchestration ends in surgical removal of the baby. Often at the source of all this trouble are doctors, dietitians, mothers, and mother-in-laws telling the mother-to-be to drink at least four glasses of milk a day for calcium, and to eat plenty of meat for protein every day.

Most of us will try any kind of diet for ourselves, but when it comes to our unborn children we become ultraconservative. I know: it happened to us. Mary and I made the final adjustments to installing our strict vegetarian diet shortly after the birth of our second child in 1975. Five years later Mary became pregnant with our third. In no time she began buying cheese, fish, and eggs, reverting to old reasoning that this high-protein, high-calcium food was essential for a healthy pregnancy—even though I suspected she knew better. At three months she had a miscarriage. This traumatic event caused her to rethink her

decisions. Two years later she was pregnant again. I waited for the return of cheese, or at least some fish, into our household—it never happened. Her experience of losing the last baby had cured her of fear-driven action. During the entire nine months of pregnancy she had no meat, foul, fish or dairy products—please note: not that these foods had necessarily caused her previous miscarriage, but that the introduction of these foods last time had not actually guaranteed a successful pregnancy.

30 years ago, a Joint Expert Group of the Food and Agriculture Organization of the World Health Organization pronounced that nutrition was of no great importance in pregnancy. Today, experts disagree on issues as important as proper weight gain, basic physiological adaptations of pregnancy, and the requirements for energy, protein and micronutrients.

Mary reports that she has pleasant memories of this last pregnancy—says she felt energetic every day and that her rings always fit her fingers without the slightest swelling. At the time of Craig's birth she had gained only 20 pounds, and after delivery she was only 5 pounds heavier than her prepregnancy weight. In a week she'd lost that extra 5 pounds, and over the next three years, with the help of nursing and by eating a starch-based diet, she kept her weight at 5 pounds less than her prepregnancy weight. She feels this was one of the happiest and healthiest periods of

her life.

Historical Perspective

Different cultures have offered a wide variety of recommendations for the diet of pregnant women. Sometimes special foods

are recommended, and at other times foods are restricted. In ancient China, women were discouraged from consuming foods that were believed to influence the appearance of their children. For example, turtle meat was believed to produce a short-necked infant and goat meat a child with a stubborn disposition. In 1889, a Dr. Prowchownick of New England prescribed a particular diet for his pregnant patients. As a result of insufficient sunlight exposure, women who worked in sweatshops were developing rickets that resulted in a contracted pelvis, causing difficult deliveries. Believe it or not, his diet was designed to stunt the growth of the fetus during the last months of pregnancy! To obtain these results the women ate a high protein diet, restricted in fluids and calories. This approach was also popular in the US until after World War I, when it was observed that the low level of preeclampsia seen in Germany during the war appeared due to a decrease in meat intake. (Preeclampsia is the development of hypertension with protein in the urine or edema, or both, during pregnancy.)

Thirty years ago, a Joint Expert Group of the Food and Agriculture Organization of the World Health Organization pronounced that nutrition was of no great importance in pregnancy. Today experts disagree on issues as important as proper weight gain, basic physiological adaptations of pregnancy, and the requirements for energy, protein, and micronutrients. During the early 1940s, in an attempt to reduce the risk of preeclampsia, women were put on calorie and sodium-restricted diets, and were sometimes prescribed appetite suppressants and diuretics to limit weight gain to 15 to 20 pounds.

Avoidance of excess weight gain remained the doctrine of practice until the 1960s, when it was observed that this restriction was often resulting in small babies bearing a higher death risk. Most doctors since that time have encouraged their patients to eat, and not to worry about extra weight gain. Now both mother and baby too often become too big.

The female birth canal was designed to allow a baby weighing 5 to 8 pounds to fit through—the size they tend to grow when mothers eat a healthy, plant-based diet. With unrestricted weight gains for the mothers, babies these days are weighing in at 10 to 12 pounds—a size often too big to comfortably fit through the mother's pelvis. Big babies are harder to deliver and as a result, injury and death are more likely. Harm to the mother and the possibility of cesarean section birth is increased by about 50% (*Obstet Gynecol* 79:664, 1992). What a predicament! If you feed too little food to mom then baby's too small; too much food and baby's too big. Just proves you can't

make something so wrong as the rich Western diet right by simply changing portion size.

Energy Is Required to Grow a Baby!

To grow a baby, 60,000 to 80,000 extra calories are required. That's an extra 250 to 300 calories a day during the second and third trimesters. The simple carbohydrate glucose, derived originally from plant sources, is the primary metabolic fuel for the growing embryo, fetus, and newborn immediately after delivery. Pregnant women become hungrier, especially during the last two trimesters of pregnancy. As a result they eat more food, taking in more calories and more of all the essential nutrients these foods should supply. Calorie intake is estimated to increase from 2200 kcal to 2500 kcal a day. However, in many parts of the world women do not eat more food. Instead, they gain the extra calories by increased body efficiency. Physically hard-working pregnant women from the Philippines and rural Africa take in no more, and often fewer calories, than before pregnancy (*Lancet* 2:363, 1984 & 2:1129, 1987). Fortunately, their foods are primarily nutrient-dense vegetable foods which will easily provide the raw materials to grow a healthy baby.

How Much Protein Is Enough?

Protein is, of course, an essential nutrient, but most of us have been taught to regard it as an almost magical determinant of health and the outcome of pregnancy. A study of dietary intervention with pregnant Guatemalan women who ate sparsely showed the effects of the composition of the diet. In two villages a high protein-calorie supplement was made available; in the other two villages a drink provided calories without protein. The study found birth weights were influenced by the number of calories consumed, rather than by the protein content of the supplements. (*Stein Z, The Journal of Reproductive Medicine* 21:287, 1978). Those receiving the extra protein actually had worse outcomes; the supplementation of protein during pregnancy resulted in more underweight infants, an increase in premature deliveries, and an excess death rate of the newborns. (*Stein Z, The Journal of Reproductive Medicine* 21:287, 1978). Despite claims that pregnancy-induced hypertension can be prevented with a high protein diet, there is no evidence that a high protein intake per se during pregnancy is beneficial—and that in some instances it actually may prove harmful (*Am J Obstet Gynecol* 147:354, 1983; *Pediatrics* 65:683, 1980).

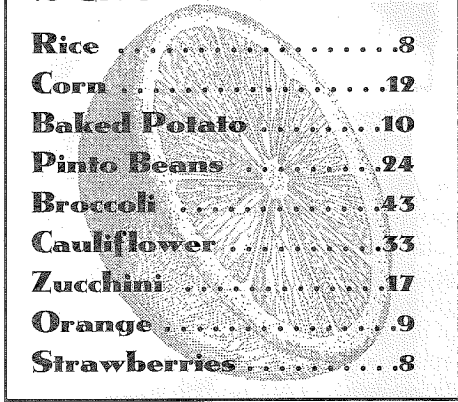
During the last six months of pregnancy, only 2 pounds of protein (5-6 grams a day) are deposited in mother and infant. A starch-based diet provides between 44 and 130 grams of protein for the woman consuming 2200 kcal daily. The World Health

Organization recommends 6% of the calories from protein for a pregnant woman and 7% for lactating women. This amount is easily supplied by plant sources:

How Much Mineral Is Required?

Minerals are vital for the development and

% Calories as Protein



Rice8
Corn12
Baked Potato10
Pinto Beans24
Broccoli43
Cauliflower33
Zucchini17
Orange9
Strawberries8

health of the unborn infant. Fortunately, they are abundant in almost all diets, especially those based around plant foods. Minerals, including calcium, copper, iodine, iron, and zinc, are found originally in the ground. Plants incorporate them in their parts to be consumed by animals. Thus, the more plants we eat, the more minerals we consume.

Calcium

The pregnant woman provides about 30 g, about 2.5%, of her body's calcium to the developing baby. During pregnancy, calcium absorption by the intestine and its retention by the mother (through decreased losses via the kidneys) is increased, meeting the needs of the mother and baby. Although calcium intakes vary widely around the world, no specific problems associated with dietary calcium deficiency have been identified (*Am J Clin Nutr* 59:477S, 1994). According to researchers reporting in the *American Journal of Clinical Nutrition*, "More research is required before we can be confident about advising women to increase their calcium intakes during pregnancy." The fear of calcium deficiency from not drinking enough milk has caused near-hysteria among pregnant and nonpregnant women; yet the fact is — dairy products are truly unnecessary for good health. This statement is substantiated by the fact that calcium deficiency of dietary origin is unknown in humans—and of course, that billions of women worldwide simply don't consume milk after weaning.

Iron

Iron is a constituent of hemoglobin, myoglobin, and several enzymes. Iron deficiency during pregnancy can result in an increased risk of premature delivery, lower birth weight, and greater risk of death. The

amount of iron in a woman's body is about 2.2 g, which is equal to the weight of a dime. New tissues of the fetus and mother require extra iron amounting to about 1 g total. Between 12 and 36 weeks the ability of the gut to absorb iron increases 9.1 times as a physiological consequence of normal pregnancy (*BMJ* 309:79, 1994).

Iron supplements taken during normal pregnancy have not been shown to offer any clinical benefit and may even prove harmful to some women (*JAMA* 270:2846, 1993). Iron supplementation can result in the inhibition of absorption of zinc from the intestines (*Am J Clin Nutr* 50:141, 1989; *Obstet Gynecol* 70:593, 1987). They can irritate the gastrointestinal tract, causing nausea, vomiting, or constipation, and may overstimulate the production of blood. Elevated blood (hemoglobin) levels are associated with an increase of the same poor outcomes of pregnancy as iron deficiency, perhaps because high hemoglobin is associated with preeclampsia. Fatal iron overdose has occurred in children who have ingested Mommy's colorful iron supplements. I doubt that nature intended women to take pills in order to remain healthy during pregnancy.

The total dietary iron intake of vegetarians has been reported to be higher than that of nonvegetarians (*Am J Clin Nutr* 40:896, 1984; *J Plant Foods* 6:89, 1985; *Hum Nutr: Appl Nutr* 41A:204, 1987). A diet based on plant foods is high in ascorbic acid (vitamin C) which enhances the absorption of iron. Just as important, a healthy diet avoids milk products, tea, and coffee, all of which inhibit iron absorption, causing iron deficiency. Approximately 5 mg of extra iron per day is required during the latter half of pregnancy. Plant products offer plentiful supplies of iron:

Iron in Food Products

MG/100 CALORIES:

Asparagus	2.7
Beef	0.8
Cherries	0.8
Chicken	0.6
Beans (white)	1.8
Fish (salmon)	0.7
Broccoli	3.4
Milk	0.0
Rice (brown)	0.4
Cheese	0.0
Carrots	1.2
Eggs	1.3

Vitamin Requirements

Eleven of the thirteen recognized vitamins are synthesized by plants and are therefore abundant in a starch-based diet. The twelfth, vitamin D, is actually a hormone produced by the action of sunlight on plant sterols found in the skin. The thirteenth, vitamin B-12, synthesized only by certain bacteria and a few algae, needs to be supplemented in the diet of pregnant and nursing women who follow a starch-based diet (devoid of all animal products). Animal products store B12 and therefore are a plentiful source of this vitamin; whereas plants do not make or store B-12.

The actual risk of problems from low B-12 intake is extremely small; however, there have been a few of cases of biochemical changes indicative of B-12 deficiency reported in infants born to mothers who have been long time vegans. Blood B-12 levels were reported as below normal in babies born to women on a macrobiotic diet (all plant food diet). No significant clinical symptoms of neurological problems were reported (*Am J Clin Nutr* 50:818, 1989). However, to avoid any risks, pure vegetarian women who are pregnant or breast-feeding should add a non-animal source of B-12, such as a vitamin supplement, to their daily diet (approximately 5 micrograms/day).

Supplementation can cause serious problems. The potential for harm to the unborn baby from vitamin A found in pills and animal products—a form called retinol—has been known for over 40 years. The risk of birth defects is 480% greater for women taking doses of vitamin pills of more than 10,000 IU daily, compared to those taking less than 5000 IU daily (*N Engl J Med* 333:1369, 1995). The risk of having a child with a malformation, especially of the head and face, nervous system, thymus, and heart, is 1 infant in 57 from vitamin A supplementation. In addition to caution toward vitamin pills, pregnant women should be advised to avoid liver and liver products because of their often high and variable vitamin A content. Dairy products and some vitamin-fortified foods can also provide a significant amount of this teratogenic form of vitamin A. This risk is not found with the plant form of vitamin A precursor, called beta-carotene.

Folic Acid Deficiency

In stark contrast to the mild and rare effects of B-12 deficiency during pregnancy is the almost universal deficiency of folic acid in women who follow the typical Western diet. Folic acid, one of several compounds called folates, is the most frequently encountered vitamin deficiency in the population of the United States and is the most common cause of megaloblastic anemia during pregnancy (an anemia characterized by very large

blood cells). But the problems of folic acid deficiency prove to be much worse for the unborn baby.

Conclusive evidence shows folate deficiency causes incomplete development of the spine, skull, and the enclosed spinal cord and brain. These malformations, called neural tube defects, are the second most common major birth defect in children in the United States (surpassed only by congenital heart-defects).

Micrograms of Folic Acid

IN ONE CUP COOKED:

Black beans	256
Garbanzo beans	282
Peas	127
Barley	128
Corn	76
Asparagus	176
Broccoli	104
Green cabbage	40
Orange	60
Chicken	16
Milk	12
Beef	12
Cheese	36
Fish	10
Beef Liver	420
Olive Oil	0
Margarine	0
Butter	0

Vitamins must be present in good supply in a woman's body long before conception and the early months of pregnancy because such abnormalities as those described above tend to occur during the first few days of fetal development; for example, in the case of neural tube defects the damage is done approximately 2 weeks after her first missed menstrual period. The best way to assure sufficient folic acid would be to have women eat a plant-based diet for their lifetimes. Folic acid used for pills is only one of a number of important folate compounds and other essential nutrients that occur naturally in vegetables. Moreover, the entire diet plays a pivotal role in proper development. Obese women are known to be two to four times as likely to have babies with debilitating birth defects as trim women (*JAMA* 275:1089 & 1093, 1996). Even adequate folic acid intake does not reduce the risk for the heaviest women. The typical American diet contains less than 200 micrograms of folates daily. Ideally, well over 400 micrograms daily should be consumed. Think foliage!

Chemicals and Birth Defects:

Birth defects are now acknowledged as the leading cause of infant mortality, and they

account for much of the disability in children in the United States and other developed countries. Chemicals are known to damage the genetic DNA of the unborn child. Although there are several ways these chemicals can enter a woman's body—through the lungs, skin and mouth—the foods we eat provide by far the greatest chemical assault on the fetus. Since these chemicals are attracted to and concentrated in body fat, the greatest concentrations of chemical contamination are found at the highest levels of the food chain (meat and dairy).

A recent study of school-age children in Michigan found, on the average, a 6.2 point decrease in IQ scores in those exposed to low levels of polychlorinated biphenyls (PCBs) in utero (*N Engl J Med* 335:783, 1996). Although use of PCBs has been banned in the United States since the 1970s their residues persist in the environment and find their way into our food supply.

Women who ate at least 26 pounds of Lake Michigan salmon or lake trout over the past six years had offspring with reduced IQ's indicating deficits in general intellectual ability, short- and long-term memory, and focused and sustained attention. Fatty fish are a major source of human exposure, but dairy products and meats are also important sources of these nervous system-damaging contaminants.

Effects of environmental chemicals may be seen in development abnormalities of the sexual characteristics of boys. According to an article by in the May 1993 issue of the *Lancet* (341:1392), "The incidence of disorders of development of the male reproductive tract has more than doubled in the past 30-50 years, while the sperm counts have declined by half." Both semen volume and sperm count have fallen and disorders such as testicular cancer, urethral abnormalities, and failure of the testes to descend (cryptorchidism) are statistically on the rise. The cause is believed to be estrogens found in the environment, because these abnormalities are similar to those seen in sons born to women who were once treated with estrogens (DES) during pregnancy.

There are several sources of these environmental estrogens: In modern farming, cows continue to lactate at the same time they are pregnant. The pregnancy results in high levels of estrogen (estrone sulphate) excretion into their milk. DES and other synthetic estrogens have been used widely in the livestock industry to promote cattle growth for more than 30 years, and for the first 20 years of their use they were not recognized as a risk to humans. Many estrogen-like chemicals, such as dioxins, are found in the environment where they make their way up

through the food-chain (*Lancet* 341:1392, 1993).

Substances intentionally put into our foods are also potentially damaging to unborn children. Brain cancers account for about one in five childhood cancers. The most common kind of brain cancer in young children, known as astrocytomas, has been linked to mother's eating cured meats, which contain cancer-causing nitrosamines (*Cancer Causes & Control* 5:177, 1994). Further research has found vegetables, fruit, and fruit juices in the mothers diet act protectively against the development of brain cancers (*N Engl J Med* 329:536, 1993).

The Best Diet

Throughout history, and even today, most babies have been born to women who followed diets based on a variety of starchy vegetables, with no dairy products and very little meat. Modern examples include the people of China and India (rice), the Middle East (rice and garbanzo beans), and most African nations (grains and beans). Rich foods including meats, poultry, fish, and refined and processed foods, are limited to small amounts daily or eaten on special occasions. The result of this superior nutrition for baby and mother can be seen in a modern example. Immigrants from Mexico, who consume a diet high in beans and rice, and low in meat and dairy products, with more vitamins A and C, folate, iron, and vegetable protein, have fewer low birth weight infants, infants who grow too slowly in the uterus, and infant deaths than white Americans or Mexican Americans (*Lancet* 344:352, 1994).

Pregnancy is a normal state of health, not a pathological one. A pregnant woman's body undergoes many natural adjustments to nourish and support fetal growth and development, and at the same time, prepares her for subsequent nursing, while taking in more baby-building calories, fats, proteins, carbohydrates, vitamins and minerals. On a starch-based diet her system is in balance; the hunger drive matches the proper quantities of vegetable foods, so the expectant mother remains trim and healthy during these important months.

Pregnancy provides what is called a "teachable moment" when most women are willing to rethink, relearn, and actively change their behavior to enhance the making of a perfect baby. This is a golden opportunity to introduce healthy changes in diet and lifestyle, and an ideal time to clean up bad habits. In attaining this goal, a woman can seize that powerful instinct to preserve and protect her own precious child; to harness the best information and develop healthy new habits—the habits which will ultimately serve her, and her growing children, for life.

RESEARCH

PROSTATE CANCER SCREENING FRAUD?

Controversies in prostate cancer screening. Analogies to the early lung cancer screening debate by M. McNaughton in the December 25th, 1996 issue of the *Journal of the American Medical Association* recommends caution for widespread cancer screening programs until experimental evidence shows such screening does more good than harm (276:1976).

The authors compare present day enthusiasm for prostate cancer screening with screening for lung cancer in the 1950s by chest x-rays and sputum cytology. In 1951 chest x-ray was considered one of the most inexpensive detection procedures with an average cost of \$80. "Pressure was placed on primary physicians, whose offices were described as cancer detection centers, to screen, with guilt implied by assertions that every physician in active practice shoulders part of the cancer burden, the burden of early detection is upon the physician, who sees patients before the surgeons, and errors of commission will be looked upon with sympathy and understanding, but errors of omission will not be tolerated."

COMMENT: The theory of cure for lung cancer was not adequately tested in controlled trials for lung cancer back then. When the tests were finally done, the ineffectiveness and harm from such screening was discovered. These days the same situation appears to exist with prostate cancer screening with prostate specific antigens (PSA), rectal exams and ultrasound. When the tests are finally done for prostate cancer, they may also be found useless. However, in both settings—lung cancer in the 1950s and prostate cancer screening today—the burden of proof wrongly rests with those who question the effectiveness of screening.

One reason screening is so ineffective is the treatments available are also ineffective. Survival of untreated patients with prostate cancer is similar to those who receive radiation and/or surgery. "Fifteen-year survival in prostate cancer—a prospective, population-based study in Sweden" just reported in the *Journal of the American Medical Association* found that there was an 80% chance the patient would not have died of prostate cancer 15 years after diagnosis of local disease if they had no treatment (277:467). The reason surgery and radiation make so little difference is by the time of diagnosis those tumors likely to spread and kill have already done so and those that haven't, never will spread. The authors of this study conclude, "Given the risk of

doing more harm than good, even randomized trials to assess the full impact of screening may be unethical."

SELENIUM AND CANCER

Effects of selenium supplementation for cancer prevention in patients with carcinoma of the skin—a randomized controlled trial by L. Clark in the December 25th, 1996 issue of the *Journal of the American Medical Association* found no protection for cancers of the skin, but protection from cancers of other sites—lung, colorectal, and prostate—and all causes of death were decreased by 48% in those who took selenium (276:1957). This study of 1312 patients randomized to receive either placebo or 200 micrograms of selenium per day found a 39% reduction in cancer incidence. The reduction in risk of lung cancer within 5 years was greater than the effect of stopping smoking.

COMMENT: Selenium inhibits cancer growth, causes the destruction of cancer cells in tissue cultures, and has an anticancer activity in animals. Because of its antioxidant activity it can repair damage of DNA that leads to cancer. Worldwide and nationwide, there is an inverse relationship with selenium levels in the environment and cancers. Other studies with lower doses of selenium have not shown such protection against total cancer (*J Natl Cancer Inst* 85:1483, 1995). Too much selenium can have adverse effects including chronic dermatitis, fatigue, and dizziness. The author of an accompanying editorial concluded, "For now, it is premature to change individual behavior, to market specific selenium supplementation, or to modify public health recommendations based on results of this one randomized trial." "Meanwhile as we await the results of further prevention research, known lifestyle changes that can reduce cancer risk (such as smoking cessation, consuming adequate amounts of fruits and vegetables each day, reducing intake of animal fat, and increasing physical activity) should be implemented." (*JAMA* 276:1984, 1996).

START ESTROGEN AFTER 60

Timing of postmenopausal estrogen for optimal bone mineral density—the Rancho Bernardo Study by D. Schneider in the February 19, 1997 issue of the *Journal of the American Medical Association* found there was no significant difference in bone mineral density (BMD) levels at any site between those who started estrogen at menopause (with 20 years of use) and those who started after age 60 years (with 9 years of use) (277:543). Altogether 909 women, age 60 to 98, were studied.

COMMENT: Estrogen therapy taken at the

time of menopause may preserve bone during its use, but not later in life. Rapid loss of BMD has been reported to occur one year after stopping therapy (*J Bone Miner Res* 9:277, 1994). Since estrogen therapy is associated with an increase in risk of breast and uterine cancer, and gallbladder disease, less exposure should reduce the risk of developing these diseases. Low doses of estrogen (.3 mg/day) when combined with calcium supplementation have been found as effective as higher doses (0.625 mg/day) in preventing bone loss (*Ann Intern Med* 106:40, 1987). Therefore, to reduce the risk of adverse effects of estrogens and still get the maximum protection for the bones, a small dose of estrogen started after the age of 60 years and continued throughout the remaining years may be the best strategy. However, many women will want to use estrogens early to alleviate symptoms of menopause, and many more will never choose to take HRT. For better ways to use estrogens and progesterone see the Nov/Dec 1995 issue of *The McDougall Newsletter*.

ZINC AND THE COMMON COLD

Zinc gluconate lozenges for treating the common cold—a randomized, double-blind, placebo-controlled study by S. Mossad in the July 1996 issue of the *Annals of Internal Medicine* found complete resolution of cold symptoms occurred in 4.4 days in those using the zinc compared to 7.6 days in those on placebo. However, more side effects—nausea and bad-taste reactions—were seen in the zinc group compared to the placebo group. Lozenges containing 13.3 mg of zinc were started at the onset of cold symptom. They dissolved 1 lozenge in their mouth every 2 hours while awake.

COMMENT: More than 200 viruses can cause the common cold. Three previous studies showed a beneficial effect of zinc and four did not. Zinc prevents formation of the outer coat of viruses, preventing replication, and prevents the viruses from attaching to and entering the body's cells. Zinc can lower good "HDL" cholesterol; however, when taken for a short time such as a week to treat a cold, this should not be an important issue.

DRUGS HOSPITALIZE PATIENTS

Adverse drug events in hospitalized patients by D. Classen in the January 22/29, 1997 issue of the *Journal of the American Medical Association* found adverse drug reaction caused the length of hospital stays to be increased from 4.46 to 7.69 days and the cost of hospitalization to rise from an average of \$5355 to \$10,010 (277:307). Extrapolating the

figures to the United States as a whole, over 770,000 hospitalized patients experience drug reactions yearly and the direct hospital costs to treat these patients is \$1.56 billion with 1.5 million extra hospital days added. If all associated costs are included, then the total costs for these drug misadventures in the US could be \$79 billion.

COMMENT: Other figures tell us adverse drug reactions are estimated to kill 140,000 people yearly, and 30% of hospitalized patients suffer reactions attributable to drugs. From 3% to 28% of all hospital admissions are due to medications. Obviously, you will want to protect yourself and your family from these reactions, first by staying healthy, and second, by resisting the use of any medication unless absolutely necessary. Question your doctor and pharmacist every step of the way. Is this necessary? Are there alternatives? Can we wait a little while longer before we start the medication?

STRONGER BONES = MORE BREAST CANCER

Bone mass and the risk of breast cancer among postmenopausal women by Y. Zhang in the February 27 th, 1997 issue of the *New England Journal of Medicine* found the risk of breast cancer was 3.5 times greater for women with the highest bone mass compared to those with the least mass (336:611). Estrogen appears to be the common link between the two. The opposite finding has also been made: women with a history of osteoporosis-related fractures have less breast cancer.

COMMENT: You're damned if you do and damned if you don't...The authors could find no common link to explain the relationship and also no way out of this dilemma for women. But, I know the rich Western diet is the common causative factor. A high-fat, low-fiber version of this diet raises estrogen levels in women which in turn strengthens bone and increases risk of breast cancer. Obesity, resulting from a high-fat diet, is also known to be associated with more breast cancer and a lower risk of osteoporosis-related fractures. The solution is obviously a healthy diet and exercise. A low-fat, no-animal protein, vegetarian diet (the McDougall Diet) keeps the bones strong and reduces your risk of breast cancer.



Recipe Contribution of the Month

...is from Louise Burk of Santa Rosa, CA, who has been seen carrying this dish around with her in a small plastic container in case she gets hungry while she's away from home.

JICIMA MATCHSTICKS

Servings: 8

Preparation Time: 15 minutes

- 1 medium jicama, peeled and sliced into matchstick pieces
- $\frac{1}{8}$ cup lemon or lime juice
- $\frac{1}{4}$ teaspoon chili powder

Place the matchstick pieces of jicama in a bowl with a lid. Add juice and sprinkle chili powder over the top. Cover and shake to distribute seasonings.

TOFU BERRY SMOOTHIES

Servings: 2

Preparation Time: 5 minutes

- 1 10.5 ounce box lite silken tofu
- 1 cup fresh berries
- $\frac{1}{2}$ cup fruit juice
- 1 tablespoon honey
- 1 tablespoon lemon juice
- 1 cup ice cubes

Place all ingredients in a blender jar and process until smooth.

Hint: This may be varied by changing the berries and juice used. Try strawberries, raspberries, or blueberries. Apple juice and orange juice are the usual choices, but also try some more exotic juices like guava, pear or passion fruit.

SPINACH DIP

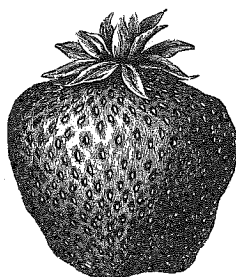
Servings: makes 3 cups

Preparation Time: 10 minutes

Chilling Time: 2 hours

- 1 10 ounce box frozen chopped spinach, thawed and squeezed dry
- 1 bunch green onions, chopped
- 1 pound tofu
- 2 tablespoons lemon juice
- 2 teaspoons dillweed
- $\frac{1}{2}$ teaspoons honey
- $\frac{1}{2}$ teaspoon dry mustard
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon white pepper

Recipes



Place the spinach and green onions in a bowl. Place remaining ingredients in a blender or food processor and process until smooth. Add to spinach and green onions and mix well. Refrigerate to blend flavors. Use as a dip for bread, crackers or vegetables. Try this on baked potatoes too.

Hint: To make a smooth, creamy green dip, place all ingredients in food processor and process until smooth.

WHITE BEAN SOUP

This has been my family's favorite bean soup for years and years. I originally made it with dry white beans, but it took about 4 hours to cook. Now that canned and bottled beans are available, I can have this ready in a short time, with just as much flavor as the original.

Servings: 4-6

Preparation Time: 10 minutes

Cooking Time: 20 minutes

- $\frac{1}{3}$ cup water
- 1 onion, finely chopped
- 1 stalk celery, finely chopped
- 3 15 ounce cans white beans
- 2 cups vegetable broth
- 1 tablespoon soy sauce
- 1 bay leaf
- $\frac{1}{2}$ teaspoon sage
- $\frac{1}{2}$ teaspoon ground oregano
- dash liquid smoke seasoning

Place the water in a pot with the onion and celery. Cook, stirring frequently until slightly softened, about 4 minutes. Add remaining ingredients, bring to a boil, cover, reduce heat and cook 15 minutes. Remove bay leaf before serving.

Hint: For a thicker, creamy soup, remove 1 to 2 cups and place in a blender jar. Process until smooth and return to pot. My youngest son sometimes sprinkles curry powder on this and stirs it into his soup before eating.

POTATO ENCHILADAS

Servings: 4-6

Preparation Time: 10 minutes (need mashed potatoes)

Cooking Time: 30 minutes

- 2 16 ounce jars Parrot Brand Enchilada Sauce
 - 8-10 whole wheat tortillas or soft corn tortillas
 - 2 cups mashed potatoes (see hint)
 - $\frac{1}{3}$ cup salsa
 - $\frac{3}{4}$ cup chopped green onions
 - $\frac{3}{4}$ cup frozen corn kernels, thawed
 - 1 4 oz. can diced green chilies
- Preheat oven to 350 degrees.

Take one cup of the sauce and spread over the bottom of a covered casserole dish. Stir the salsa into the mashed potatoes and mix well. Take the tortillas one at a time, spread a line of potatoes down the center, sprinkle on some scallions, corn and green chilies. Roll up and place seam side down in casserole. Repeat until all ingredients are used. Pour the remaining sauce over the tortillas, cover and bake for 30 minutes.

Hint: If you do not have leftover mashed potatoes, use instant mashed potatoes. Make them with all water or use water and soy or rice milk. Do not add butter or oil. I also make a soft potato mixture by cooking frozen chopped hash brown potatoes in water until soft. Use twice as many potatoes as water and cook for about 25 minutes.

FRESH BASIL & PEPPER PASTA

Servings: 4

Preparation Time: 15 minutes

Cooking Time: 10 minutes

- 1 16 ounce package vegetable curly pasta
- $\frac{1}{3}$ cup water
- 1 bunch green onions, chopped
- 1 15 ounce can garbanzo beans, drained and rinsed
- 1 10 ounce jar roasted red peppers, chopped
- $\frac{1}{3}$ cup chopped fresh basil leaves
- 1 tablespoon drained capers
- fresh ground pepper to taste

Put a large pot of water on to boil. When boiling, drop in pasta and cook according to package directions. Place the $\frac{1}{3}$ cup water in a sauce pot with the green onions. Cook for 2 minutes, then add the remaining ingredients. Cook stirring frequently for 5 minutes. Drain pasta and place in a bowl. Pour sauce over and mix well. Serve at once.

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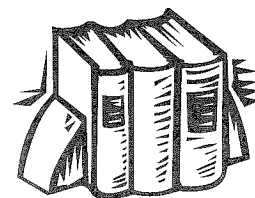
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