

# The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL



MARY & JOHN McDOUGALL

## I N S I D E

THE GREAT DEBATE: HIGH VS LOW PROTEIN DIETS 1-4

VITAMIN E AND IMMUNITY 4

CANCER UNDEFEATED 5

TOO MANY ANGIOPLASTIES? 5

RECIPES 6

BULLETIN BOARD 7

BOOKS, TAPES 8

### The McDougall Quick and Easy Cookbook

On your bookshelves this July, you'll find our new McDougall Quick and Easy Cookbook, and you're going to love it! See page 7 for details.

## THE GREAT DEBATE: High vs. Low Protein Diets

People all across this country are asking, "Should I be on a high-protein or a low-protein diet to lose weight?" Experts, many of them with credentials, will encourage you in both directions. Right now the high-protein message appears to be winning out among the masses. The best selling diet books on the market—*Enter the Zone* by Barry Sears, *Protein Power* by Michael and Mary Eades, *Dr. Atkins' New Diet Revolution* by Robert Atkins, and *Healthy for Life* by Richard and Rachael Heller—are all high-protein, low-carbohydrate. At health shows I find these authors swarmed by followers; even in the face of all the well-publicized scientific evidence that says these diets provide only short-term weight loss, and they are made up of foods known to cause serious diseases.

### Why the Popularity?

Many people are desperate to lose weight (and some to become healthier). Their pleas for help have gone unanswered for one reason or another. Therefore, any new chance for help is welcome, especially if it requires little effort. The foods recommended in high-protein diets are the very same rich foods we were all raised with and learned to love in America. They are the juicy roasts, salty hams, braised lamb chops, lobsters drawn in butter, pungent cheeses, salty fried eggs, and crispy bacon. Foods most people still considered their birthright to enjoy—being born into the wealthiest nation on earth. Tastes are hard to change. Preach what

people want to hear and you have an immediate following, because naturally we all like to hear good news about our bad habits.

These high-protein diets are often sold to the public with the claim that there is something unique, even mystical, about the effects of protein on the body that makes all well established dietary advice obsolete. For example, the author of the *Enter the Zone* claims the problem with our weight and health, specifically heart disease, is that

high carbohydrate diets promote excessive production of specific hormones—insulin and "bad" eicosanoids. The secret to weight loss and preventing heart disease is controlling hormones into a narrow range referred to as "the Zone," by adding more protein to the diet than is commonly consumed or recommended (30% vs 12%). People love to hear there is a gimmick, like "entering the Zone," that will somehow trick their body into losing extra fat without having to

**People love to hear there is a gimmick, like "entering the Zone," that will somehow trick their body into losing extra fat without having to give up the foods they love, or even worse, exercise.**

give up the foods they love, or even worse, exercise. They're also happy to hear it's not their fault they're fat, "It's my hormones that are the real culprit, I don't have to feel guilty about being a glutton and not exercising."

High-protein diet gurus are usually establishment bashers, they claim they have the truth and all the other doctors, dietitians, and scientists are wrong. People love to

hear the experts are wrong again. Even better, they like to believe there's a conspiracy by all these establishment professionals to keep them fat and sick.

One of the most important reasons for the popularity of high protein diets is they work—people lose lots of weight fast—but it's mostly water. Stored carbohydrate contains large amounts of water. Switching to a low-carbohydrate diet results in the loss of these stores and the associated water, with an impressive initial weight loss. In addition, if the diet is low enough in carbohydrate, like the Atkins diet, then the body goes into ketosis, causing suppression of the appetite, thereby you eat and suffer less. I call these "the make yourself sick diets," because they simulate metabolic changes that take place during illness—ketosis is a natural state that occurs when people are sick—a time when they shouldn't be gathering and preparing food, but rather recuperating.

### Sickening Foods

The foods recommended for a high protein diet are mainly meat, egg, and dairy products, which are high in cholesterol, fat, and animal protein; and deficient in dietary fiber, carbohydrate; and are often highly contaminated with chemicals and microbes; and have serious vitamin and mineral imbalances.

"Nutrition and Health in the United States," published under the direction of Surgeon General C. Everett Koop MD in 1988 put to rest all controversy concerning whether or not diet is fundamental in the cause, prevention, and treatment of common diseases. "The Report's main conclusion is that overconsumption of certain dietary components is now a major concern for Americans. While many foods are involved, chief among them is the disproportionate consumption of foods high in fats, often at the expense of foods high in complex carbohydrates and fiber that may be more conducive to health." Similar recommendations to eat fewer animal products and more plant foods have been made by every other health organization, including the Senate Select Committee on Nutrition, American Heart Association, the American Cancer Society, The Diabetic Association, and the American Dietetic Association. They all believe, to one degree or another, that the chronic illnesses plaguing modern Western society are caused by an unhealthy diet and lifestyle, and that improved health comes from eating fewer animal products and a more plant food-based diet.

The diseases believed to be caused by meats, egg, and dairy products include most cases of: obesity, heart diseases, adult diabetes, breast, colon, and prostate cancer, gallblad-

der disease, osteoporosis, kidney failure, kidney stones, multiple sclerosis, rheumatoid arthritis, constipation, diverticulosis, hemorrhoids, and hiatal hernia to name a few well-studied diseases. You don't have to be a trained nutritionist to see the risk of becoming sick increases the more of these unhealthy foods that are eaten—as with high-protein diets.

### Protein Damage

Protein is metabolized by the liver and excreted by the kidneys into the urine. A high protein load causes damage to these organs. By the eighth decade of life people in affluent societies commonly lose about 30 percent of their kidney function (*J Gerontol* 31:155, 1976). This loss is believed to be secondary to overwork of the kidneys caused by the amount of protein typically consumed on the American diet, 12% to 15% protein (*N Engl J Med* 307:652, 1982). The Zone diet recommends 30% protein, and even more protein is found in other high-protein diets. Low protein diets (4% to 8%) are used routinely to treat patients with liver and kidney failure.

High protein diets cause serious metabolic changes that lead to bone loss and kidney stones. Red meat, poultry, fish, shellfish, and eggs are acidic in make up. Vegetable foods are alkaline by nature. The body guards its acid-base balance (pH) carefully so that all of the pH-dependent biochemical reactions take place normally. The dietary-derived acid load from high-protein animal foods must be buffered. The primary buffering system of the body is the bones which dissolve for that purpose into phosphates and calcium. The alkaline phosphate then buffers the animal-food derived acid. This is the first step in bone loss that leads to osteoporosis. The second step leading to osteoporosis consists of changes in kidney physiology caused by the acid, the sulfa containing amino acids (plentiful in meat), and the increased solute load, all resulting in a loss of large amounts of bone material, including calcium, into the urine. The presence of this bone material in the kidney system also lays the foundation for calcium-based kidney stones.

The Nurse's Health Study recently found women who consumed 95 grams of protein a day compared with those who consumed less than 68 grams a day had a 22% greater risk of forearm fractures (*Am J Epidemiol* 143:472, 1996). Metabolic ward studies done on people have found a negative calcium balance is created when 95 grams of protein are consumed with 500 mg of calcium. The calcium intake must be raised up to 800 mg before calcium balance is achieved (the calcium entering the body is the same as the amount leaving). People following the Zone diet commonly consume 100 grams of pro-

tein and less than 800 mg of calcium. Athletes attempting to follow the Zone diet will consume 140 grams or more of protein a day. Even with a very high calcium intake of 1400 mg daily these people are still in negative calcium balance.

### CALCIUM IMBALANCE IN THE ZONE

Principal Investigator	Calcium Intake (mg)	Protein Intake (g)	Calcium Balance (mg)
C.A.	500	95	-58
R.W.	800	95	+1
H.L.	500	95	-60
H.L.	800	95	0
C.A.	500	142	-120
H.L.	500	142	-120
M.H.	500	150	-116
R.W.	800	142	-85
H.L.	800	142	-65
H.L.	1400	142	-65
N.J.	1400	141	-84

(*J Nutr* 111:553, 1981; *J Nutr* 104:695, 1974; *J Nutr* 102:1297, 1972; *J Nutr* 100:1425, 1970; *Trans NY Acad Sci* 36:333, 1974)

### Impossible Advice

On June 9, 1997, I met Barry Sears, the author of the number one national best seller, *Entering the Zone*, at Bally's in Las Vegas for the first of our 3 debates (see page 7 for more information). After telling a crowd of nearly 4000 people the virtues of his diet for controlling insulin and eicosanoid levels with resulting weight loss and improved health, I proceeded to explain why his diet is merely a semi-starvation diet and like all such diets it is impossible to follow for any length of time. I used Barry Sears as an example:

Barry Sears weighs 210 pounds and is 6'5" according to information from his book. His diet is based on 30% of the calories from protein, 30% fat, and 40% carbohydrate. He says he eats 100 grams of protein a day. He has been following his diet for 4-5 years. He says he is still on his diet because he still needs to lose more weight.

If Barry Sears eats 100 grams of protein that translates into 400 calories of protein (1 gram of protein = 4 calories). Since the proportions of the diet are 30/30/40, this means he also consumes 400 calories of fat, and about 500 calories of carbohydrate. His total calorie intake is therefore 1300 calories per day. A conservative estimate of his actual needs would be over 2300 calories a day,

with only sedentary activity. This means every day he is 1000 calories short of his needs. Every week he comes up 7000 calories short, which must be made up from his fat stores. One pound of fat amounts to 3500 calories. Therefore, Barry Sears must lose 2 pounds of fat a week on his diet. Every year by calculation he loses 104 pounds. Since he says he has been on his diet for 4 to 5 years this means he has lost over 400 pounds.

At this point in the debate I asked him, "Barry Sears: A) Did you start your diet at over 600 pounds? B) Do you defy the laws of nature? or C) Is it that you cannot and do not follow your own diet?"

Like all calorie restricted diets, the Zone diet is next to impossible to follow for very long because it hurts to be hungry. His program is also impossible because the dietary rules are complicated and foods recommended are unhealthy and unappealing. Coincidentally, the June issue of *Prevention Magazine* came to the same conclusions. They made up a day in the Zone for their article. The meals consisted of 6 egg whites, ½ cantaloupe, 1 kiwifruit, and 3 macadamia nuts for breakfast, Lunch served 3 oz. of skinless white chicken, 1 cup each of steamed asparagus, broccoli, green beans, and 1 tsp of olive oil. Dinner was 3 oz. of turkey breast, a salad of 4 cups of spinach, 3 cups of cucumber slices, 2 tomatoes, and 1 tsp. of olive oil. Afternoon snack was ¼ cup of low-fat cottage cheese, ½ medium pear, and 3 olives. Evening snack was ¼ cup egg substitute (scrambled), 1 medium plum, ½ tsp. natural peanut butter. This provided 1,209 calories, 110 grams of protein (37%), and 646 mg of calcium. The authors of this article asked "How long could you eat this way?"

During the next round of the debate, I pointed out that Barry Sears had not answered my question. Therefore, I must assume he cannot and does not follow his own diet. He admits to only 35 pounds of weight loss over the past 4 years (less than 9 pounds a year), therefore he must be consuming at

**Like all calorie restricted diets, the Zone diet is next to impossible to follow for very long because it hurts to be hungry. His program is also impossible because the dietary rules are complicated and foods recommended are unhealthy and unappealing. Coincidentally, the June issue of *Prevention Magazine* came to the same conclusions.**

least 2300 calories a day. This leaves two possibilities:

If he is following his rule that to be in "the zone" you must adhere to proportions of 30/30/40; then based on a 2300 calorie intake he must be eating 173 grams of protein and 77 grams of fat daily (1 gram of protein = 4 calories and 1 gram of fat = 9 calories). Therefore he must be in a *high-protein, high-fat zone*. However, he admits to eating only 44 grams of fat a day, so the next possibility is more likely.

If he follows his rule that he eats a specific amount of protein daily to be in "the zone" and for him that's 100 grams of protein a day; then based on 2300 calories of a day his diet would be 17% protein, 17% fat and 66% carbohydrate, which would place him in a *high-carbohydrate zone*.

My next question to him was, "Barry...please tell us—are you on a high-protein (Atkins-Type) diet or are you on a high-carbohydrate (McDougall-Type) diet?" He still wouldn't answer. He finally said something about not being interested in weight loss, but was really trying to protect himself from heart disease, since he has a strong family history.

#### **The Heart Disease Zone**

Seems kind of strange to think of a diet centered around beef, pork, lamb, chicken, eggs, bacon, shrimp, lobster, and cheese preventing heart disease. But, Sears reasons that too much insulin production by the body is the primary culprit for causing heart disease, and the Zone diet will control insulin and prevent heart disease. He feels so strongly about this that he claims in his book that a very low-cholesterol, low-fat diet will actually cause heart disease. After looking over Dr. Dean Ornish's research he concludes, "My guess is that the people who stay on his (Ornish's) program will ultimately have more heart attacks, more strokes, and a higher cardiovascular death rate than the dropouts." He bases this on the fact that "good" HDL-cholesterol went down in Ornish's patients and triglycerides went up.

During the debate I pointed out to him that Ornish had corrected him over a year ago, by providing him the data showing his patients on a high-carbohydrate diet had a 50% decrease in risk of cardiovascular deaths. Sears admitted his error to Dr. Ornish and promised to make corrections in his book, but has not.

On a healthy low-fat, low-cholesterol diet "good" HDL-cholesterol goes down because all fractions of cholesterol go down. Worldwide the lowest incidence of heart disease is found where people eat the lowest cholesterol diets and also have the lowest

HDL-cholesterol levels (*Lancet* 2:367, 1981). Feeding cholesterol raises HDL-cholesterol (*N Engl J Med* 325:1704, 1991). A long-term study of patients on a high-carbohydrate diet showed less risk of death from heart disease compared to those on the American diet (*JAMA* 173:884, 1960).

#### **More Zone Nonsense**

Barry Sears makes numerous statements in his books and at public appearances that are incorrect, and I believe he is well aware of the inaccuracies, but refuses to correct them. Much of this same misinformation is used by promoters of other high-protein diets. Examples include:

#### **Fat Doesn't Cause Obesity:**

**Sears:** Eating fat doesn't make you fat. We are consuming less fat than 10 years ago and getting fatter, therefore dietary fat cannot be the culprit. **Truth:** We are consuming the same amount (actually a little more) of fat now than before. But, in addition, we are consuming over 250 more calories of refined flours and sugars over the past 15 years. Because of the added refined carbohydrates, the percent of fat in the diet has gone down between 1980 and 1990 (men 38% to 34%, women 37% to 34%), but the actual amount (grams) of fat consumed has remained the same (men 99.8 to 98.8, women 62.6 to 67.8), and the American diet now has more calories (men 2,457 to 2,684, women 1,531 to 1,805). The reason for the rise in obesity is no mystery—Americans eat a high-calorie, high-fat diet.

#### **Carbohydrates Increase Heart Disease**

**Sears:** A high-carbohydrate diet for cardiovascular patients may be dangerous to their health. Experiments show high carbohydrate diets increase the risk factors for heart disease, by raising cholesterol and triglycerides, and lowering HDL-cholesterol. **Truth:** You can design such experiments to show triglycerides go up by feeding refined carbohydrates to subjects, and by overfeeding subjects (cholesterol still goes down and I explained the effect on HDL-cholesterol above). When subjects are allowed to eat only until they are full (not force-fed) their cholesterol level falls, their triglyceride levels don't go up significantly, and they lose weight (*JAMA* 274:1450, 1995). A study of 1250 of my patients shows triglyceride levels decrease an average of 10 mg/dl, and people who start with levels over 600 mg/dl have an average 311 mg/dl reduction in 11 days. Therefore, eating as much as you want (but not more than you want) of a healthy low-fat, no-cholesterol diet lowers three important risk factors for heart disease—cholesterol, triglycerides and body weight.

#### **Rice Means More Heart Disease**

**Sears:** The Chinese are an example of how people on a high carbohydrate diet (rice) are

as likely to have heart disease as Americans. Using the American Heart Association data, he points out, Urban Chinese have almost as much cardiovascular disease as in the US. **Truth:** Cardiovascular disease is not the same as heart disease. In China, half of this cardiovascular disease is represented by strokes (from old age and high-salt diets), less than one-third is due to heart attacks (ischemic heart disease). In the US nearly two-thirds of the cardiovascular disease is due to heart attacks (and one-sixth is due to strokes). Besides, the 1993 figures he uses reflect the modern Chinese diet, which is much higher in fat and cholesterol than a few years back, especially for those people in the cities (urban)

#### **Fat Improves Athletic Performance**

**Sears:** Athletes perform better on a high-fat diet. A high carbohydrate diet is overrated for elite athletes. A high-carbohydrate diet actually limits the performance of highly trained endurance athletes. **Truth:** Carbohydrate, not fat, is the primary fuel for exercise at or above 70% of aerobic capacity, the intensity at which most people train and compete. Fat only becomes available for fuel after 20 minutes of exercise; therefore most people never exercise enough to lose body fat. Almost every study of trained athletes shows carbohydrate fed before and during the event improves an athlete's performance. Carbohydrate fed after the event replenishes the athlete's glycogen stores for the next race.

#### **Keeping Correct Insulin Levels**

**Sears:** Reaching "the Zone" requires precise control of the protein-to-carbohydrate ratio. Protein counteracts the carbohydrates you eat to keep insulin levels in balance. High levels of insulin generated by too much carbohydrate drive you out of "the Zone." **Truth:** There is no evidence that eating equal amounts of protein and carbohydrate at every meal, as Sears suggests, lowers insulin. According to Dr. Gerald Raven from Stanford University. "Protein—when eaten alone—increases insulin secretion. I see no reason in the world why it would be any different if protein were eaten with carbohydrate" (*Nutrition Action Newsletter Jul/Aug 1996*). A study from the *Lancet* found beef fed with glucose raised insulin levels twice as high as glucose alone and four-times as high as beef alone. The authors concluded, "Ingestion of glucose plus protein is followed by a very large increment in plasma-insulin, of such a magnitude as to suggest synergism between glucose with aminoacid (protein) with respect to insulin release." (*Lancet* 2:454, 1966). The diet fed these subjects met the Zone specifications of 30/30/40 for ideal an protein-to-carbohydrate ratio: 27% protein / 30% fat / 43% carbohydrate. A study of adult-type diabetics, people with insulin resistance, and normal

people found 3-weeks of a high-carbohydrate, low-fat diet and exercise lowered insulin levels significantly (*Am J Cardiol* 69:440, 1992).

#### **Eicosanoids are the Key**

**Sears:** Eicosanoids are the body's super-hormones. Virtually every disease state—whether it be heart disease, cancer, obesity or autoimmune diseases, like arthritis and multiple sclerosis—can be viewed as an imbalance of eicosanoids. To keep the eicosanoids in a healthy balance you need to eat three grams of protein for every four grams of carbohydrate. **Truth:** Sears bases his whole diet theory on these hormones, yet he has never measured the eicosanoid levels in people—so he really doesn't know the response to his diet. Gerald Reaven of Stanford says, "I find it hard to swallow that anyone could really believe eicosanoids are the key to all health and disease" (*Tufts U Diet & Nutrition Newsletter, May 1996*). William Evans, PhD, director of the Noll Physiological Research Center at Penn State University says, "There aren't any studies that I'm familiar with that suggest they're dangerous in any way. Anyone who tries to sell diet as the key to stemming 'bad' eicosanoids is capitalizing on an unfounded idea" (same *Tufts Newsletter*).

#### **What to Tell Your Friends**

"You can burn more fat watching TV than by exercising" and "...many people following high-carbohydrate diets might just as well be eating candy bars" are some of the ridiculous statements found in Sears' book and people still want to believe him; therefore, it seems like an impossible task to try to help those friends and family members who are attracted by "high-protein diet preachers."

Try to get them to see the big picture. If carbohydrates were bad for people then the Japanese living in Japan on a rice-based diet would be fat and sickly. When they moved to the US and switched to a lower-carbohydrate, higher-fat and -protein diet they would become thinner and healthier. The truth is the Japanese are among the slimmest, most energetic, longest lived, healthiest people on earth. Furthermore, they take on common American diseases when they change to the American diet. If high-protein diets, which means meat, egg, and dairy products, were so good for us then people who subsist on these foods (most Americans) would be the thin and healthy, and vegetarians would be fat and sick. In general, the opposite is the case.

Along this same line of thinking, ask your friends to closely observe the personal appearance of these experts making all these dietary recommendations. You will be struck by how fat and sickly most of them

look. From where I stand, I must conclude that they do eat high-protein foods and lots of them.

In the long run these controversial diets are extremely important (even though some people get hurt along the way). The worst thing that can happen to the truth is for people to show no interest. This high-protein craze has made the country's top doctors, dietitians, nutritionists, sports experts, and other scientists closely examine the scientific research on nutrition and health. Almost every article on the subject these days brings up the damaging effects of protein on bone health leading to osteoporosis. Before this controversy all they would talk about was the need for calcium. The harm from eating refined foods, and sugars in all forms of the very popular nonfat cookies and cakes is now being emphasized. Soon the pendulum will swing back to a high carbohydrate, vegetarian diet and hopefully more people will make this their lifestyle as the truth becomes more widespread. (Read the preface of the *McDougall Plan* to see the historical scope of this debate)

You can obtain a 1-hour audio tape copy of this debate by sending \$10 to McDougall/Sears Debate, PO Box 14039, Santa Rosa, CA 95402. (P & H included in cost).

## **RESEARCH**

### **VITAMIN E AND IMMUNITY**

**Vitamin E Supplementation and In Vivo Response in Elderly Subjects by S. Meydani** in the May 7, 1997 issue of the *Journal of the American Medical Association* found vitamin E supplementation increases the activity of the immune system in people over the age of 65 years (277:1380). A total of 88 free-living subjects were given a placebo, 60, 200, or 800 mg of vitamin E for 235 days and various parameters of the function of the immune system were measured. The best response was seen with doses of 200 mg a day.

**COMMENT:** Aging results in a decrease in immune function which contributes to an increased risk of infections and cancers, as well as longer illnesses and a greater chance of dying. Autoimmune diseases, where the body's immune system attacks itself, also increase with age as a result of immune dysfunction.

The 800 mg/day dose resulted in a lower immune response, suggesting as with many things, more is not necessarily better (*JAMA* 277:1398, 1997). Too much vitamin E antagonizes the effect of other fat soluble vitamins, like vitamin D (decreased bone mineralization), vitamin K (decreased coagulation),



and reduces vitamin A storage in the liver. Therefore, close monitoring must be done when patients with liver and kidney disease or those on anticoagulants, including aspirin, take large amounts of vitamin E.

Studies of various vitamin and mineral supplementation regimes have shown both positive and negative effects on the immune system. Vitamins A (beta carotene), C, and E have generally been shown to enhance immune function with resulting decrease in infections, whereas zinc suppresses the immune system. Supplements are relatively inexpensive and have very few adverse side effects. Since almost one-third of elderly Americans are felt to have deficiencies of vitamins and trace elements, it would be impractical to test for these deficiencies. Therefore, it would be reasonable to recommend modest amounts of a multi-nutrient supplement for all elderly individuals. However, the kind and amount of nutrients to be included in the ideal supplement has yet to be determined. Nor has it been determined if there are any added benefits for people who follow a high-nutrient starch-based diet (the McDougall diet). Based on my present understanding, little harm would be done and some good will likely result from taking a daily supplement of 200 mg of vitamin E, along with a healthy diet and lifestyle, especially as we age.

(You may find vitamin E sold as international units—1 milligram (mg) is the same as 1 international unit (IU).)

## CANCER UNDEFEATED

**Cancer undefeated by J. Bailer** in the May 29, 1997 issue of the *New England Journal of Medicine* reviewed data on cancer deaths (mortality) from 1970 to 1994 and found the age-adjusted mortality due to cancer in 1994 was 6 percent higher than in 1970 (336:1569). Among persons over 55 years, both men and women, mortality due to cancer increased 15 to 20 percent. Declines in cancer of the cervix, uterus, colon, rectum and stomach were due to a reduced incidence (fewer occurred for known and unknown reasons) and early detection. Increases in cancer of the brain, prostate, breast, and melanoma were due to increasing incidence. They concluded, "The war against cancer is far from over. Observed changes in mortality due to cancer primarily reflect changing incidence or early detection. The effect of new treatments has been largely disappointing. The most promising approach to the control of cancer is a national commitment to prevention, with a concomitant rebalancing of the focus and funding of research."

COMMENT: I've been hearing, "the cure for cancer is right around the corner, just send a

few more dollars for research," all of my life; yet more people than ever are now getting and dying from cancer. Progress in treatment has been made in a few rarer forms of cancer, such as the leukemias and solid tumors of children. Progress in early detection has made a small difference in cancers of the cervix and colon. However, without any further qualification, we are undoubtedly "losing the war on cancer," despite pouring billions of dollars into research, testing, and treatment. There is no reason to believe this is going to change either. Therefore, an about-face needs to be tried—prevention. We know the cause of as many as 90 percent of cancers—smoking, alcohol, radiation, chemicals, viruses, and animal-derived, refined foods. Most of these causes can be avoided or mitigated by changes in diet and lifestyle.

Dr. Bailer reported a similar review in 1986 in the *New England Journal of Medicine* and still no appreciable change has been made in the way cancer is approached. This inertia is fueled by the economics of medicine. Tests and treatments make for big businesses. Plus, human nature looks for the quick and easy route—unfortunately prevention takes personal effort.

But there is hope. Managed Care (capitation) is placing the cost of a patient's medical care on the doctors, clinics, and hospitals. Sick patients reduce profitability. Under this new system the first change that will be made is treatments, which have been known for decades to be useless and harmful, such as routine amputations of the breast (mastectomies), and prostate (radical prostatectomy) and colon (colectomy) removal; and most forms of chemotherapy will be discontinued. Finally, doctors will support prevention, like smoking cessation, vegetarian diets, and environmental pollution control.

In the meantime, as a health care consumer, you must win the war on cancer by prevention. If you get cancer, refuse radical and dangerous therapies until their worth is proven to you, and eat a healthy diet and exercise. (see the May/June 1997 McDougall Newsletter).

## TOO MANY ANGIOPLASTIES?

**Coronary angiography and angioplasty after acute myocardial infarction by D. Bates** in the April 1, 1997 issue of the *Annals of Internal Medicine* reviewed the articles on these procedures between 1970 and 1995 and found benefits from angiography and angioplasty immediately after a heart attack, over just giving powerful blood thinners (thrombolytic therapy) for specific indications (126:539). Those who benefited had evidence of continued low blood supply

to the heart muscle (persistent or recurrent ischemia—chest pain). In the remaining patients a surgical approach (angioplasty) has not been shown to be beneficial. The authors conclude, "Better outcomes are not always associated with more frequent use of the procedure. In the United States, catheterizations after myocardial infarction (heart attack) cost approximately \$1 billion dollars per year."

COMMENT: An angiogram is performed by passing a narrow tube into the leg (femoral) artery, through the aorta, and finally into the arteries of the heart. Dye is then injected to outline the inside of the arteries to determine the amount and location of blockage. An angioplasty is a similar procedure with the final act being cutting or squashing an obstructing plaque with a knife, laser, or balloon. Serious complications from angioplasty are: heart attacks in 3% to 5%, death in 1%, and emergency bypass surgery in 2% to 4%. As many as half of the arteries so treated are completely closed down within 5 months.

In the US 68% of patients who had a heart attack had angiography, compared to only 35% in Canada. There was no difference in death or risk of repeat heart attacks between the two countries. However, the Canadian group had more persistent symptoms related to heart trouble (chest pain and shortness of breath). A study comparing patients from New York and Texas found angiography was done in 30% of patients from New York and 50% from Texas, however, the risk of death was significantly higher in those from Texas, and those from Texas had more chest pain and were less active. Fewer angiograms are done in New York because of tighter state regulations.

The cost of an angiogram is about \$10,000 and an angioplasty is about \$15,000. In the US \$10 billion are spent annually on angiography and \$6 billion are spent on angioplasty. Expert panels support the use of these procedures in patients with complications and continued symptoms, or signs of continued low blood supply to the heart muscle; especially when done in centers with substantial experience. However, many patients have the procedure who do not need it and will not benefit from it. The authors conclude, conservative strategy could reduce the number of angiographies by 50% without an increase in mortality.



## BRAZILIAN FEJOIADA

Servings: 6-8  
Preparation Time: 60 minutes  
Cooking Time: 40 minutes

4 cups hot cooked brown rice

Beans:

4 15 ounce cans black beans, drained and rinsed  
1 10 ounce can Rotel chopped tomatoes and green chilies

Vegetable Topping:

½ cup water  
2 sweet potatoes, peeled and chopped  
2 leeks, white part only, sliced  
1 cup red bell pepper, chopped  
1 cup green bell pepper, chopped  
1 cup yellow bell pepper, chopped  
1 onion, cut in half lengthwise, then sliced  
2 tablespoons lemon juice  
1 tablespoon lime juice  
1 teaspoon ground cumin  
½ teaspoon Tabasco sauce  
½ teaspoon ground coriander  
1 tomato, cut in half and sliced lengthwise

Greens:

½ cup water  
1 onion, chopped  
1 bunch kale, chopped  
1 tablespoon lemon juice

Onions:

¼ cup water  
1 onion, sliced  
2 tablespoons lemon juice  
½ teaspoon Tabasco sauce

1-2 cups salsa

First: Prepare the onions by placing the water and onion in a small pan. Cook over low heat for 5 minutes. Drain. Place in a bowl and add remaining ingredients. Mix well. Refrigerate.

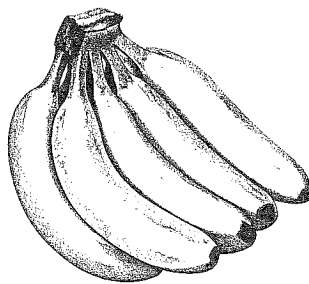
Second: Prepare the vegetable topping by placing the water in a large pot with the sweet potatoes, leeks, bell peppers and onions. Cook, stirring frequently for 10 minutes. Add seasonings and cook an additional 10 minutes until potatoes are tender. Add tomato and cook for 2 more minutes.

While the vegetable mixture is cooking, place the beans and tomatoes in a pan. Cook over low heat for 5-10 minutes until beans are heated through.

Also while vegetables are cooking, prepare the greens by placing the water, onions and kale in a large pot. Cover and steam for 10 minutes, stirring occasionally. Remove from heat and sprinkle with lemon juice.

When ready to serve, place all ingredients in serving bowls, including the salsa. This dish

## Recipes



is served in layers, with rice on the bottom, followed by a layer of beans, then the vegetable topping, some greens, a few onions and finished off with the salsa.

Hint: Don't let the long list of ingredients scare you off. This is a very festive dish that has been a family favorite for many years. This may also be served without the rice but I never omit the greens, onions or salsa. They really add a special touch to the meal.

## SOY SLOPPY BARBECUE

Servings: 12  
Preparation Time: 5 minutes  
Resting Time: 30 minutes  
Cooking Time: 30 minutes

3 cups soy strips or textured vegetable protein chunks  
4 cups boiling water  
1 onion, chopped  
1 green bell pepper, chopped  
1 teaspoon crushed fresh garlic  
½ cup water  
3 18 ounce jars fat free barbecue sauce

Place the soy strips or TVP chunks in a large bowl. Pour the boiling water over them to rehydrate and let rest for 30 minutes, stirring occasionally. Drain off excess water.

Meanwhile, place the onion, bell pepper, garlic and water in a large pot. Cook, stirring occasionally, for 5 minutes, until softened. Add the soy strips and the barbecue sauce. Cook over low heat for 30 minutes, stirring occasionally.

Serve on whole wheat buns.

Hint: The longer this cooks, the better it tastes. It can be transferred to a slow cooker and cooked on low for 5 hours. It also reheats well and freezes well. For a little extra zest, I sometimes add 2-3 tablespoons prepared mustard with the barbecue sauce.

## SEITAN ALA KING

Preparation Time: 20 minutes  
Cooking Time: 20 minutes  
Servings: 4

½ cup water  
1 onion, chopped  
1 green bell pepper, chopped  
½ pound sliced fresh mushrooms  
½ cup unbleached white flour  
1¼ cups vegetable broth  
2 cups rice milk  
1½ cups diced chicken-style seitan  
1 4-ounce jar chopped pimiento  
several twists fresh ground pepper

Place the water in a large pot with the onion, bell pepper and mushrooms. Cook, stirring occasionally, for 10 minutes. Stir in the flour and cook for 2 minutes, stirring constantly. Slowly stir in vegetable broth. Cook over medium heat, stirring almost constantly, until mixture boils. Add rice milk, seitan, pimiento and pepper. Cook over low heat, stirring occasionally, for 8 minutes.

Serve over whole wheat toast, muffins, potatoes or grains.

## BANANA NUT BREAD

Preparation Time: 30 minutes  
Cooking Time: 50 minutes  
Servings: 12

¾ cup soy or rice milk  
1 tablespoon lemon juice  
1¼ cups whole wheat flour  
1 cup unbleached white flour  
1 teaspoon baking soda  
1 teaspoon baking powder  
1 teaspoon cinnamon  
¼ teaspoon salt  
⅓ cup Lighter Bake  
1 cup mashed banana  
¾ cup sugar  
1 tablespoon egg replacer  
¼ cup water  
1 teaspoon vanilla  
½ cup walnut pieces

Preheat oven to 350 degrees.

Place milk in a cup with the lemon juice. Set aside. Mix flour, baking soda, baking powder, cinnamon and salt in a large bowl. In a separate bowl, mix Lighter Bake, mashed bananas and sugar. Combine egg replacer and water and beat until frothy. Add to banana mixture along with vanilla. Place walnut pieces in a small plastic bag and lightly smash with rolling pin or hammer. Add to dry ingredients. Add milk mixture to banana mixture and mix well. Add dry ingredients and mix gently until combined. Pour into a 9 x 5 inch non-stick loaf pan. Bake for 50 minutes, or until toothpick inserted in center comes out clean.

# BULLETIN BOARD

## Psychologist Hap Stump Killed in Accident

A great loss was suffered by staff and patients of the McDougall Program with the death of its longtime psychologist, Hap Stump, Ph.D. On Sunday, June 8, Hap was cutting some trees on his property. After putting away his equipment, he was apparently hit by the fall of a large rotten tree (one he wasn't working on). Hap worked with the McDougall Program for all its 12 years, and with the Tobacco Addiction Program, and had been at St. Helena Hospital for 18 years. He is survived by his brother and mother. Hap was a nickname acquired as a child because he was always happy. Most people waste their lives by being unhappy. Undoubtedly, Hap got 2 to 3 lifetimes out of his 51 years by his joyous nature.

## The McDougall Quick and Easy Cookbook



On your bookstore shelves this July, 1997, you will find our new quick and easy cookbook, and you're going to love it. Mary has been able to put together in less than 15 minutes, some of the tastiest recipes you'll ever eat. In addition to great recipes, the book is laid out with snapshots of information on a single page. This format attracts people to read valuable nutritional, health, and cooking information while preparing recipes.

If you would like an autographed copy of our book, please send \$25.95 for each copy (plus \$4.00 postage for the first book and \$2.00 for each additional book to same address), to:

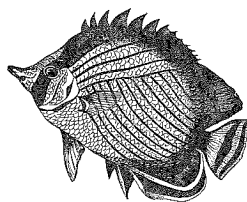
**The McDougall Quick & Easy Cookbook**, P.O. Box 14039, Santa Rosa, CA 95402. Please specify to whom you would like the books autographed.

## McDougall TV Show on Primestar

"McDougall" the TV show airs across the country on 150 stations. Consult your local directory. Call (805) 373-7681, ask for Chauncey, if you need more information or know of a TV station that would like to carry us.

## '98 Cruise to Belize

Cruise the coastline of Belize and Guatemala June 20-27, 1998, and enjoy healthy food aboard the Temptress Voyager. Hike, explore ruins, kayak, snorkel and scuba dive. This ship holds only 63 passengers (and 14 spaces are already taken), so sign up early. All air fare, tours, food, alcoholic and non-alcoholic drinks, and entertainment are conveniently included in the price. Obtain information on cost of the cruise, brochures, and sign up by calling (800) 570-1654



## Free Tickets to "Debating The Zone"

The Zone Diet currently leads in the never-ending rotation of fad diets. It is a portion controlled, semi-starvation diet that is very low in dietary fiber, high in fat, and high in animal protein. I will be debating the author of **Enter the Zone**, Dr. Barry Sears, Ph.D., at one more Health Show this year - Orlando, November 13 - 15. If you would like free tickets to this show, call 800-226-0323.

## The Money Show

I will be giving presentations on health at the Money Show—a financial seminar brought to you by the same people as the Health Show. For free tickets, call (800) 226-0323. Tell them you take *The McDougall Newsletter*.

San Francisco: August 17 • Seattle: Oct. 4

## Upcoming McDougall Programs at St. Helena Hospital

Call (800) 358-9195 for information and reservations.

12-Day Live-in Programs beginning:

August 31; September 21;  
October 19; November 9;  
December 7

## McDougall's Right Foods

Dr. McDougall's tasty instant vegetarian cuisine is now available in food stores and supermarkets in many locations throughout the country. They also may be ordered by mail and sent factory direct to you - call the toll-free line at 1-800-367-3844 to order or to receive the new Dr. McDougall's Right Foods Color catalog. Also look for them in your favorite store or ask your store manager to carry these healthy vegetarian instant meals.

**Dr. McDougall's Right Foods**  
101 Utah Avenue  
South San Francisco, CA 94080  
(415) 635-6000 • FAX (415) 635-6010  
Toll-Free Ordering (800) 367-3844  
On the Web:  
<http://www.rightfoods.com>

Most natural food stores already stock our foods - if not, ask them to order. Major stores selling McDougall foods:

### CALIFORNIA:

Albertson  
Lucky  
Raleys  
Safeway  
Vons/Pavillion  
Food 4 Less  
Wild Oats  
Mothers  
Hughes  
Food for Thought  
Whole Foods

### COLORADO:

Wild Oats/  
Alfalfa's  
King Soopers

### CONNECTICUT:

Haymarket

### WASHINGTON DC:

Sutton Place

### FLORIDA:

Publix Markets

### ILLINOIS:

Byerlys  
Dominick's  
Finer Foods  
Eagle 90  
Franklin Foods  
Hyde Park Co-op  
Jewel Food Stores  
Treasure Island  
Foods  
Sunset Foods

### IOWA:

Cub Foods

### KENTUCKY:

Valu Markets

### MASSACHUSETTS

Nature's Heartland  
Wild Harvest  
(Star Markets)

### MICHIGAN:

D&W Food Center  
Busch's Valueland  
Farmer's Markets  
Felpausch  
Harbor Town  
Meijer  
Oak Ridge  
Vics World  
Class Market

### MISSOURI:

Marsh  
Schnuck Markets

### NEW YORK:

Hay Market  
Food Emporium

### OHIO

The Andersons  
Cherch Hills  
Dorothy Lane  
Heinens  
Jungle Jim  
Meijer

### WISCONSIN:

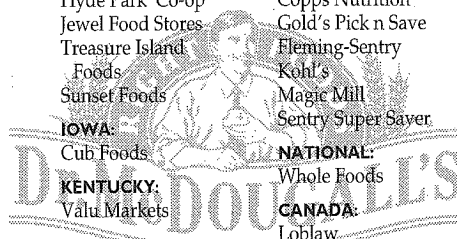
Copps Nutrition  
Gold's Pick n Save  
Fleming-Sentry  
Kohl's  
Magic Mill  
Sentry Super Saver

### NATIONAL:

Whole Foods

### CANADA:

Loblaws



# M c D O U G A L L O K R F O R M



ITEM	PRICE/UNIT	QUANTITY	TOTAL
THE McDUGALL QUICK AND EASY COOKBOOK (HARD COVER) <b>NEW!</b>	\$25.95		
THE McDUGALL PROGRAM FOR A HEALTHY HEART (HARD COVER)	\$24.95		
THE McDUGALL PROGRAM FOR MAXIMUM WEIGHT LOSS (SOFT COVER)	\$12.95		
THE NEW McDUGALL COOKBOOK (SOFT COV)	\$13.95		
THE McDUGALL PROGRAM	\$12.95		
THE McDUGALL PLAN	\$11.95		
McDUGALL'S MEDICINE	\$12.95		
THE McDUGALL HEALTH SUPPORTING COOKBOOK, VOLUME I	\$9.95		
THE McDUGALL HEALTH SUPPORTING COOKBOOK, VOLUME II	\$9.95		
THE McDUGALL AUDIO TAPES (6 TAPES)	\$39.95		
NEW VIDEO DIETARY MYTHS THAT MAKE YOU FAT & SICK 60 MIN.	\$14.95		
VIDEO THE McDUGALL PROGRAM FOR MAXIMUM WEIGHT LOSS 30 MIN.	\$12.00		
THE McDUGALL VIDEO 2 HRS.	\$14.95		
TAX			
SHIPPING & HANDLING			
THE McDUGALL NEWSLETTER (BI-MONTHLY) OUTSIDE USA	\$20.00 \$24.00		
MISCELLANEOUS			
TOTAL			
NAME _____			
ADDRESS _____ CITY _____ STATE _____ ZIP _____			
PHONE NO. _____ VISA • MASTERCARD • AMERICAN EXPRESS • DISCOVER (CIRCLE) NUMBER _____			

Postage:  
USA rates: first Book,  
Audio or Video \$4.00.  
Each additional item  
\$2.00.

Outside USA, first  
\$7.00, then \$3.00. U.S.  
All funds are in U.S.  
dollars.

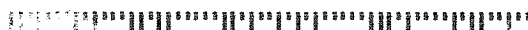
California residents add  
7.5% sales tax.

Send to or call:

The McDougalls,  
P.O. Box 14039, Santa  
Rosa, CA 95402.  
(707) 576-1654.  
FAX (707) 576-3313

Send US funds only!  
Add extra postage for  
foreign orders.  
American Express,  
Mastercard, VISA &  
Discover accepted.

Design by Mona Lisa Design, Santa Rosa, CA • Printing by Letter Shop Printing, Santa Rosa, CA



**GIVE A GIFT**  
Send us your name  
and address, the  
names and addresses  
of the people you  
want to give gift  
subscriptions to,  
and a check for  
\$20.00 for each one.  
The McDougall  
Newsletter is now  
copyrighted. But you  
have permission to  
duplicate and share  
with friends. All  
other rights  
restricted.

**The McDougall Newsletter**  
P.O. Box 14039  
Santa Rosa, CA 95402  
Address correction requested

**PAID**  
BULK RATE  
U.S. POSTAGE  
PERMIT NO. 47  
SANTA ROSA, CA

Visit us on the Web at <http://www.drmcdougall.com>  
Our website has all the latest news on McDougall events:  
classes, trips, as well as McDougall educational materials.  
Cruise the Coast of Belize with John and Mary McDougall  
from June 20 - June 27, 1998, aboard the *Tempress Voyager*. The food  
is all McDougall style. All air fare, tours, food, alcoholic and nonalco-  
holic drinks, and entertainment are conveniently included in the price.  
Call 1-800-570-1654 for information and reservations.