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The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL

*MARY & JOHN McDOUGALL*

*I N S I D E*



*Cruise changed to include Costa Rica along with the Panama Canal August 1, 1998.* *See details on page 7.*

# DIET-INDUCED PRECOCIOUS PUBERTY

Fourth and fifth-grade children should be thinking about school, homework, bike riding, summer vacations, children's games, and friends without the turbulence of strong sexual urges overshadowing their lives—but they're not. Remember how disruptive your sex drive has been to your own thoughts, feelings, and actions? Now imagine forcing those same overpowering emotions upon a child of 9 or 10 years old. As a direct result of eating the rich Western diet, children are now having to deal with all the problems of puberty, at an age far younger than we were originally designed to mature. The consequences are, many of our children are emotionally disturbed and physically injured, and we have chaos in our classrooms.

A recent study from the University of North Carolina at Chapel Hill published in the medical journal *Pediatrics* reported "...girls seen in a sample of pediatric practices from across the United States are developing pubertal characteristics at younger ages than currently used norms." "At age 3 years, 3% of African-American and 1% of white girls showed breast and/or pubic hair development, with proportions increasing to 27.2% and 6.7%, respectively, at 7 years of age. At age 8, 48.3% of African-American girls and 14.7% of white girls had begun development." *(99:505, 1997).*

They found the mean age (years) of onset of: (see chart below):

| | African American | White |
|---|---|---|
| Breast Development | 8.87 | 9.96 |
| Pubic Hair | 8.78 | 10.51 |
| Menses | 12.16 | 12.88 |

Boys are also maturing much earlier too; however they have not been studied to the extent of girls, probably because their secondary sexual characteristic developments are not as evident or dramatic.

### Putting Adult Hormones In a Child's Body

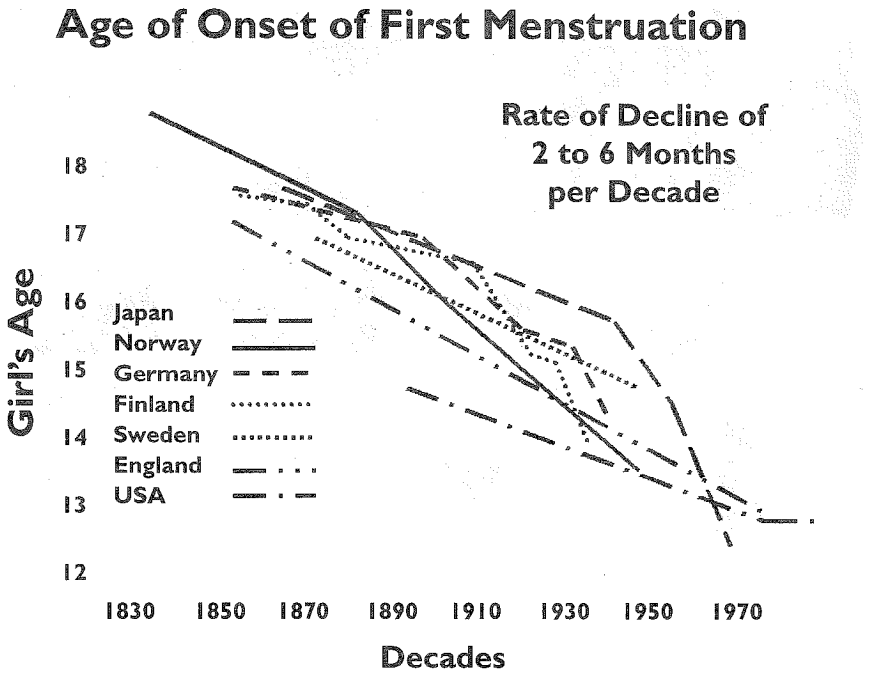
As populations of people have gradually changed their diets from plant-based to animal-based, (rich in meats, dairy products, and refined foods) the onset of sexual maturity has decreased at a rate of about 2 to 6 months per decade. For example, the age of onset of the first menses, a time known as menarche, has decreased steadily from age 17.2 years in Norway in 1830 to age 13.2 years in 1950 *(WHO Monograph 62:500, 1976).* Similar changes have been seen in other western European countries over the past 160 years. In Britain, over the past 150 years the average age of menarche has fallen from 16.5 years to 12.8 years *(Lancet 342:1375, 1993).*

In the United States, in 1900, girls started their first periods at age 14 years, by 1960 they were menstruating by an average age of 12.7. In Japan, in 1875, little girls became women capable of having babies at 16.5 years of age. Just after WW II (1950) they started their first periods at age 15.2. By 1960 the age of menarche was 13.9, by 1970 it fell to 12.5—just like little white girls in the United States. The slowest onset of maturity, with an mean age of menarche of 18-19 years, was observed in women of Papua New Guinea in the 1960s—a time when the people ate a nearly vegetarian, very low-fat diet.

### Cause of Early Maturation

The gradual shift from a plant-based diet to a diet of animal-based, high-fat, highly-processed foods has resulted in every society in a decrease in the age of onset

of maturity of the boys and girls. Many investigations have come to this "diet-menarche connection" by looking at different aspects of eating. For example, protein-rich foods, especially beef and pork, and low-fiber diets, which, of course, mean diets high in meats, dairy products, and processed plant foods, have been found associated with earlier menarche *(Am J Clin Nutr 54:805, 1991; Hum Biol 28:393, 1956; Int J Cancer 28:685, 1981).* Vegetarians have also been observed to have a later onset of menarche, compared to nonvegetarians *(Nutr Res 7:471, 1987).* Vigorous exercise has also been shown to delay the onset of menarche *(Br J Cancer 55:681, 1987; Am J Epidemiol 138:217, 1993).* A common pathway for the effects of diet and lifestyle (mostly exercise) on menarche is female sex hormones, primarily estrogen. Earlier and greater rises in hormone activity bring on earlier puberty. Estrogen promotes the development of secondary sex characteristics: causing uterine growth, thickening of the vaginal tissues, and development of the breasts; and along with other hormones, the final signal that a little girl is now a woman capable of childbearing, she starts to bleed (menstruation).




### Estrogen From Our Food

There are several ways in which our diet brings earlier and stronger estrogen effects to a little girl's body:

Obesity is one cause of higher estrogen levels. Male hormones, called androstenedione, made in the adrenal gland and ovaries are converted in the fat (adipose) cells into estrogen (estrone). The fatter a person, the more hormone produced *(Am J Obstet Gynecol 130:448, 1978).* Obesity in children, especially in young girls, is on the rise; therefore this is becoming an even more important source of female hormones, as Americans eat more fat and calories.

Other sources of estrogen result from the kinds of bacterial populations growing in the intestine. When fed a high-fat, low-fiber diet, the large bowel will grow bacteria that have the ability to convert bile acids into sex hormones, which are then absorbed through the gut wall and into the blood stream *(Lancet 2:472, 1971).* Bile acids are produced by the liver for the purpose of digesting fats. The more fat consumed, the more bile acids flow into the intestine to be converted to sex hormones.

A high-fat diet also raises a woman's estrogen levels by recirculating her own estrogen. Estrogen, made in the ovaries, is secreted into the blood stream where it circulates throughout the body affecting the breasts, uterus, ovaries, skin, and other tissues. After one complete passage, all of it is then removed by the liver and excreted into the intestine. To prevent reabsorption by the intestine, this hormone is combined in the liver with a non-absorbable substance. A high-fat, low-fiber diet, especially one high in meats, encourages growth of the bacteria in the colon that produce enzymes that break apart these non-absorbable, estrogen-complexes. The "freed" hormone is then absorbed back into the blood stream for another circulation. The net effect is higher biologic activity of estrogen in a woman's body *(Rev Infect Dis 6(suppl 1):S85, 1984; N Engl J Med 307:1542, 1982).*

The intake of high-fat foods—especially fish, meat, eggs, fats and oils, and dairy products—is the primary source of environmental chemicals in the American population. These chemicals are attracted to, and concentrated in fat—the fat in our foods and the fat in our bodies. Many of these chemicals (mostly pesticides), such as atrazine, DDT (it's metabolite DDE), dieldrin, endosulfan, and toxaphene have an estrogenic effect. When studied singly these chemicals may have only a weak estrogenic effect. However, when the chemicals were tested in combination, estrogenic activity shot up 160- to 1600-fold *(Science 272:1489, 1996 & 272:1418, 1996).* Americans used a record amount of pesticides, insecticides, and herbicides in 1995 despite claims by the chemical industry and farmers that they are cutting pesticide use *(BMJ 312:1498, 1996).*

Another interesting source is from dairy products. In modern dairy farming most dairy cows are pregnant; however, unlike women, they continue to lactate. Pregnancy causes high levels of circulating estrogen in the animal's body. As a result, the milk produced by these pregnant cows contains high levels of estrogen (estrone) *(Lancet 341:1392, 1993).*

### Harming the Children

Strong sexual drives keep people's thoughts focused on the members of the opposite sex (and sometimes the same sex), causing many to make irrational decisions and exhibit disturbing behaviors (you know this). Classroom antics, acts of bravado, and dangerous stunts are commonly performed by boys and girls in order to gain the attention from peers. This kind of behavior becomes more frequent and daring with the onset of sexual urges.

By no great surprise, early sexual maturation is associated with an earlier initiation of sexual activity and an earlier age of first pregnancy *(Am J Epidemiol 119:765, 1984; J Early Adolesc Health Care 6:383, 1985).* This means risking sexually transmitted diseases at a younger age, which can lead to serious health problems like painful herpes, infertility, and deadly AIDS. Three million teenagers suffer from sexually transmitted diseases annually. Earlier sexual activity can mean marriage at a younger age with a higher risk of divorce. More than 90% of teenage marriages end in divorce.

Teenage pregnancies are an expected consequence of early sexual activity. One million teenagers become pregnant each

year and nearly half of them give birth. The birth rate for young teens (age 15 to 17) is steadily rising. Between 1986 and 1991 the rate increased by 27%. In 1991 nearly 4 in 100 teenagers had a baby between ages 15 and 17.

Children having children results in high rates of single motherhood, a disruption or discontinuation of the mother's education, and poverty. A teenage mother is at greater risk of pregnancy complications, such as premature and prolonged labor, and preeclampsia, than older mothers. The baby is also at greater risk, with 9% low-birth weight deliveries (under 5.5 pounds), compared to 7% nationally. Low-birth weight babies have a higher risk of complications, like respiratory distress syndrome and bleeding, and they are at a 40-times greater risk of death during their first month of life compared to a normal weight infant.

Children who reach sexual maturity later in life also eventually grow taller as adults *(Southern Med J 82:443, 1989).* The reason for this is that sex hormones close the growth (epiphysial) plates of bones, halting further longitudinal growth.

### Later Consequences

Breast cancer is a hormone dependent disease, promoted by estrogen. Not surprisingly, early onset of menstruation is associated with a greater risk of breast cancer *(JNCI:47:935, 1971).* Women who start their menstrual periods before the age of 14 have an average age of onset of breast cancer of 55.1 years, whereas those who start their menses after age 14 have the average age of onset of 57.6 years. Furthermore, survivals from breast cancer were lowest for women who started their periods at or before the age of 11 years *(Europ. J Cancer 12:701, 1976).* The optimal age of onset of periods with respect to survival was age 15 years. Earlier menarche is also associated with a greater risk of coronary artery disease *(Am J Epidemiol 126:861, 1987).*

### Solving Society's Problems

Developed countries, the United States being an excellent example, suffer overwhelming problems with their youth—gang violence, teenage pregnancies, illiteracy, classroom tyranny, and school dropouts. Problems untouched by billions of government dollars and countless social programs. One tangible step in setting our youth back on track is to feed them better. Feed them a starch-based diet that will allow our children to remain thinking, feeling, and acting like children for the correct number of years—until their late teens. Then when they have physically grown to adults allow them to develop those drives that are essential for our species to procreate. By no coincidence, the same diet this newsletter has advocated for the physical health of individuals is the same diet that could restore a whole lot of health to our society.

## *Meeting with Graham Kerr*

Friday night, October 3rd, in Seattle at the Taste of Health (health conference), put on by the Earth Save Organization, I had a chance to meet and spend some enjoyable time with the "Galloping Gourmet," Graham Kerr. He's a man now swiftly galloping toward a low-fat, pure-vegetarian diet. When his cooking show began in 1969, it was focused on lavish eating. His style was forced to change when his wife, Treena, suffered a heart attack 10 years ago. As a result of his deep concern for her he has been trying to change the family's diet, and this is reflected in his recent speeches and cookbooks. His newest book, *the gathering place,* has many vegetarian recipes that can be easily modified by removing the small amount of added oil and dairy products. Even the meat recipes offer a vegetarian option. The menus are centered around a whole meal from 13 places he and his wife visited on their trip around the world aboard the QE II, which left from New York. The recipes are of an international design that you won't find in other cookbooks. The stories about the places they visited are worth the price of the book alone. Graham Kerr is selflessly using his well-recognized image for the greater good of mankind and successfully making people aware of the importance of the foods they eat.

RESEARCH

## LOW-FAT UNNECESSARY?

**Long-Term Cholesterol-Lowering Effects of Four Fat-Restricted Diets in Hypercholesterolemic and Combined Hyperlipidemic Men: The Dietary Alternatives Study** by Robert Koop in the November 12, 1997 issue of the *Journal of the American Medical Association* found after studying 444 men for one year, moderate restriction of fat intake attains meaningful and sustained LDL "bad"-cholesterol reductions *(JAMA 278:1509).* Further restriction of fat offers little further advantage and potentially undesirable effects. One group tested had only high-cholesterol and the other had high-cholesterol with high-triglycerides. Diets taught in 8-weekly, 2-hour classes were to be 30%, 26%, 22%, and 18% fat. They actually achieved 28%, 26%, 25%, and 22% reductions in the first group; and 28%, 26%, and 25% in the other group. LDL "bad"-cholesterol levels decreased 5.3%, 13.4%, 8.4%, and 13%, respectively, in the 4 different diets in those with high-cholesterol only; and 7%, 2.8%, and 4.6% in those with high cholesterol and triglycerides. In the 2 high-cholesterol groups with the lower fat intake, the triglycerides went up and the good cholesterol went down slightly (2.8% and 3.2%).

COMMENT: The headlines in the newspapers ran "A Little Fat Better Than None—Study Says Big Cutbacks in Diet are a Threat to Heart" *(San Francisco Chronicle, November 12, 1997)* And the story was very popular because, people love to hear *good news about their bad habits.* So what did we learn from this?

**Little Changes Beget Little Results:** The maximum difference in fat intake between the high and low fat diets was only 6%. This small difference in fat intake between the various diets seemed to make no consistent difference at all when you consider those following the 26% fat diet achieved a 13.4% reduction in LDL-cholesterol, while those on the next higher and lower intakes achieved a 5.3% and 8.4% reduction, respectively.

Total cholesterol decreased by 3.9% and 10.4% on the higher fat diets, and 9% on the lowest fat diet. My patients at St. Helena Hospital with similar initial cholesterol levels (250 mg/dl) experience an 18% reduction in cholesterol in 11 days.

One further important observation is that all the groups lost a similar very small

amount of weight, only about 5-6 pounds on the average—180 to 174 to 175—in a year. This means they all ate diets of similar calorie content, and therefore, to achieve this the carbohydrates must have been largely simple sugars and refined grains. Otherwise, there would have been greater weight losses for those following the high carbohydrate diets. Patients in my clinic, eating mostly whole grains and unrefined foods, with few simple sugars lose substantially—for example, overweight men lose on the average 5.5 pounds in 11 days of unrestricted eating.

**The Diet Is Unrealistic and Unattainable:** Teaching people moderation is doomed to failure. The strictest diet taught in this study was supposed to cause a reduction in fat intake from 36% to 18% and the cholesterol from 300 mg to 100 mg a day. However, these levels were not achieved according to the surveys. Furthermore, based on the small changes achieved in blood cholesterol levels, all the groups were probably eating more closely to each other than the surveys reflected.

Moderate diets are harder to follow than stricter diets, because you are continually tempted by having your old favorite foods. You never lose the taste for the meats, chickens, and cheeses, and they're always in the refrigerator. Examining other habits may help you understand why it is easier to follow a stricter diet: People don't quit smoking by cutting down, nor does an alcoholic solve his problem by switching to beer. A clean break from the past is the only solution for these two bad habits.

Furthermore, it is much easier to follow a program that is effective. You have to go to all the work learning to shop, prepare, and enjoy new foods—if the results are not dramatic then most people quickly lose interest.

**Low-Fat Doesn't Mean Healthy:** Low-fat diets used in studies and followed by many consumers are high in refined foods, and simple sugars, including fruits and juices. They are also high in calories, thus people maintain their weight. Experiments have shown that higher-carbohydrate diets that keep weight on also cause triglycerides to rise *(JAMA 274:1450, 1995 or see Jan/Feb 1995 McDougall Newsletter).* In our patients, fed a healthy diet, the triglycerides decrease an average of 10 mg/dl in 11 days, but those who started high (say over 600 mg/dl) dropped by 50% (to an average of 311 mg/dl) in 11 days.

The fact that the HDL "good" cholesterol goes down is no news. In fact, in studies of my patients it goes down 22% in 11 days. Why? Because all fractions of cholesterol are reduced. The small reduction of 3.2% seen in this study, again shows little change was actually made in their diets.

**We're Not Treating Risk Factors:** Dr. Dean Ornish was quoted in the San Francisco Chronicle as saying, "The study measured risk factors for heart disease—not heart disease itself." He noted his strict vegetarian diet actually reverses clogged arteries. Studies often report on the signs of heart disease—like elevated levels of cholesterol, triglycerides, glucose, homocysteine, uric acid, body weight, and blood pressure. However, always remember, people do not die from the signs of disease, like high blood pressure or high cholesterol, but from the actual disease—rotten arteries, that suddenly rupture and close down.

Therefore, there are many reasons these investigators failed to show benefits from their version of a "higher-carbohydrate, lower-fat" diet. But this doesn't mean that the healthy diets recommended by Ornish, Pritikin, myself and others are ineffective or harmful to a patient's heart. In fact, just the opposite is true, as millions of people know —so don't let sensational newspaper articles shake your faith.

## BLOOD PRESSURE AND DIABETIC MEDS DON'T MIX

**ACE Inhibitor Use Associated with Hospitalization for Severe Hypoglycemia in Patients with Diabetes** by Andrew Morris in the September 1997 issue of *Diabetes Care* found over 3 times the risk of severe low blood sugar with the use a class of blood pressure pills known as ACE inhibitors (angiotension converting enzyme inhibitors) *(20:1363)* Apparently the ACE inhibitors increase the sensitivity of the insulin, making it work more effectively, and causing the blood sugar to go dangerously low. The people were using either insulin or diabetic pills (oral hypoglycemic drugs), along with the ACE inhibitors. No increase in hypoglycemia was seen in people on other kinds of blood pressure medications, like B-blockers. Previously some doctors had argued against such an adverse reaction from ACE inhibitors, believing the effect was actually due to heart and/or kidney disease rather than the medications. However, this study controlled for these possibilities and found the medication was the culprit. The authors conclude, "...our results highlight that care should be exercised in coprescribing ACE inhibitors in diabetic patients, as with any intervention that might improve insulin sensitivity."

COMMENT: One of my patients at St. Helena recently gave me a history of ending up in the hospital from the combined use of diabetic pills and an ACE inhibitor. ACE inhibitors are popular heart and blood pressure-lowering medications because they have been found to benefit people with heart and kidney failure. In addition to lowering their blood pressure, they seem to prolong their lives. These medications work by affecting the production and action of adrenal hormones that cause the blood vessels to constrict and therefore the blood pressure to go up. People can suffer severe allergic reactions, and bone marrow and liver failure from this class of medications, but the most common and troublesome side effect is a chronic cough. ACE inhibitors include: Accupril (quinapril), Altace (ramipril), Capoten (captopril), Lotensin (benazepril), Mavik (trandolapril), Monopril (fosinopril), Prinivil (lisinopril), Univasc (moexipril), Vasotec (enalapril), and Zestril (lisinopril).

## BREAST CANCER AND BP PILLS

**Use of Calcium Channel Blockers and Breast Carcinoma Risk in Postmenopausal Women** by Annette Fitzpatrick in the October 15, 1997 issue of the medical journal *Cancer* found 2.57 times the risk of breast cancer in users of calcium channel blockers. When calcium channel blockers were combined with estrogen therapy the risk was 4.48 times greater.*(80:1438)* With "immediate release" calcium channel blockers and estrogen the risk was strongest, at 8.48 times greater. A synergistic action between these medications appears to be present. "Based on the biologic plausibility, the results of in vitro studies, and the results observed in the current study, the authors hypothesize that use of calcium channel blockers is related to the incidence of invasive breast cancer through apoptosis or another hormonal mechanism."

COMMENT: The mechanism of cancer enhancement caused by this form of blood pressure pills is believed to be due to an inhibition of the natural death of cells by a process called *apoptosis*. Cells die after injury from a process called *necrosis*. However, another form of cell death described as "cell suicide," is apoptosis. This process rids the body of diseased cells that have the potential to turn

into cancer cells. If these cells persist they can divide and spread as cancer of the breast. The process of apoptosis involves a rise in the amount of calcium within a cell. Blockage by calcium channel blockers of movement of calcium into the cells inhibits apoptosis, disabling the body's natural defense mechanism against the growth of cancer, and therefore serves as a tumor promoter. Research has found low doses of one such medication, verapamil, increases the growth of human breast cancer (in a dish), while lowering the amount of calcium inside the cells. Estrogen may also interfere with apoptosis.

Previous *McDougall Newsletters* have dealt with the hazards of these medications: **Causing an increase in Cancer**—*Sept/Oct 1996*, **Gastrointestional Bleeding**—*May/June 1996*, **Heart Disease**—*Sept/Oct 1995*. Calcium channel blockers include: Adalat (nifedipine), Calan (verapamil), Cardene (nicardipine), Cardizem (diltiazem), Dilacor (diltiazem), DynaCirc (isradipine), Isoptin (verapamil), Nimotop (nimodipine), Norvasc (amlodipine), Plendil (felodipine), Procardia (nifedipine), Sular (nisoldipine), Tiazac (diltiazem), Vascor (bepridil), and Verelan (verapamil). The long acting agents are sometimes denoted by letters such as CC, CD, SR, XR, and XL that follow the name of the drug. Worldwide over $8 billion of revenue is generated from the sale of this class of drugs.

## PHYTO-ESTROGENS AND BREAST CANCER

**Case-Control Study of Phyto-Estrogens and Breast Cancer** by David Ingram in the October 4, 1997 issue of the *Lancet* found a "...substantial reduction in breast cancer risk among women with a high intake (as measured by excretion) of phyto-estrogens—particularly the isoflavonic phyto-estrogen, equol, and the lignan, enterolactone. *(350:990)* These findings could be important in the prevention of breast cancer. Women with breast cancer were interviewed, and urine and blood samples were taken for analysis of the isoflavonic phyto-estrogens (daidzein, genisten, and equol), and the lignans (esterodiol, esterolactone, and matairesinol). These 144 women were compared to a similar group of women with breast cancer. Both equol and enterlactone were associated with ⅓ to ¼ the risk of developing breast cancer.
COMMENT: More than 15 phyto-estrogens have so far been identified in human urine. They are found in edible plants, and are divided into two main groups called isoflavonoids and lignans. Isoflavonoids are found mostly in unfermented soy products. The lignans are found in the dietary fiber of many plant foods, including whole grains, berries, fruits and vegetables and are especially high in flaxseed.

Phyto-estrogens have a structure similar to estrogen, but they act as weak estrogen. This weak estrogen occupies the cell sites where estrogen acts, thereby blocking the attachment of more powerful estrogen made by a woman's ovaries. Because of this action they have an anti-estrogenic, anti-cancer effect on the cells. Asian populations consume large amounts of phyto-estrogens in plant foods, especially soybeans. This is one reason they are believed to have lower rates of breast cancer. The effects of these substances appear to be just as beneficial in a man's body, reducing his risk of prostate cancer.

There are many plant chemicals that have been discovered and many thousands more to find and understand. One of my concerns is that phyto-estrogen pills are showing up in natural food stores. As manufacturers do with vitamin and mineral supplements, they take fractions of plants and concentrate them into a pill. These substances now act outside of their normal, properly designed, environment which will likely lead to adverse effects along with any desirable effects. Please take your nutrients and phyto-chemicals in their natural packages—starches, vegetables, and fruits.

## INFANTS AND PHYTO-ESTROGENS

**Exposure of Infants to Phyto-Estrogens from Soy-Based Infant Formula** by Kenneth Setchell in the July 5, 1997 issue of the *Lancet* found "The daily exposure of infants to isoflavones in soy infant-formulas is 6-11 fold higher on a body weight basis than the dose that has hormonal effects in adults consuming soy foods. *(350:23)*.Circulating concentrations of isoflavones in seven infants fed soy-based formula were 13000-22000 times higher than plasma estradiol (estrogen) concentrations in early life, and may be sufficient to exert biologic effects, whereas the contribution of isoflavones from breast-milk and cow-milk is negligible." The amount of soy consumed in the formula is 6-11 times greater than the amount known to cause a change in the menstrual cycle of western women. They analyzed 25 major brands of commercial soy formula, and measured the concentrations of phyto-estrogens (genistein, daidzein, and equol) in 4-month old infants fed exclusively soy-based formula. The amount of isoflavones was almost identical among individual brands.

COMMENT: Phyto-estrogens have a weak estrogenic activity. The powerful female estrogen, estradiol, made in the ovaries is 100 to 1000 times more powerful. However, the amount of phyto-estrogen in a woman's body can be very large and therefore these substances have an important effect. In Japanese women, these substances (excreted in the urine), are found to be 100- to 1000-fold higher than estrogen made by the woman herself *(Lancet 339:1233, 1992)*. The positive effects from these phyto-estrogens may be prevention of cancer, osteoporosis, and heart disease.

Soy formulas have been popular for over 30 years and no definite problems have been related to the hormone activities from their isoflavones, and young children in Asian countries have eaten soybean foods for years without obvious detriment. However, sufficient research has not been done to declare the use of infant soy formulas safe. The effects of exposure of the body and brain of the developing infant to high levels of these biologically active substances is unknown. However, it is known that exposure of the developing fetus in the mother's uterus to an estrogen known as diethystilbesteril (DES) leads to cancer and reproductive disorders later in life.

There are other reasons to avoid these soy-based formulas (as well as cow-milk formula). Bottle-fed babies are more likely than their breast-fed peers to develop insulin-dependent diabetes, obesity, celiac disease, inflammatory bowel disease, coronary artery disease, multiple sclerosis, diabetes, and sudden infant death syndrome (SIDS, or crib death). Soy formulas have been found to be contaminated with aluminum—which can cause bone and brain problems for infants. Tests indicate that the more breast milk consumed the greater the child's measured IQ later in life. (For a complete discussion of the benefits of breast milk and the hazards of formula see the May/Jun 1996 issue of the *McDougall Newsletter*).

*More Recipes from the 1997 Costa Rican Cruise*

# Recipes

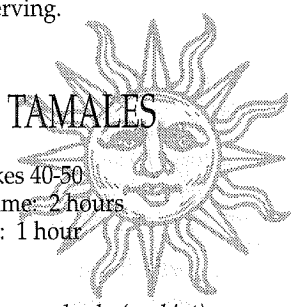
## ASPARAGUS CREAM SOUP

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

*2 cups vegetable broth*
*2 cups chopped asparagus stalks*
*1½ cups frozen chopped hash brown potatoes*
*1 cup water*
*1 cup asparagus tops*
*1 cup soy milk*
*fresh ground pepper to taste*

Place broth, asparagus stalks, and potatoes in a medium pan. Bring to a boil, reduce heat, cover and cook for 5 minutes, or until asparagus is just barely tender. Remove from heat, pour into a blender jar and process until very smooth. Return to pan. Meanwhile, place water and asparagus tops in a small saucepan. Bring to a boil, reduce heat and cook for 5 minutes, or until crisp tender. Drain and add to pureed soup. Stir in soy milk and season to taste. Heat through and serve at once.

Variation: Do not add asparagus tops to pureed soup. Instead, add soy milk and seasonings and heat through. Place in individual serving bowls and place an equal amount of the tops on the surface of each bowl before serving.



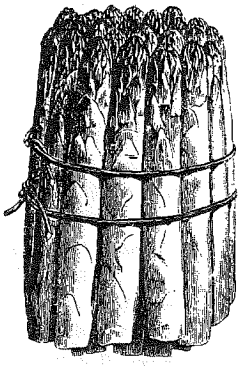
## TAMALES

Servings: makes 40-50
Preparation Time: 2 hours
Cooking Time: 1 hour

*Wrap:*
*Banana leaves or corn husks (see hint)*

*Filling:*
*⅓ cup water*
*1 small onion, finely chopped*
*½ teaspoon minced fresh garlic*
*1 15 ounce can black beans, drained and rinsed*
*½ cup roasted red pepper, chopped*
*1 small fresh jalapeno, seeded and finely chopped*

*Dough:*
*5 cups fine masa flour, plus extra for kneading as necessary*
*4 cups water at room temperature*
*6 cups mashed potatoes*
*½ teaspoon salt*
*several twists freshly ground black pepper*



Thaw banana leaves or soak corn husks in warm water until soft. Separate the husks to make softening easier. Rinse both to make sure they are clean.

Place the water for the filling in a small saucepan. Add the onion and garlic and cook for 5 minutes, stirring occasionally. Add remaining ingredients and cook over low heat for an additional 5 minutes. Set aside.

Place the masa flour in a large bowl. Add the water and mix with a spoon until it sticks together and starts to come away from the sides of the bowl. Sprinkle a couple of tablespoons of the masa flour on the counter. Remove dough from bowl, place on the masa flour and knead for 10 minutes, until smooth and stretchy, adding more flour as necessary to keep from sticking to counter. Place ball of dough in a very large clean bowl. Add mashed potatoes and mix together well using your hands. Season with fresh ground pepper and salt. (This part is very messy.)

Cut banana leaves into pieces approximately 7-8 inches by 12-14 inches. Keep corn husks covered with a damp paper towel while filling.

Spread between ⅛ to ¼ cup of the potato/masa mixture in the center of either a banana leaf or corn husk (depending on its size). Make a small indentation in the center of the mixture and fill with 1 teaspoon of the filling mixture. Fold wrap over lengthwise to cover mixture and repeat with another lengthwise fold. Fold both ends under and set aside with folded ends down. The filling should be completely enclosed. Repeat until all the mixture is gone. Set each completed tamale aside under damp paper towels until all are assembled.

Arrange in layers in a steamer, arranging loosely so steam can circulate. Steam over boiling water for 1 hour, adding more water as necessary.

To serve, remove wrapper and discard. Season with salsa of your choice before eating, if desired.

Hint: Dried corn husks are sold in many supermarkets in the specialty foods section. They may also be found at Mexican markets. Banana leaves will probably more difficult to find. A few Mexican markets or specialty stores will sometimes carry them. They are usually sold frozen. The taste is the same no matter which one you use. Banana leaves are larger so they hold a greater amount of the dough. A less authentic, but effective, way to wrap the tortilla is to use parchment paper and aluminum foil. Place filling in the parchment paper and fold over to enclose completely. Then wrap in foil. Steam as directed.

This may seem like a lot of work, but they are delicious. They freeze well and are easy to reheat in a steamer basket. Other fillings may also be used. Try mango salsa, mashed pinto or black beans, seasoned rice or vegetables, or wrap them up with no filling at all.

## COCONUT CAKE DESSERT

Servings: 12
Preparation Time: 10 minutes
Cooking Time: 10 minutes
Chilling Time: 2 hours

*1¼ cups soy milk*
*1 14 ounce can Lite coconut milk*
*¾ cup cornstarch*
*½ cup sugar, or more to taste*
*¼ cup grated fresh coconut*
*¼ cup finely chopped fresh papaya*
*¼ cup finely chopped fresh mango*
*¼ cup finely chopped fresh pineapple*
*¼ cup finely chopped walnuts*

Place first four ingredients in a saucepan. Mix well until cornstarch is completely blended into the liquid. Cook over medium heat, stirring constantly with a wire whisk, until mixture boils and thickens. Remove from heat. Add remaining ingredients and mix well. Spoon mixture into a 9 x 9 inch glass pan and smooth top with a spatula. Let cool slightly, uncovered, on counter. Then cover and place in refrigerator to chill. Cut into squares and serve cold.

Hint: This can also be made with other fruits, just make sure they are not too moist. I have also made this with dried blueberries, cranberries and cherries with tasty results.

# BULLETIN BOARD

## 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 Seven-Eleven stores across the country have begun to stock Dr. McDougall's instant meals – if not, ask them to order. Major stores selling McDougall foods:

**CALIFORNIA:**
Albertsons
Lucky
Raley's
Safeway
Vons/Pavillion
Food 4 Less
Wild Oats
Mothers
Hughes
Food for Thought
Whole Foods
Costco

**COLORADO:**
Wild Oats/
Alfalfa's
King Soopers

**CONNECTICUT:**
Haymarket

**WASHINGTON DC:**
Sutton Place

**FLORIDA:**
Publix Markets

**ILLINOIS:**
Byerlys
Dominick's
Finer Foods
Eagle 90
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Hyde Park Co-op
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Foods
Sunset Foods

**IOWA:**
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**KENTUCKY:**
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**MASSACHUSETTS**
Nature's Heartland
Wild Harvest
(Star Markets)

**MICHIGAN:**
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Vics World
Class Market

**MISSOURI:**
Marsh
Schnuck Markets

**NEW YORK:**
Hay Market
Food Emporium

**OHIO**
The Andersons
Chereh Hills
Dorothy Lane
Heinens
Jungle Jim
Meijer

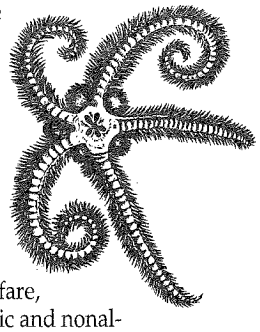
**WISCONSIN:**
Copps Nutrition
Gold's Pick n Save
Fleming-Sentry
Kohl's
Magic Mill
Sentry Super Saver

**NATIONAL:**
Whole Foods
Seven-Eleven

**CANADA:**
Loblaw

## '98 Cruise to Belize

*The cruise to Belize has filled, however we are making a waiting list, and we expect a few cancellations the first of the year.*



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. All air fare, tours, food, alcoholic and nonalcoholic 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**

## *The McDougall Quick and Easy Cookbook*

NEW!

You will find our new *McDougall Quick and Easy Cookbook* on your bookstore shelves now, 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 and on Primestar satellite. Consult your local directory. Call **(805) 373-7681** and ask for Chauncey, for more information.

## '98 Cruise to Panama/Costa Rica

We have been able to add Costa Rica to our cruise planned to Panama with no extra charge. This means we will be visiting at least 2 of the best sites in Costa Rica on our voyage to the Panama Canal. Rain forests, national parks, native villages, Spanish forts, and a trip through the canal before the US turns over possession of the canal to Panama in 1999. There will be water activities including snorkeling (and scuba diving if you are certified), kayaking, swimming, and dinghy rides. We hope to be able to offer the trip for $2695 (per person double occupancy). The cost is slightly higher than Belize because we will be traveling further and there is a $7,000 charge to take the boat through the canal. This price includes airfare, ground transportation, and all activities (except add-ons like scuba and horseback riding). (We are still negotiating the prices with the airlines and the ship.) Call **(800) 570-1654** for more information or visit our website.

## On the Website

Contact Dr. McDougall at www.drmcdougall.com. You'll find all kinds of interesting updates on this site:

- *A message board to share with others about good health*
- *The Great Debate about high protein diets and debate with Barry Sears*
- *An updated stock list of canned and packaged products*
- *Holiday recipes from creamy pumpkin soup to pumpkin pie*
- *Pictures of the Costa Rica trip with information about upcoming cruises*
- *Dr. McDougall's appearances nationwide*
- *Information on the cause and cure of common diseases*
- *An introduction to each current newsletter*
- *Information about St. Helena Hospital Programs and Right Foods*

## Upcoming McDougall Programs at St. Helena Hospital

Call **(800) 358-9195** for information and reservations.
*12-Day Live-in Programs beginning:*

January 18; February 15; March 15; April 26

# McDOUGALL ORDER FORM

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| THE MCDOUGALL PROGRAM FOR A HEALTHY HEART (HARD COVER) | $24.95 | | |
| THE MCDOUGALL PROGRAM FOR MAXIMUM WEIGHT LOSS | $12.95 | | |
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| DIETARY MYTHS THAT MAKE YOU FAT & SICK VIDEO 60 MIN. | $14.95 | | |
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| THE MCDOUGALL VIDEO 2 HRS. | $14.95 | | |
| TAX | | | |
| SHIPPING & HANDLING | | | |
| THE MCDOUGALL NEWSLETTER (BI-MONTHLY) | $24.00<br>OUTSIDE USA $28.00 | | |
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*Two Cruises! The Coast of Belize and Panama/Costa Rica with John and Mary McDougall*

from June 20 - June 27, 1998 (Belize); and August 1 - 8, 1998 (Panama and Costa Rica); aboard the *Temptress Voyager*. The food is all McDougall style. All air fare, tours, food, alcoholic and nonalcoholic drinks, and entertainment are conveniently included in the price.

**Call 1-800-570-1654 for information and reservations.**

*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.

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