



The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL



MARY & JOHN McDOUGALL

I N S I D E

VEGETABLE FAT AS MEDICINE	1-4
PANAMA IS PARADISE	4
HERB IMPROVES THINKING	5
WOMEN DOCTORS TAKE HORMONES	5
RECIPES	6
BULLETIN BOARD	7
BOOKS, TAPES	8

Panama is Paradise!
Join us for the '98
McDougall Cruise August 1,
See details on page 7.

VEGETABLE FAT AS MEDICINE

Vegetable fats have been recommended for better health since the mid-1960s when we were asked to replace butter with margarine, and lard with corn and safflower oil in order to lower our cholesterol and reduce our risk of dying of heart disease. By the mid-1970s researchers had discovered margarine raises cholesterol even more than butter, and even though vegetable oils might reduce our risk of heart disease they would greatly increase our risk of cancer, and make us fat.

Now, in the 1990s, leading health experts are advising us to liberally use olive oil, a monounsaturated fat, and the polyunsaturated omega-3 fats, like fish and flaxseed oils. These oils are touted as miracle tonics able to relieve suffering from arthritis to cancer. Have we finally got the right message on the use of oils? The truth is there can be some benefits, but like the margarine and corn oils recommended with impunity in the past, these oils also have serious drawbacks.

Essential Fats

Only plants can create two types of polyunsaturated fats called *essential fatty acids* (EFA) known as omega-3 and omega-6 fats (ω -3 and ω -6 fats). They are considered essential because we cannot make either so both must be present in our foods. All other fatty acids can be synthesized by man from any excess of dietary energy. However, just because other fatty acids are considered unessential because we can make them does not mean they are unimportant. For example, arachidonic acid, derived from linoleic acid, is the major precursor for those very important and powerful hormones, known as *eicosanoids*.

Linoleic acid is the most common kind of ω -6 fat consumed by people. Another ω -6 fat often talked about is gamma linolenic acid. Alpha linolenic acid is the most common ω -3 fat consumed. Eicosapentaenoic acid is an ω -3 fat made from alpha linolenic acid and found in large concentrations in fish oils. Linoleic acid is found mainly in vegetable seed oils, and the main dietary source of alpha linolenic acid is leaves and some seeds.

There are three important functions of EFA:

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1) The most important is as part of phospholipids in all animal cellular membranes—a deficiency of EFA results in the formation of faulty membranes.

2) A second is the transport and oxidation of cholesterol; as a result EFA tend to lower plasma cholesterol.

3) A third function is as precursors of tiny, but powerful hormones, known as eicosanoids (prostaglandins, leukotrienes, and thromboxanes), which are only formed from EFA.

EFA Deficiency

Deficiency of EFA in experimental animals causes lesions mainly attributable to faulty cellular membranes, such as sudden failure of growth, scaliness of the skin, increased water loss by a change of skin permeability, impaired fertility, kidney abnormalities, increased susceptibility to infection, and weaknesses in the cardiovascular system. In man, pure deficiency of EFA has been studied mostly in persons fed intravenously. However, sensitive tests have found deficiencies in elderly patients, people with fat malabsorption diseases, and after serious accidents or burns. EFA deficiency does not occur in people following low-fat

diets, because these diets are high in vegetable foods, rich in EFA.

Through the intake of large amounts of animal products, hydrogenation of vegetable oils, milling, and selection of ω -3 poor foods, we have been systematically depleting our intake of EFA. A relative deficiency is also caused by large intakes of saturated animal fats and synthetic trans fats (as found in margarine and shortenings) common in Western diets. This deficiency of EFA plays an important part in the causation of atherosclerosis, coronary thrombosis, multiple sclerosis, complications of diabetes mellitus, hypertension, and certain forms of cancer.

EFA Requirements

Feeding diets containing as little as 0.1 to 0.5% of the calories as linoleic acid is sufficient to correct all signs of essential fatty acid deficiency. However, for optimal health higher intakes are recommended. Various factors affect the dietary requirement of EFA. Animal experiments and epidemiological studies lead to a recommendation that the intake of ω -6 linoleic acid should be decreased to as low as 2-4 % of the calories and that of ω -3 fats be increased to levels higher than ω -6 linoleic acid for the prevention of chronic diseases prevailing in the industrialized countries (*Proc Soc Exp Biol Med* 200:174, 1992).

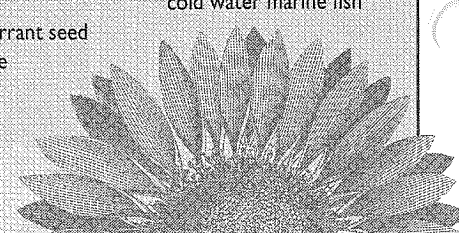
Since plants synthesize these fats they are the original and obvious source of all EFA. If animals, say fish, have significant amounts of EFA in their tissues it is because they ate plants, like algae, which originally made the EFA. Natural oils contain combinations of varying amounts of both ω -6 and ω -3 fats, as well as several saturated and monounsaturated fats. Essential fatty acids are found in significant amounts in various plants: (see chart)

The Benefits of EFA

Heart Disease:

There is evidence that EFA in the diet, especially of the ω -3 variety, protects against atherosclerosis and its related thrombotic complications, such as a heart attack (*Eicosanoids* 1989;2(2):69-99). Mechanisms probably involve the eicosanoids and a decrease in the tendency of platelets to adhere together, a decrease in blood viscosity, and a decrease in fibrinogen with a resulting decrease in tendency for a blood clot (thrombus) in the heart artery to form (*Am J Clin Nutr* 54:438, 1991). After feeding alpha linolenic acid the arteries of obese subjects have become more compliant (elastic), which indicates a decreased risk of a heart attack (*Atheroscler Thromb Vasc Biol* 17:1163, 1997). However, there are other factors EFA change that may increase the tendency for heart trouble, as you will learn later.

Linoleic ω -6	Alpha linolenic ω -3	Gamma linolenic ω -6	Eicosapentaenoic ω -3
safflower	flax	borage	cold water marine fish
sunflower	hemp	black currant seed	
hemp seed	canola (rapeseed)	primrose	
soybeans	soybeans		
walnut	walnut		
pumpkin	green leafy vegetables		
sesame	purslane		
flax	perilla		



Arthritis:

Eicosanoids produced by EFA and their derivatives cause suppression of the immune system which has been found to be particularly beneficial to people suffering from inflammatory arthritis, like rheumatoid arthritis. Thirty-seven patients with rheumatoid arthritis and active synovitis were treated with 1.4 g/d gamma linolenic acid in borage seed oil or cotton seed oil (placebo). Gamma linolenic acid reduced the number of tender joints by 36% and swollen joint count by 28%. Patients given a placebo showed no change or showed worsening of disease. (*Ann Intern Med* 119:867, 1993). Other studies have shown similar benefits from gamma linolenic acid (*Arthritis Rheum* 39:1808, 1996). Treatment with alpha linolenic acid, however, has not been shown to help victims of rheumatoid arthritis (*Rheumatology International* 14:231, 1995).

Diabetic Neuropathy:

People with diabetes often develop pain, numbness, and burning in their feet after years of disease. This condition, known as diabetic neuropathy, has benefited from gamma linolenic acid therapy. For example, 111 patients with mild diabetic neuropathy were given a dose of gamma linolenic acid of 480 mg/day. The change over one year was more favorable than the change with placebo. Treatment was more effective in relatively well-controlled rather than in poorly-controlled diabetic patients. (*Diabetes Care* 16:8, 1993).

Questionable Benefits of EFA

Research has suggested EFA to benefit many other conditions, however, when put to the test by well-designed studies (double-blind, placebo-controlled) their effectiveness has failed to be confirmed. Placebo-controlled trials of EFA supplementation in atopic dermatitis, which avoided the methodological and analytical problems of previous studies, found no effect of EFA supplementation in atopic dermatitis (*Lancet* 341:1557, 1993; *Clin Exp Dermatol* 19:127, 1994). Evening primrose oil and fish oil in the treatment of psoriasis was studied in thirty-seven patients in a double-blind parallel trial and no significant

improvement in clinical severity of psoriasis was seen (*Clin Exp Dermatol* 19:127, 1994).

In a randomized, double-blind, crossover trial 27 women diagnosed with PMS were treated with EFA and placebo, and treatment did not reduce premenstrual symptoms (*Obstet Gynecol* 81:93, 1993).

EFA treatment has been claimed to benefit many other problems, including migraines (*Cephalalgia* 17:127 1997), Alzheimer's disease (*Med Hypotheses* 39:123, 1992), and tardive dyskinesia (*Psychiatry Res* 27:313, 1989). However, properly designed studies have yet to be done to confirm or refute the claimed benefits.

Too Much of a Good Thing

Olive oil and omega-3 fatty acids have been promoted to prevent and treat diseases, however, supplementation with large doses of these pharmacologically active substances in the wrong setting can do harm.

Greater Risks of Heart Disease:

Most people have assumed olive oil to be protective against heart disease because of the low incidence of heart disease in Mediterranean countries, and that EFA also prevent heart disease. However, research indicates otherwise. A study on humans conducted by David Blankenhorn, M.D., and his associates compared the effects of different types of fats on the growth of atherosclerotic lesions inside the coronary arteries of people by studying the results of angiograms taken one year apart (*JAMA* 263:1646, 1990). The study demonstrated that all three types of fat—saturated (animal fat), monounsaturated (olive oil), and polyunsaturated (EFA)—were associated with a significant increase in new atherosclerotic lesions. Most importantly, the growth of these lesions did not stop when polyunsaturated fats of the ω -6 type (linoleic acid) and monounsaturated fats (olive oil) were substituted for saturated fats. Only by decreasing all fat intake—including poly- and monounsaturated fats—did the lesions stop growing.

Dietary polyunsaturated fats (EFA), both the ω -3 and ω -6 types, are incorporated into

human atherosclerotic plaques; thereby promoting damage to the arteries and the progression of atherosclerosis (*Lancet* 344:1195, 1994). In part, this is because these oils are easily oxidized, forming free radicals that damage the arteries. Most research indicates ω -6 type EFA are much more damaging to the arteries than ω -3 type EFA (*Am J Clin Nutr* 49:301, 1989).

A recent study in African green monkeys found when saturated fat was replaced with monounsaturated fat (olive oil), the olive oil provided no protection from atherosclerosis (*Atheroscler Thromb Vasc Biol* 15:2101, 1995).

Furthermore, high-fat meals, in contrast to low-fat meals, can cause considerable increases in plasma triglycerides and plasma levels of blood coagulation factors which can lead to a blood clot or thrombus in the heart artery. One of the most important clotting factors predicting the risk of a heart attack is factor VII. The five fats tested—rapeseed oil (canola), olive oil, sunflower oil, palm oil, and butter—showed similar increases in triglycerides and clotting factor VII after eating. According to the authors, "These findings indicate that high-fat meals may be prothrombotic (causing a blood clot leading to a heart attack), irrespective of their fatty acid composition." (*Atheroscler Thromb Vasc Biol* 17:2904, 1997).

Since ω -3 EFA cause a variety of changes that both decrease and increase the risk of a heart attack, the overall impact of consuming these as free oils will have to be determined by future experiments. Undoubtedly, the ω -6 varieties are artery damaging. Most likely, the heart benefits of a Mediterranean diet are due to it being a nearly vegetarian diet. The Mediterranean diet is good in spite of the olive oil (*Am J Clin Nutr* 61:1321S, 1995).

Higher Cholesterol and More Diabetes from Fish Oils:

Much attention has recently been paid to the possible benefits of increasing the intake of eicosapentaenoic acid (EPA) by consuming fish oil. However, this can have adverse effects such as raising LDL "bad" cholesterol levels in patients with already high cholesterol and causing a deterioration in glucose tolerance, in other words, making diabetes worse. (*Prostaglandins Leukot Essent Fatty Acids* 44:127, 1991). In one recent study of feeding ω -3 alpha linolenic acid to obese subjects insulin sensitivity and HDL "good" cholesterol diminished, and the amount of oxidized LDL "bad" cholesterol increased (*Atheroscler Thromb Vasc Biol* 17:1163, 1997). In most other studies, however, oils high in alpha linolenic acid have little effect on cholesterol and triglycerides (*Am J Clin Nutr* 65:1645, 1997).

Increased Risk of Bleeding:

As mentioned, one of the benefits of EFA is to decrease the risk of a heart attack by decreasing the tendency for a blood clot to form by "thinning" the blood. Alpha linolenic acid is much more effective at decreasing the tendency of platelets to stick together than linoleic acid (*Euro J Clin Nutr* 49:169, 1995). However, when you decrease the clotting tendency of the blood you also increase the bleeding time and the risk of a fatal bleed after an accident or death during a hemorrhagic stroke. (*Rheumatology International* 14:231, 1995).

The (JAMA) study demonstrated that all 3 types of fat - saturated, monounsaturated (olive oil), and polyunsaturated were associated with a significant increase in new atherosclerotic lesions.

Nutritional Imbalances:

When a large amount of one type of nutrient is given then it displaces the metabolism of other similar type nutrients. For example, high doses of eicosapentaenoic (fish oil) given to westerners also lower levels of dihomogammalinolenic acid (DGLA), a substance with a wide range of desirable cardiovascular and anti-inflammatory actions. (*Prostaglandins Leukot Essent Fatty Acids* 44:127, 1991). Proper balance is more likely the closer the source of EFA is to its natural origin—plant foods.

Immune System Suppression:

EFA of both the ω -3 and ω -6 types inhibit our immune system. (*Immunology* 92:166, 1997). This includes suppression of natural killer cells, the production of immune substances known as cytokines (interleukins, tumor necrosis factor-alpha, and also interferon-gamma production). These immune functions are important for defending ourselves from viruses, bacteria, parasites, and cancer cells.

Obesity:

Body fat represents that saved "metabolic dollar" for the day when food becomes unavailable (which hasn't happened lately). Vegetable fats, including olive oil and EFA are as easily stored as fat from cows, pigs, and chickens. When 54 obese women in a Mediterranean country were studied, they were found to be following a diet low in carbohydrates (35% of the calories) and high in fats (43% of the calories). And 55% of the total of these fats came from olive oil (*Horm Metab Res* 27:499, 1995).

It has been suggested that certain kinds of EFA might help people lose weight. However, a 12 week, double-blind evaluation

of evening primrose oil as an antiobesity agent on 100 women found no significant difference in the weight loss achieved by those taking primrose oil compared with placebo (*Int J Obes* 7:549, 1983).

Cancer:

Hundreds of studies since 1930 have been done on the effects of dietary fat on cancer occurrence in experimental animals. Both animal and vegetable fats have been shown to increase the risk of animals developing and dying of cancer (*Cancer Res* 52:2040, 1992). The risk of spread (metastasis) is also increased with greater fat intake. Most of the effects occur during the promotion stage rather than at the time of initiation of the cancer (when it begins).

Linoleic acid found in large amounts in corn and safflower oils is the strongest promoter of cancers of all the fatty acids. Olive, fish, flaxseed and other ω -3 essential fatty acids have been shown to inhibit the growth of cancers in animals when fed as pure fatty acids. However, after the addition of small amounts of linoleic acid (like corn oil) they lose some or all of their ability to block tumor growth (*Am J Clin Nutr* 66:1523S, 1997). Therefore, it appears that a small amount of linoleic acid must be present for a fat to be cancer promoting. Of course, this small amount of linoleic acid will be in all natural human diets.

The reason some studies have shown olive oil to be cancer promoting and others have not is probably because of the varying amounts of linoleic acid in commercially available olive oils. There appears to be some balance between ω -3 and ω -6 fatty acids that is ideal for tumor inhibition, unfortunately that ratio varies with different experimental models. Because all of the types of fatty acids have been found to be cancer promoting under some circumstances, prudence would dictate that all fats, regardless of who labels them "good fats," be kept to a minimum in your diet.

Heating Oil:

The heating of oil can produce cancer-causing byproducts. The lung cancer incidence in Chinese women is among the highest in the world, but tobacco smoking accounts for only a minority of the cancers. Chinese women are exposed to indoor air pollution from wok cooking. Cancer causing chemicals from heating cooking oils are dispersed into the air. In a recent experiment several cooking oils and EFA were heated in a wok to boiling (*J Natl Cancer Inst* 87:836, 1995). The oils tested were unrefined Chinese rapeseed, refined U.S. rapeseed (known as canola), Chinese soybean, and Chinese peanut, in addition to linolenic, linoleic, and erucic fatty acids. Cancer causing substances such as 1,3-butadiene, ben-

zene, acrolein, formaldehyde, and other related compounds were detected, with emissions tending to be highest for unrefined Chinese rapeseed oil and lowest for peanut oil. Among the individual fatty acids tested, heated linolenic acid produced the greatest quantities of cancer causing substances (1,3-butadiene, benzene, and acrolein). Condensates from heated linolenic acid, but not linoleic or erucic acid, were found to be highly cancer causing.

What to do?

The safest and healthiest way to get your EFA is in their natural packages of starches, vegetables, and fruits. Here they are found in the correct amounts in protected environments surrounded by vitamins, minerals, fibers, antioxidants, and other phytochemicals to make them balanced nutrition. If you desire higher concentrations than are present in these foods then you will want to include more nuts, seeds, and soybean products in your diet. Remember, these are high fat foods and can contribute to obesity. Research suggests that there may be a connection between frequent nut consumption and a reduced incidence of coronary heart disease (*Nutr Rev* 54:241, 1996).

Flaxseed (as a whole seed) is one of the richest sources of alpha linolenic acid and is also a good source of soluble fiber. Consumption of 50g (1 2/3 ounces) of raw, ground flaxseeds has been shown to increase the amount of ω -3 EFA in the blood and tissues and to lower the cholesterol by 9% and LDL "bad" cholesterol by 18% (*Br J Nutr* 69:443, 1993). Blood sugar was also decreased. Even though the benefits of EFA as oils on cancer growth are questionable, the lignans present in flaxseed seem to have an antitumor effect when fed at the early stages of cancer promotion (*Nutr Cancer* 26:159, 1996). Plant foods are the only source of phytoestrogens, like isoflavones, coumestans, and lignans, that are believed to be beneficial for many problems, including menopausal symptoms, osteoporosis, cancer, and heart disease (*Annu Rev Nutr* 17:353, 1997).

Flaxseed is also an excellent laxative. The number of bowel movements per week is found to increase by 30% with the addition of 50g of flaxseed daily. The seeds can be added to hot or cold grain cereals and consumed whole. Uncle Sam cold cereal and Prairie Sun Hot Cereal sold in the natural foods store have flaxseed. Or it can be ground in a coffee grinder and applied to almost any dish. About 5 tablespoons of ground flaxseed daily should have a positive effect. A mixture of ground nuts, seeds and vegetables, called "The Missing Link," is sold in many natural food stores or can be ordered by calling (800) 446-2110. Refrigerate oils and

ground seeds because they oxidize easily and become rancid.

For treating some conditions, such as rheumatoid arthritis or diabetic neuropathy, you may want to try oils high in gamma linolenic acid, such as primrose oil. The doses used are 1/2 to 1 1/2 grams a day of gamma linolenic acid. This free oil is no longer to be thought of as a food—it is a medication used to treat symptoms of a disease with both positive and negative effects.

PANAMA IS A PARADISE!



(For stunning pictures of this cruise look us up on the website at www.drmcDougall.com)

The McDougall Family devoted their Christmas holidays to researching next summer's McDougall Cruise to Panama. The adventure was high! We spent seven days aboard the *Temptress Voyager*, a 173 foot passenger ship, exploring the Pacific and Caribbean coasts of Panama, and we made a spectacular passage through the Panama Canal. Overall, it was one of the very best cruises we have experienced. Although very different in adventures, this cruise rivals the two Costa Rica cruises we did the last 2 summers in every way. Where would we rather cruise again? Our entire family voted for a return to Panama over Costa Rica, even though the choice was difficult.

The country of Panama was extraordinarily beautiful, clean, safe, and modern. Panama City has a skyline of high rise buildings that would rival any North American city. English is spoken by most people. The currency is the American dollar. The risk of contracting malaria, yellow fever, or other infectious diseases is so incredibly small that we chose not to take malaria pills or any other medical precaution other than liberal use of mosquito spray, and attention to clean water and food. We even found a great vegetarian restaurant in Panama City.

Day 1: After an overnight stay at the El Panama Hotel in Panama City we boarded our cruise ship at Balboa near Panama City, and sailed for our first destination that evening. The trip from the airport or the hotel to the ship is less than half an hour.

Day 2: A visit to Darien on the southwest Pacific coast. From the ship we were taken by outboard motor powered dugout canoes up a river to a

primitive village. Well nourished, beautiful little children took our hands and walked us to their village where we had an opportunity to observe firsthand their simple homes built on stilts and some of their simple ways of life. Native dances and music were performed by the villagers. High quality arts and crafts were available. In the afternoon, Osprey beach for sunbathing, relaxing, and water sports, including banana boat rides, kayaking, and swimming.

Day 3: We awoke to 5 whale sharks measuring over 25 feet each circling the ship for almost an hour in a bay on the Isla San Jose. There was a nature observation tour of the island. A few people went scuba diving. In the afternoon we visited Contadora Island where many of the wealthy Panamanians have their weekend homes. There were beach activities, like kayaking, and swimming. Some people went to Pachequita Island for bird watching.

Day 4: We went to Tabago Island. The clean quaint town of Tabago was decorated for Christmas. Above the town was one of the most interesting nature hikes we have experienced. We saw tarantulas, poison dart frogs, stick beetles, and many different birds and plants. There was excellent swimming and kayaking in the bay. That afternoon we began our trip across the Panama Canal. A special guide from the Panama Canal Commission came on board to tell us about our journey up three locks to the Gatun Lake then down three locks to the Atlantic Ocean.

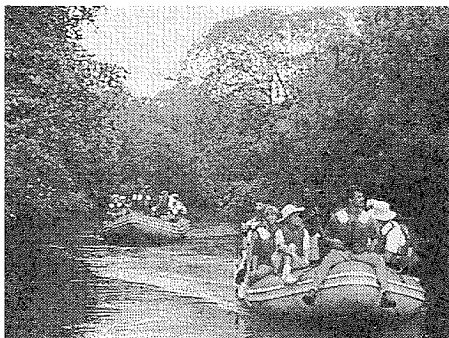
Day 5: In the morning we visited Isla Grande, where there was an early morning bird watching tour to lighthouse point. In the afternoon we visited Portobelo, a beautiful Caribbean bay surrounded by Spanish forts once used to defend the area from pirates. The pirates eventually won. The hike to the first fort was easy, but to get to the highest fort took almost an hour of strenuous uphill walking. Late afternoon there was a guided stroll through the town of Portobelo. The day was finished by island dancers telling a story of the Spanish conquest of the natives.

Day 6: On the Caribbean side we visited two villages—Wichubwala and Lanu Nega—on the San Blas Islands. Native Indians performed dances and music, and the children posed with costumes and native parrots. They have a colorful art form known as molas. Cloth with unique patterns is made into dresses, tapestries, and purses. We finished the day with scuba diving and snorkeling off Dog Island. Snorkelers swam over a coral covered shipwreck teeming with squid, fish, and invertebrates. Scuba divers swam through breathtaking coral forests on a wall dive.

Day 7: In the morning we took the dinghies up the Rio Azucar to a river that leads up to 3 burial sites for the native Indians. After about an hour of river scenery lined with plants, birds, reptiles, and animals of the rain forest we left the boat for a very easy hike a half mile back into the jungle. Here we saw a great variety of plants, insects, and birds. On the river trip back I saw 8 Toucans up close (I hadn't seen one in both my trips to Costa Rica). Midday we had a

picnic on a remote Island in the Hollandaise Cayes. We finished the day with some of the best snorkeling and scuba diving in the Caribbean.

Day 8 Early in the morning we landed in Colon where we disembarked and took a 1 1/2 hour bus ride back to Panama City for an airport departure or a stay in a hotel.



RESEARCH

HERBS IMPROVE THINKING

A Placebo-Controlled, Double-Blind, Randomized Trial of an Extract of Ginkgo Biloba for Dementia by Pierre Bars in the October 22/29 1997 issue of the *Journal of the American Medical Association* found ginkgo biloba "...was safe and appears capable of stabilizing, and in a substantial number of cases, improving the cognitive performance and social functioning of demented patients for 6 months to 1 year." (*JAMA* 278:1327) The effects of ginkgo biloba on the patient's behavior were of sufficient magnitude to be recognized by the caregivers. Both men and women 45 years and older with a diagnosis of dementia were given either the ginkgo biloba or a placebo. These 202 people were followed for one year and evaluated with a variety of mental performance tests. The tests given to evaluate mental function showed the group on ginkgo maintained its baseline status or improved slightly, while those in the placebo group showed worsening of their cognitive and social function over time. The investigators felt the main function of this herb was to act as a free radical scavenger through its antioxidant properties.

COMMENT: Dementia is common, affecting 4 million people in the United States and is a major cause of long-term disability in old-age. It affects 2 percent of the population between ages 65 to 70 and 20 percent of people over the age of 80. Most diseases causing dementia are due to loss of functioning brain tissue. The symptoms depend upon which part of the brain is most affected. Loss of cognitive functions such as language, perception and calculation would occur with loss of the corti-

cal function (areas near the surface of the brain), whereas subcortical loss causes flattening of affect and disturbances of mood and motivation. Memory is impaired in both types. Alzheimer's disease and vascular disease are the cause of most cases of dementia. Modern medicine has little more to offer than comforting words of sympathy for the patient and family.

Ginkgo biloba is extracted from the leaves of cultivated maidenhair trees. It is mentioned in traditional Chinese medicine and was used by the Chinese to treat asthma and bronchitis. Much of the research on ginkgo biloba showing improvement in mental function in the young and elderly was initially published in the mid-1980s in Germany and France. Ginkgo is licensed in Germany to treat cerebral dysfunction, with, for example, memory loss, dizziness, ringing in the ears, hearing loss, headaches, emotional instability with anxiety, and for intermittent claudication. All trials but one showed positive effects of ginkgo compared to placebo for cerebral insufficiency (*Lancet* 340:1136, 1992). Benefits appear 6 weeks to 3 months after initiating of therapy.

The exact mechanisms involved in improving mental function with ginkgo are unknown, however, ginkgo extracts contain multiple compounds which provide a variety of effects, such as decreasing inflammation, protection of the cell membranes, and improvement in the rate of transmission of information between nerve cells. Since dementia is often due to decreased blood supply to the brain many investigators have believed the improvements seen are due to improved blood and oxygen supply to the brain tissues. In addition to improvements judged by mental function tests, abnormal EEG (electroencephalogram) tracing have improved, with the EEG returning to normal in some cases.

Considering the consistent evidence that says it works and the fact that there are virtually no side effects, and the costs are reasonable, this self-administered herbal medication should be tried by anyone with problems due to low blood supply to the brain (cerebral insufficiency) and legs (intermittent claudication).

WOMEN DOCTORS TAKE HORMONES

Personal Use of Postmenopausal Hormone Replacement Therapy by Women Physicians in the United States by Sally McNagny in the December 1997 issue of the *Annals of Internal Medicine* found overall, 47.4% of participants (women physicians) currently use hormone replacement therapy (HRT); the prevalence of use is 59.8% in women 40 to 49 years of age,

49.4% in women 50 to 59 years of age, and 36.4% in women 60 to 70 years of age (127:1093). Current users were significantly more likely to be gynecologists, to be younger, to be white, to be sexually active, to be previous users of oral contraceptives, to live in the Pacific or Mountain states, to have had a hysterectomy, and to have no personal or family history of breast cancer. This study questioned 1466 women physicians about their use of hormones.

COMMENT: It is important to study women physicians because they are among the best informed people about the benefits and risks of HRT and they are also in a position to influence many other women. Nationally, 24% of women use HRT, but usage varies greatly throughout the United States with 49% of postmenopausal Stanford graduates vs. 9.3% of white postmenopausal women in Massachusetts using HRT. Better educated people usually lead the way in behavioral changes for a society. For example, doctors, dentists, and nurses were the first ones to quit smoking. This tendency of well-educated women to take hormones is likely an indication that many more women will be taking hormones in the future.

Many people would conclude the decision to take HRT must be the correct one for most postmenopausal women because women physicians take it. But there is another reason so many may be taking HRT. Hormone pills are the largest selling medication in the country. Millions of dollars have been spent educating women about the benefits of HRT. Physicians, including women physicians, receive a disproportionately greater amount of this advertisement for HRT. Certainly, this is one of the major reasons more well educated women, especially women physicians take HRT. This does not mean this is the wrong decision--nor the right decision. Just that almost half of postmenopausal women physicians have been persuaded to take these medications by scientific research, drug company sales pitches, and by the fears of growing older, osteoporosis, and heart disease. However, every woman must realize that menopause is not an illness, but a normal, natural part of life that she need not be deprived of. Secondly, she must understand there are risks--breast and uterine cancer, gall-bladder disease, and blood clots from taking HRT--along with the benefits. Therefore, the fact that women physicians are doing it should not persuade you to. Instead you should become informed about the risks and benefits of HRT and decide for yourself. (Refer to the Nov/Dec 1995 issue of the *McDougall Newsletter* for help)

HOT AND SOUR SOUP

Servings: 6-8

Preparation Time: 30 minutes

Cooking Time: 17 minutes

Resting Time: 2 minutes

1 quart water
1 quart vegetable broth
1 red bell pepper, chopped
1 onion, sliced
1½ cups sliced fresh mushrooms
½ cup sliced carrots
1 teaspoon minced fresh ginger
½ teaspoon minced fresh garlic
1½ cups thinly sliced Napa cabbage
1½ cups snow peas, cut in half
1 10.5 ounce package extra firm, lite silken tofu, cubed
½ cup cornstarch
¼ cup rice vinegar
¼ cup soy sauce
¼ teaspoon black pepper
⅓ teaspoon white pepper
⅓ teaspoon crushed red pepper
dash sesame oil
4 green onions, sliced
2 tablespoons chopped cilantro

Place the water, vegetable broth, bell pepper, onion, mushrooms, carrots, ginger and garlic in a large pot. Bring to a boil, cover and cook over medium heat for 15 minutes. Add cabbage, snow peas and tofu. Cook for 5 minutes longer.

Meanwhile, mix the remaining ingredients, except the green onions and cilantro, in a bowl. Add to soup, stirring constantly until thickened and clear. Add green onions and cilantro. Mix well. Remove from heat and let rest for 2 minutes before serving.

IN A FLASH BLACK BEAN SOUP

Servings: 4

Preparation Time: 5 minutes

Cooking Time: 10 minutes

3 15 ounce cans black beans, drained and rinsed
1¼ cups vegetable broth
1 cup fresh salsa
¼ teaspoon ground oregano
¼ teaspoon chili powder
several dashes Tabasco sauce

Drain beans and place 1¼ cups aside in a separate bowl. Place the remaining beans, vegetable broth and salsa in a blender jar

Recipes



and process until fairly smooth. Pour into saucepan. Mash the remaining beans with a bean/potato masher and add to the pan with the remaining ingredients. Cook over medium heat for 10 minutes, stirring occasionally.

Hint: Serve with a loaf of fresh bread to dunk in this soup. This quick soup is so delicious you'll want to make it again and again.

MEXICAN VEGETABLE SOUP WITH CILANTRO PESTO

Preparation Time: 30 minutes

Cooking Time: 40 minutes

Servings: 8

½ cup water
1 onion, chopped
1 red bell pepper, chopped
2 leeks, white part only, thinly sliced
1 teaspoon minced fresh garlic
8 cups vegetable broth
1 14.5 ounce can Mexican style stewed tomatoes
1 4 ounce can chopped green chilies
1 8 ounce can tomato sauce
1 whole dried chipotle chile
1 teaspoon chili powder
1 teaspoon ground oregano
½ teaspoon Tabasco sauce, or to taste
2 zucchini, chopped
2 15 ounce cans pinto beans, drained and rinsed
1 cup Savoy cabbage, chopped
1½ cups chopped kale
1½ cups frozen corn kernels
1 cup small uncooked pasta, such as orzo

Place the water in a large pot with the onion, bell pepper, leeks and garlic. Cook, stirring frequently, for 7 minutes. Add broth, tomatoes, green chilies, tomato sauce, chipotle chile, chili powder, oregano and Tabasco sauce. Bring to a boil, cover, reduce heat

and cook over low heat for 10 minutes. Add vegetables and beans. Cook for 10 minutes. Add pasta and cook for an additional 4-8 minutes, until pasta is tender. Remove whole chipotle before serving. Stir 1-2 teaspoons of cilantro pesto (recipe follows) into each bowl before eating, if desired.

CILANTRO PESTO

Preparation Time: 10 minutes

Yield: 1 cup

1 cup packed cilantro leaves
1 tablespoon raw cashews
½ teaspoon minced fresh garlic
1 teaspoon lime juice
2 teaspoons water

Place cilantro in blender or food processor and process until chopped. Add remaining ingredients and process until well mixed.

Use to add more flavor to soups and stews. Also delicious spread on bread.

WINTER VEGETABLE COUSCOUS SALAD

Preparation Time: 15 minutes (cold cooked couscous needed)

Cooking Time: 5 minutes

Servings: 6

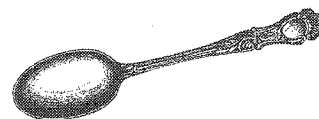
2 cups broccoli florets
2 cups cauliflower florets
¼ cup oil free dijon-style dressing
2 tablespoons soy sauce
1 15 ounce can black beans, drained and rinsed
¼ cup chopped green onions
1 4 ounce jar chopped pimientos
4 cups chilled cooked couscous
fresh ground pepper to taste

Place the broccoli and cauliflower in water to cover. Bring to a boil and cook for 5 minutes. Drain. Place in a bowl filled with ice water. Drain again and set aside.

Combine oil free dressing and soy sauce. Set aside.

Mix black beans, green onions, pimientos and couscous together. Add broccoli, cauliflower and dressing mixture. Mix well. Season with fresh ground pepper. Serve cold.

Hint: This may also be made with other kinds of beans, such as kidney, garbanzo or pinto.



BULLETIN BOARD

Help Keep the TV Show!

McDougall, M.D. is still playing well across the country and part of the reason is your support. If you are watching us, then please write or call your station manager and thank them for carrying us. One of our biggest opportunities is Primestar Satellite - we air at 8 a.m. EST and 5 a.m. PST every Saturday morning. Please write to support us: Program Director, KTVU, 2 Jack London Square, Oakland, CA 94607.

Health Shows

There will be three free health shows this year that offer an opportunity to see some of the leaders in the field. Because of schedule conflicts, I will not be at the Las Vegas show. However, you are invited to all of them. Call (800) 226-0323 for free tickets. Tell them you are my patient or a McDougall Newsletter subscriber.

Las Vegas April 14 - 16

Austin August 14 - 16

Orlando November 12 - 14

Foods at Northwest Costco

Look for Dr. McDougall's Right Foods in the Costco Warehouse stores in the Pacific Northwest. They are in a 9-pack for about \$7. We are selling well in all the Bay Area (San Francisco) Costco stores. Ask your supermarket, warehouse store, and natural foods store to carry our foods.

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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.

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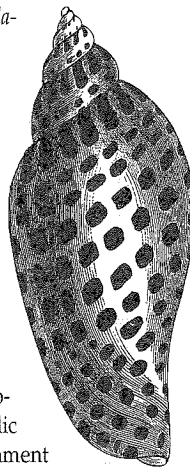
Most Seven-Eleven stores across the country have begun to stock Dr.

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'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



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McDougall TV Show on Satellite

"McDougall" the TV show airs across the country on 150 stations on Primestar satellite at 5 a.m. (PST) Saturdays and on DishNetwork 4:30 p.m. (PST) on Sundays. Consult your local directory. Call (805) 373-7681 and ask for Chauncey, for more information.

'98 Cruise to Panama Only

After taking the cruise to Panama ourselves over Christmas we have decided not to try to add Costa Rica onto the trip as we mentioned last month. There are just too many wonderful sites in Panama to give up any of them, plus this would add a lot of ship and bus traveling to the cruise. In Panama we will visit 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 at least a \$7000 charge to take the boat through the canal. This price includes airfare (within the Continental US), ground transportation, and all activities (except add-ons like scuba and horse back riding). (We are still negotiating the prices with the airlines and the ship.) Call (800) 570-1654 or visit our website for more information. Our website also has stunning pictures of this cruise!

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 & Panama trips 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: February 15; March 15; April 26.

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Visit us on the Web at <http://www.drmmcdougall.com>
Our website has all the latest news on McDougall events: classes, trips, as well as McDougall educational materials.