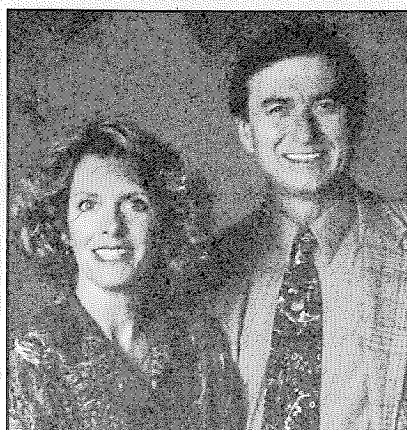


The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL



MARY & JOHN McDOUGALL

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The Man Who Has Saved More Lives Than Anyone

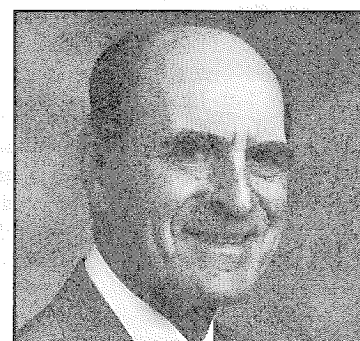
McDougall: You and I have known each other for a long time. Several years ago you came to my clinic at St. Helena Hospital for your health. You're one of two people I've met that are so interesting I can hardly wait until the next word comes out of their mouth (The other person was Nathan Pritikin). What do you think it was in your life that made you such a challenging person, willing to stand up to so many people?

Heimlich: I think it was probably my father. Dad was a social worker in the prison system in New York state. A lot of his work is now law. He conceived of what really became the parole system. And also, one of his principles was that he'd keep families together. A prisoner who was in Attica and whose family was in New York, he'd see if he could get them transferred. And he'd try to get them jobs when they got out. Well, anyone who had these concepts ran into many, many conflicts. He was highly respected and deeply loved by everybody. But he always fought for what he thought was right. And I think that rubbed off on me as the natural way to live. If you're right, fight for it.

McDougall: The reason you're known as the man who has saved more lives than anyone else is because of the Heimlich Maneuver. How did that come about?

Heimlich: I happened to be reading a *New York Times Magazine* on accidental deaths in about 1972. It said that choking to death—on food or whatever—is the sixth leading cause of accidental death. You'd read about it occasionally when a famous person like Ethel Kennedy's sister or Tommy Dorsey choked to death. I was known as the leading esophagus surgeon in the world, so I just realized that I ought to be able to do something about these deaths.

The first thing was to look at everything that had been done—all the literature. I found



Henry Heimlich, M.D.

that every single scientific paper going back 30 years said, "never hit someone on the back, if they're choking, because you'll drive the object tighter into their airway and cause their death." Then I saw that the Red Cross had been teaching for about 35 years to slap someone on the back if they were choking. I realized that if what they were doing was driving the object tighter into the throat, you had to have a method that would always take the choking object and move it from the throat and the airway out.

Being a chest surgeon, I conceived of the possibility then of compressing the lungs and causing a flow of air out to do this. I did some studies where I tried it in different ways. It just didn't work by pressing on the chest. So I did it under the diaphragm. Pushing the diaphragm up diminishes the volume of the whole chest cage, and so you get a uniform pressure on the lungs. My residents and I made measurements by putting a mouthpiece in our mouths connected to a tube and then to a recording respirometer. I measured the rate of pressure developed, and it was remarkable. You got an average flow rate of 205 meters per minute, which I knew would be enough to drive the object out.

I published our results in a medical journal, but I said I didn't know if this would work.

Of course, you couldn't experiment with it on people. I said the alternative is to slit the throat—do a tracheotomy. This was picked up by a newspaper writer, and the story went out nationally. Within a week, we had saved the first life. As each life was saved the newspaper would run a big front-page story.

McDougall: Of course it was accepted by the medical establishment immediately, wasn't it?

Heimlich: The Red Cross fought it for 14 years before they admitted that their back slaps were wrong. After a couple of years, they were forced to do it, to accept it, because it had gotten all around the world. But they covered themselves up by recommending giving four back slaps; then they said, "do the Heimlich Maneuver, after you loosen it up with a back slap. I fought them on it. This was a terrible fight, because I knew it would kill somebody—and I thought the Maneuver would be blamed.

What finally happened was a terrible thing to a school child. The teacher followed the Red Cross's recommendations and hit the child's back. Initially, the child was just partially breathing, then the teacher hit the back four times and the object went tighter into the windpipe, and the child fell unconscious. Finally, a nurse came in and did the Heimlich Maneuver and the object flew out. But the child was brain damaged and lived for years in a coma before he died. This story was in The Washington Post.

The family had sued the school, unfortunately not the Red Cross, and the school had to settle for the largest amount that had ever been granted. This was in the city of Harrisburg, Pennsylvania. The Red Cross was called to task and it finally changed. It adopted the Heimlich Maneuver first, maintaining, however, there was still nothing wrong with back slaps.

McDougall: Are there any other uses for the Heimlich Maneuver?

Heimlich: Yes, the Heimlich Maneuver is now widely used to save drowning victims. The largest lifeguard service in the country—the one that services 950 waterparks—Disney World, Disneyland, and Six Flags—uses the Heimlich Maneuver as the first thing to do to save the life of drowning victims. They have 53 million admissions a year in their parks, and they haven't had a death from drowning since they've been using the Heimlich Maneuver as the first step. What the Heimlich Maneuver has been proven to do is get the water out of the lungs. You don't need anything else because you're pushing up on the diaphragm, which stimulates breathing.

The Red Cross, again, had done the wrong thing. This time for 40 years. Since 1960,

they've said do CPR for drowning victims with mouth-to-mouth—you've got to get the air in. What they forgot is that the lungs are filled with water when you drown, and therefore, you can't blow air in. You're wasting time. As a matter of fact, in one 10-year study that was done at public pools in Seattle, they found that in their public pools with a lifeguard present 42%, almost half, of the children who were pulled out of the water died with the Red Cross method. When the Heimlich Maneuver came out for drowning, they did the same thing. They said give mouth-to-mouth first, then do the Heimlich Maneuver.

What was even worse is that the Red Cross adopted the Heimlich Maneuver again after four mouth-to-mouths. As far as we can tell the Heimlich Maneuver for drowning has never appeared in any of their manuals. And in many areas of the country they go out of their way not to teach the Heimlich Maneuver, even as a second step. So they're responsible for any death that would occur.

McDougall: I hear you also use it for asthma.

Heimlich: That's the newest thing. We found out people were using the Heimlich Maneuver for asthma attacks. We didn't even think of it. This is important because every single day in this country 14 people die of acute asthma attacks. The thing that causes an asthma attack is spasms of the breathing tubes, the bronchi. Also, the lining of breathing tubes is always thickened, inflamed, and plugged with mucus. The Heimlich Maneuver dispels these trapped mucus plugs. They cough it up and can then breathe in immediately. So it will immediately stop an acute asthma attack.

In addition, we are now having people use the Heimlich Maneuver two or three times a week to expel trapped mucus and prevent the asthma. I think that's going to become the most widespread use of the Heimlich Maneuver because there are at least 15 million asthmatics in the country—most of them are children, and their numbers are increasing rapidly.

McDougall: What are you spending your talents on lately?

Heimlich: We have an AIDS project now in China. We presented the results in 1996 at the National Institutes of Health and then at the AIDS Conference in Vancouver. As a matter of fact, UCLA has just joined with us on this project.

No drug has really been favorable in treating a virus disease, especially one where the virus mutates. They are now reporting that their failure rate for AIDS drugs is extensive. It's now being admitted at the Geneva

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Conferences that the drugs not only were too expensive for 96% of the world to use, but that they are now unfortunately failing. The next thing they're talking about is a vaccine, which is 10 or 20 years away.

We have taken a completely different tack on AIDS. Here, you're dealing with a disease which destroys the immune system of the body. Our method is designed to enhance the immune system and let the immune system then take care of eliminating the virus. It sounds complicated, but isn't.

There was once no treatment for syphilis when it invaded the brain, as it extensively did years ago in millions of people. The antibiotics were of no value because they couldn't pass the blood-brain barrier. So neurosyphilis—syphilis of the brain—would kill patients in about two to four years. In 1918, doctors realized that when people with neurosyphilis got another disease that caused a fever, it would kill the syphilis bacteria. They soon got the idea of giving a curable form of malaria to cause this fever reaction. Malaria was injected, the patient got malaria for two to three weeks and by that time they had been cured of the neurosyphilis. The treatment continued for 60 years. The Public Health Department provided the malaria to treat the patients.

About 12 to 15 years ago I started reading reports that showed that malaria actually stimulates the immune system. It stimulates interferons, interleukins, and tumor necrosis factor. And these are the things that are lacking in AIDS patients. The Centers for Disease Control followed 112 AIDS infected children in Africa. Of these 112, 41 also had malaria. At the end of two years, of those who didn't have malaria, but had AIDS, 35% had died. None of those who had malaria and AIDS had died. And there were other reports that showed that AIDS did not occur in malaria infected areas of the world. Excellent research studies done by the U.S. Navy and a major university showed that in the malaria areas people had HIV antibodies, but they never got actual AIDS. When you got out of the malaria area in the same country, they had AIDS.

We have treated a small group of patients.

This first group was given just two or three weeks of malaria, then the malaria was cured—it's 100% curable, this form of malaria. The patients were followed for two to three years. At the end of the malaria treatment, their immune cells—the CD4s, the T cells—had markedly increased—and without any further treatment, the immune cells stayed at high levels for the next two to three years.

McDougall: Can you say they're cured?

Heimlich: We can say that the immune cells, which fight off the virus in AIDS, but ordinarily gradually diminish year after year, have increased and stayed increased. Now, UCLA is working with us doing viral loads, measuring the actual virus. Within the next five to six months we should know that answer. The patients are in China, the blood is being analyzed at UCLA. We want to treat the next 100 patients immediately. We are now seeking funds, grants to do that.

McDougall: How do you see this malaria treatment relative to cancer patients?

Heimlich: The same thing holds for cancer patients. Their immune system lacks the tumor necrosis factor. Their immune system degenerates. You and I are hopefully sitting here without cancer because our immune system is killing off cancers that may develop.

Interestingly enough, when cancer patients got severe febrile diseases, the cancer, which had otherwise found to be incurable, often disappeared. We collected 700 cases like this in the medical literature going back to the turn of the century. We have treated a few cases of far advanced cancer. We found improvement in a few breast cancer and melanoma patients, and one Kaposi's sarcoma patient, where we had marked improvement.

McDougall: There are lots of people out there with advanced cases of Lyme Disease, which is caused by a spirochete, just like syphilis. Are they good candidates for malaria therapy?

Heimlich: They would be. But there are relatively few patients to test. And we would need the money to do the studies.

McDougall: It's unfortunate that it all boils down to money, isn't it?

Heimlich: Well, no. It's unfortunate where the money goes. The money goes to drugs, which is fine when they work. There's one problem with malaria therapy. Malaria therapy is relatively cost free and could be done in any country in the world. There's no money to be made in it. So no company is going to push it. We could hopefully get a large company interested in taking the substance that is causing the immune system to become strengthened—to secrete the interferon—from the malaria—and then create a substance that

would duplicate the response. That might make the matter somewhat different.

McDougall: Do you think money or truth will win out?

Heimlich: Truth will win out. Because the money is going move toward the truth. Money is going to move out of tobacco. Nutrition was a no-no for years, but that's changing. The money is going to be in what the people are learning they should have. They learn it so quickly today with TV and news. Absolutely, the truth will win out. Contact: (513) 559-2391

DESIGNER ESTROGENS

As life expectancy increases, women will be postmenopausal for one-third of their lives, therefore medications designed to improve their health are of ever increasing importance. Doctors are enthusiastic about prescribing estrogens to women at the time of menopause in order to reduce the risk of osteoporosis-related fractures and heart disease. Unfortunately, there are many side effects from estrogens, like estradiol and Premarin, including an increase in the risk of breast and uterine cancer, and blood clots (deep vein thrombosis and pulmonary embolism), as well as troublesome vaginal bleeding (half of women) and breast tenderness (one third of women). Because of side effects, less than one fifth of women ever take estrogens and nearly half of those who begin treatment discontinue use within one year.

An optimal hormone replacement therapy would retain the benefits of estrogen while being free of the adverse side effects. Drugs have been designed to specifically effect different tissues in different ways. The first such successful "designer drug" was the antiestrogen tamoxifen used for the treatment of breast cancer for the past 2 decades. This drug suppresses breast cancer, but increases hot flashes. In addition to its antiestrogen effects, it also has estrogen stimulating effects on the uterus, bones, and LDL "bad" cholesterol, resulting in more endometrial cancer, but stronger bones and lower cholesterol.

Recently a new "designer drug," raloxifene (Evista), was introduced to the market, which does not stimulate the uterus and may not stimulate the breasts. Breast tenderness is not a side effect, and an increase in breast and uterine cancer, as seen with estrogens, is not expected. The positive effects on bone density are about half of those of estrogen. LDL cholesterol is lowered as much by raloxifene as by estrogen, but other heart disease-preventing factors are improved much less by raloxifene (*JAMA* 279:1445, 1998). Only 1 of 3 trials has shown a reduction in heart disease with raloxifene (*JAMA* 279:1483, 1998). Like estrogen

and tamoxifen, raloxifene increases the risk of blood clots. Leg pain and hot flashes are also increased over placebo (*N Engl J Med* 338:1313, 1998). Raloxifene does not decrease the ovary's production of estrogen and premenopausal women who take raloxifene will continue to ovulate; therefore may become pregnant (*J Clin Endocrinol Metab* 83:6, 1998). The drug can harm the unborn fetus (*Med Lett Drugs Ther* 40:29, 1998).

Overall, raloxifene's major benefit of not stimulating the uterus may help a few women, however, this is offset by the fact that it probably does not reduce the risk of heart disease. Side effects are fewer, which will improve compliance. Many women use estrogen for strengthening and moisturizing their vaginal tissues. Raloxifene does not appear to offer these benefits. The long-term safety and effectiveness of the drug has not been established, and direct comparisons with other drugs are still lacking (*Med Lett Drugs Ther* 40:29, 1998). The dosage of raloxifene is 60 mg a day and a 30-tablet bottle costs about \$60.

The cause of osteoporosis is the American diet, high in animal protein; and that of heart disease is the same rich diet, laden with fat and cholesterol. Exercise and other correctable lifestyle practices also play major roles in both conditions. Therefore, prevention should be accomplished by correcting the causes, not taking drugs. My recommendation for the role of hormone replacement therapy is to treat the symptoms of menopause, such as hot flashes and vaginal atrophy. Estrogen does this effectively. Raloxifene accomplishes neither. Therefore, I see no value for this medication for those of us who take good care of ourselves. People unwilling and/or unable to eat well and go for a walk may want to take one of the accepted forms of hormone replacement therapy to help their bones and heart after carefully weighing the benefits and risks.

RESEARCH

SUGAR RAISES TRIGLYCERIDES

Human Fatty Acid Synthesis is Reduced After Substitution of Dietary Starch for Sugar by Lisa Hudgins in the April 1998 issue of the *American Journal of Clinical Nutrition* found very-low fat diets that contain only simple carbohydrate markedly increase the synthesis of fatty acids to produce triglycerides in healthy people (67:631). The addition of starch (complex carbohydrate) reduced the production of fatty acids.

COMMENT: Many people fail to understand that a low-fat diet does not necessarily mean a diet that will prevent heart disease or cause

you to lose weight. Simple sugars actually cause an increase in one risk factor for heart disease—triglycerides. Furthermore, triglycerides are the fats that go into the fatty tissues for storage.

Simple carbohydrates (sugars) are found naturally in fruits, whereas complex carbohydrates are found in starchy vegetables (like whole grains, legumes, and roots), and green and yellow vegetables. In processed foods, especially in drinks, desserts, and snacks, simple sugars are voluminous. I see too many patients eating low-fat; meaning fat-free ice creams, puddings, yogurts, cookies, and cakes made from sugar—and they never lose weight or become healthier.

This misunderstanding that anything low-fat means healthy is also used by advocates of high protein diets to convince you that carbohydrates are bad for you. They point out that carbohydrates raise triglyceride levels. This study is one of many that shows this happens with simple sugars, but not with complex carbohydrates.

BP PILLS AND DEPRESSION

Use of Calcium Channel bBlockers and Risk of Suicide: Ecological Findings Confirmed in Population Based Cohort Study by Gunnar Lindberg in the March 7, 1998 issue of the *British Medical Journal* found the use of calcium channel blockers may increase the risk of suicide (316:741). They compared the use of this class of blood pressure pills with the rates of suicide in 152 municipalities in Sweden and found a correlation, which they did not find with the use of other classes of blood pressure pills. The relative risk, adjusted for differences in age and sex, among users versus nonusers was 5.4.

COMMENT: An association of depression with the use of calcium channel blockers has previously been reported in several studies. This study carried that research forward, looking at suicide which often follows depression. Patients who used calcium channel blockers had more than five times the risk of suicide compared to nonusers. These drugs easily pass from the blood into the nervous system where they can have effects on the nerves, neurochemicals, and receptors involved in mood. Most drugs used to treat heart disease and high blood pressure have effects on mood, however, calcium channel blockers seem to be the worst.

Calcium channel blockers (antagonists) are dangerous medications used to lower blood pressure and treat some forms of heart disease (angina and arrhythmias, for example). Previous *McDougall Newsletters* have dealt with the hazards of these medications: Doubling the Risk of Breast Cancer—Nov/Dec

1997; Causing an Increase in Cancer—Sept/Oct 1996; Gastrointestinal Bleeding—May/Jun 1996; and Heart Disease—Sept/Oct 1995. Yet calcium channel blockers are annually an 8 billion dollar business that can buy expert's opinions—like other pharmaceutical manufacturers.

DRUG COMPANIES BUY DOCTORS

Conflict of Interest in the Debate Over Calcium Channel Antagonists by Henry Stelfox in the January 8, 1998 issue of the *New England Journal of Medicine* found, "Authors who supported the use of calcium channel antagonists were significantly more likely than neutral or critical authors to have a financial relationship with manufacturers of calcium channel antagonists (96 percent vs. 60 percent and 37 percent, respectively)." (338:101) Critical authors were also more likely to be associated with manufacturers of competing products. "We wonder how the public would interpret the debate over calcium channel antagonists if it knew that most of the authors participating in the debate had undisclosed financial ties with pharmaceutical manufacturers."

COMMENT: Pharmaceutical manufacturers provide money for doctors' educations throughout their careers, and for research that guides doctors' decisions. Noontime educational luncheons sponsored by pharmaceutical manufacturers occur weekly in almost every hospital countrywide, drug salespeople flood doctors' offices daily, and most of our continuing education conferences have a pharmaceutical manufacturer's sponsorship. Obviously, money influences the kind of care you get. And the pharmaceutical industry rules big money.

TAMOXIFEN FOR BREAST CANCER

Tamoxifen for Early Breast Cancer: an Overview of the Randomised Trials by the Early Breast Cancer Trialists' Collaborative Group in the May 16, 1998 issue of the *Lancet* found benefits from Tamoxifen for women with breast cancer regardless of their age, menopausal status, daily tamoxifen dose, and whether chemotherapy had been given (351:1451). Proportion of mortality reductions were similar for women with node-positive and node-negative disease. Cancer of the uterus was doubled with 1 to 2 years of tamoxifen use and quadrupled after 5 years (Tamoxifen has estrogen stimulating effects that can cause endometrial cancer, in addition to its blocking effects that benefit breast cancer).

COMMENT: I can only imagine that some-

time in the recent past, cancer doctors working hand in hand with pharmaceutical companies must have gotten together and divided up the breast cancer business. The side of the business profiting from toxic chemotherapy got the premenopausal women, which are mostly those with estrogen receptor negative tumors. The tamoxifen side got the postmenopausal women with mostly estrogen positive tumors. I could never understand any sound scientific reason to treat these women so differently because the studies as far back as the early 1980s showed all women, regardless of menopausal or estrogen receptor status benefited from the less toxic tamoxifen therapy (*Lancet* 1:257, 1983). Likewise, those with positive and negative lymph nodes under their arm benefited from Tamoxifen.

Estrogen stimulation should be reduced after initial breast cancer surgery (I recommend a lumpectomy with clear margins). Tamoxifen works by blocking the growth-stimulating effects of estrogen on the tumor. Chemotherapy is believed to work by destroying a woman's ovaries and in that way reducing the stimulating effects of estrogen on her tumors. However, I think a year of sickness with vomiting and hair loss is an inhumane way to reduce a woman's estrogens. The simplest, safest, and most economical means of removing ovary function is by laparoscopy surgery (*Surg Laparosc Endosc* 7:223, 1997).

MAMMOGRAMS AND FALSE POSITIVES

Ten-year Risk of False Positive Screening Mammograms and Clinical Breast Examinations by Joann Elmore in the April 16, 1998 issue of the *New England Journal of Medicine* found over a period of 10 years of screening one-third of women had abnormal test results requiring additional evaluation, even though no breast cancer was present (338:1089). The estimated accumulative risk of a false positive mammogram was nearly 50 percent with 18.6 percent of women undergoing a biopsy after 10 mammograms.

COMMENT: That's a lot of testing and surgery following an x-ray examination that has questionable benefits, even for women over 50 (*Lancet* 346:29, 1995). False positive mammograms and clinical breast examinations by doctors result in anxiety, complications, scars, and costs. After a false positive mammogram, 26 percent of women report worry and anxiety 3 months after they have been told they don't really have breast cancer (*Ann Intern Med* 114:657, 1991). My recommendations are that women under 50 and over 69 should avoid routine screening. Those between these ages should understand that the benefits are far oversold. Two studies

show statically significant benefits for women over 50, the other six don't! (*J Natl Cancer Inst* 85:1644, 1993). Late next fall *The McDougall Program for Women* will be out with an exposing chapter on mammography.

ASTHMA FROM RICH FOODS

Worldwide Variation in Prevalence of Symptoms of Asthma, Allergic Rhinoconjunctivitis, and Atopic Eczema: ISAAC by the International Study of Asthma and Allergies in Childhood (ISAAC) Steering Committee in the April 25, 1998 issue of the *Lancet* found asthma most common in UK, Australia, New Zealand, and Republic of Ireland; and least common in several Eastern European Countries, Indonesia, Greece, China, Taiwan, India, and Ethiopia (351:1225). The places of lowest prevalence for allergic rhinoconjunctivitis and eczema were similar to those of asthma.

COMMENT: You might think respiratory diseases, like asthma and rhinitis (runny nose), and conjunctivitis (inflamed eyes), would be most common where pollution was worse. However, that's not what the worldwide pattern shows. These allergic diseases are common in affluent nations where pollution levels are generally low.

Based on what I know about their cause and the experiences I have had with treating these allergic problems, I would have predicted these findings, because, again, it's the food. Dairy products have been linked to all of these allergic conditions, and removal of dairy from the diet has profound benefits for the patients. Other highly allergic foods, like eggs, probably play a role too. Rich foods also lead to acid indigestion and acid reflux. The refluxed acid travels to the back of the throat where it is inhaled, burning the bronchial tubes and causing the bronchospasm and mucus production, characteristics of asthma. That same stomach acid is breathed into the sinus passages causing rhinitis, and sinusitis.

The solution to these problems is a starch-based diet. Removal of the dairy and egg products often stops these allergic reactions. A change in diet calms the stomach and usually stops the acid reflux. Raising the head of the bed will also help keep the acid out of the back of the throat. Finally, antacids may be needed to counteract the acid.

EATING OUT WITH EASE MEXICAN RESTAURANTS

Mexican restaurants can be a health hazard unless you know how to order. Consider what the menu has to offer: Fried, salty tortilla

chips containing 142 calories per ounce and 47% of those calories as fat; 2 small burritos with beans and meat will give you 508 calories, 32% to 36% fat with 49 mg of cholesterol; one chimichanga is 443 calories, 48% fat and 50 mg cholesterol; and finally, an enchilada with cheese and beef is 323 calories, 49% fat and 40 mg cholesterol. Foods not fit for anyone wanting to stay trim, and avoid a heart attack and cancer,

Taking the trouble to ask questions and order intelligently will get you meals that are great tasting and good for you. Mexican restaurants start out the day with a large pot of beans cooked in boiling water. These are healthy beans; consider $\frac{1}{4}$ cup of pinto beans contains 59 calories and is only 3% fat with no cholesterol. This quality doesn't last long.

The cook soon mashes the beans, adds lard, and refries them. Now this $\frac{1}{4}$ cup of beans is 12% and more fat, depending upon the amount of grease used. Each tablespoon of lard adds 117 calories of 100% fat and 12 mg of cholesterol.

So, to get the foundation for healthy Mexican meals—the beans—all you have to do is ask the waiter for whole beans—served before the cook ruins them. Whether or not you eat healthy in any restaurant depends almost entirely upon your attitude before you walk through the doors. If you decide you're going to order right, you will. Here are examples of some of the foods you can easily get by ordering off the standard menu.

CHIPS AND DIPS:

The first thing brought to the table in most Mexican restaurants is salty, fried chips. Ask the waiter to take them away and instead bring you soft fresh corn tortillas. Cut or tear the tortillas into bite size pieces and dip them in the fresh salsa served with the chips. One soft corn tortilla (one ounce) contains half the calories (63) of the refried chips and is only 9% fat with no cholesterol. Or if you planned ahead you could bring a bag of low-fat, no cholesterol Baked Tortilla Chips (Frito Lay) or another brand.

A SIDE OF WHOLE BEANS:

Order a side of whole beans in a bowl as a dip for your soft corn tortillas.

GUACAMOLE:

If you feel you can take a little more fat in your meal you can order some guacamole made with avocados (71% fat), tomatoes, onions, and chilies.

ENSALADAS (salads):

Fresh lettuce and tomatoes with a salsa for dressing. Vinegar and lemon also serve as tasty dressings. Any combination of vegetables can be ordered and topped with salsa, vinegar, and / or lemon.

MAIN DISHES:

Your main dish is made of no-cholesterol beans, rice, and vegetables. Here are the ingredients that will be used.

Corn tortillas at 63 calories per tortilla (1 ounce) and 9% fat

Fat free whole wheat tortillas at 60 calories (1 ounce) and 7 % fat

Regular (fat added) wheat tortilla: calories 76 (1 ounce) and 19% fat

$\frac{1}{4}$ cup of pinto beans: 59 calories and 3% fat

$\frac{1}{8}$ cup rice: 27 calories and 5% fat
(ask what the rice is cooked in.)

lettuce: 2 calories / ounce

tomato: 4 calories / ounce

onion: 10 calories / ounce

salsa: 15 calories / ounce

$\frac{1}{8}$ cup enchilada sauce: 12 calories and 8% fat

BEAN BURRITOS:

You can order a bean burrito made with whole beans, rice, lettuce, tomatoes, and/or onions wrapped in a corn or wheat tortilla shell, topped with a mild or spicy Mexican salsa. The healthiest tortilla shells are made of corn only and every Mexican restaurant has them. They also serve wheat shells, which most times have a small amount of added vegetable fat—you may decide whether or not this is an insignificant indiscretion.

BEAN TOSTADAS:

A bean tostada is made with the same ingredients—whole beans, rice, lettuce, tomatoes, and/or onions—layered on top of a soft corn tortilla.

ENCHILADAS:

Have the cook roll whole beans—and some rice, if you wish—up in a couple of corn tortilla shells and cover them with enchilada sauce to make this dish. Add some shredded lettuce and diced tomatoes on the side.

PLATE LUNCH:

Ask for a plate of beans, rice, and tomatoes. Cover with salsa or enchilada sauce and eat. Order a basket of hot corn tortillas to eat along side or fill with the beans, rice and tomatoes.

LAYERED LUNCH:

Start with a base of rice, top with whole beans, then cover with enchilada sauce, and finally top with lettuce, tomatoes, onions, and salsa. Order soft corn tortillas on the side and make your own wraps.

DESERT:

Fresh fruit or a sorbet.

GAZPACHO

This recipe was inspired by a delicious Gazpacho we enjoyed on our McDougall Cruise to Belize in June of 1998. My daughter, Heather, and I loved the Gazpacho with the chunks of avocado in it, but we both agreed it was pureed too much. When we returned home, one of the first things I did was to create a similar Gazpacho containing wonderful summer vegetables, but not so heavily pureed. This soup could also be made without using a blender. Chop the vegetables finely (except for the avocado) and combine them in a bowl with the tomato juice and other ingredients.

Preparation Time: 20 minutes

Chilling Time: 3-4 hours

Servings: 8-10

2 cups coarsely chopped tomatoes
1 cup coarsely chopped cucumber
½ cup coarsely chopped celery
½ cup coarsely chopped bell pepper
½ cup coarsely chopped green onions
¼ cup canned diced green chilies
¼ cup fresh parsley
¼ cup fresh cilantro
4 cups tomato juice
1 ½ tablespoons wine vinegar
1 ½ tablespoons fresh lime juice
1 avocado, peeled and chunked (optional)

Combine the tomatoes, cucumber, celery, bell pepper, green onions, green chilies, parsley and cilantro in a large bowl. Place 1 cup of the tomato juice in a blender jar. Add about 1 cup of the mixed vegetables and process briefly. Pour into a separate container. Repeat until the juice and vegetables are all processed. Stir in the wine vinegar, lime juice and avocado, if desired. Refrigerate for 3-4 hours before serving.

Hint: Do not over process when blending. This delicious cold soup should not be a puree, but should have small pieces of vegetables in it.

SOUTHWEST BEAN & RICE SALAD

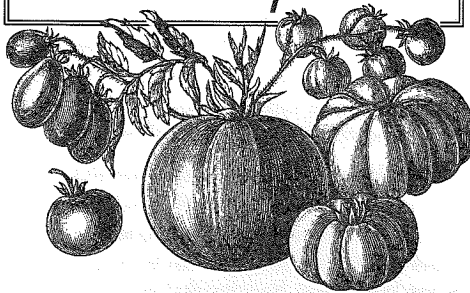
Because the mayonnaise recommended in this salad does not contain any eggs or other animal products, it does not spoil as quickly as other mayonnaise does. This salad is great to take on a picnic. It may also be made without using the mayonnaise. Increase the salsa amount by about 2 tablespoons.

Preparation Time: 20 minutes
(cooked rice needed)

Servings: 6

3 cups cooked brown rice
1 15 ounce can black beans, drained and rinsed
1 15 ounce can red beans, drained and rinsed
1 4 ounce can chopped green chilies
1 cup frozen corn kernels, thawed

Recipes



1 cup frozen peas, thawed
4 green onions, chopped
2 stalks celery, chopped
1 tomato, chopped
¾ cup salsa, mild, medium or hot
¼ cup fat-free mayonnaise
1 tablespoon chopped fresh cilantro
several twists freshly ground pepper

Place the rice in a large bowl. Add beans, chilies, corn, peas, green onions, celery and tomato. Mix well. Mix the salsa and the mayonnaise together. Pour over the salad and mix well. Add the cilantro and black pepper and mix again. Serve at once or refrigerate until serving time.

Hint: The kind of beans used may be varied as desired. The best fat-free mayonnaise that contains no animal products is made by Nasoya Foods. It is called Nasoya Mayonnaise Fat Free. It should be available in most natural food stores.

TAILGATE SLOPPY JOES

These are wonderful to take to a picnic. Ladle the Sloppy Joes into a wide mouth thermos container and pack all the fixings in separate plastic bags or containers. They are easy to assemble when it is time to eat.

Preparation Time: 15 minutes

Cooking Time: 10 minutes

Servings: 6-8

½ cup vegetable broth
1 cup chopped onion
1 cup chopped green bell pepper
1 teaspoon minced fresh garlic (see hint)
1 12 ounce package Yves Veggie Ground Round (see hint)
1 15 ounce can tomato sauce
1 6 ounce can tomato paste
1 tablespoon brown sugar
½ tablespoon prepared mustard
½ tablespoon Worcestershire sauce
½ tablespoon cider vinegar
½ teaspoon chili powder
several twists freshly ground pepper

Place the vegetable broth, onions, bell pepper and garlic in a large non-stick frying pan. Cook over medium-low heat, stirring frequently, for 5 minutes. Add remaining ingredients, breaking up the veggie crumbles with a spoon and mixing well. Cook, stirring frequently, for another 5 minutes. Serve on buns with your favorite trimmings.

Hint: Use bottled fresh minced garlic to save time. It is available in most supermarkets. Yves Veggie Ground Round is a ground beef substitute available in most natural food stores and some supermarkets. Pillsbury Co. makes a similar product called Green Giant Harvest Burgers for Recipes. It is available in the frozen foods section of most supermarkets.

CHILLED BLACK BEAN SOUP w/ CRISP TORTILLA STRIPS

This recipe was inspired by a similar dish we enjoyed at Guaymas Restaurant in Tiburon, California. It was a warm Sunday afternoon and a chilled soup sounded delicious. We enjoyed it so much, that a few days later, I created my own version at home that we shared with our neighbors, who liked it as much as we did.

Preparation Time: 15 minutes

Cooking Time: 15 minutes

Chilling Time: 2-3 hours

Servings: 4

¾ cup chopped onion
¼ teaspoon bottled minced garlic
⅓ cup water
2 15 ounce cans black beans
2 tablespoons canned diced green chilies
several dashes of Tabasco sauce
½ to 1 cup salsa
½ cup chopped green onions
¼ cup chopped fresh cilantro
3 soft corn tortillas

Preheat oven to 400 degrees.

Place the onion, garlic and water in a saucepan. Cook, stirring frequently, for 3 minutes. Drain and rinse 1 can of the beans. Add the 1 can of beans with the juice to the pan, then add the drained beans, the green chilies and the Tabasco sauce. Cook for about 5 minutes, stirring occasionally. Remove from heat, let cool slightly, then refrigerate until chilled.

Meanwhile, stack the tortillas and cut into ¼ inch wide strips with a scissors. Spread strips in a single layer on a non-stick baking sheet. Bake until crisp, about 15 minutes (don't let them get too brown). Remove from oven and set aside in a bowl, or place in a zip lock bag for later use.

To serve soup, ladle into bowls. Top each bowl with some of the crisp tortilla strips, a tablespoon or two of salsa, a few green onions and some cilantro.

BULLETIN BOARD

QVC Shopping Network Appearance

On September 5, 1998 around 11pm EST (8pm PST) Dr. John McDougall will make a short appearance on QVC's "Health Connection" segment to promote a package of books, tapes and foods. The segment will last around 12 minutes. Set your VCR. The package being sold is quite a deal and you might want to order for friends and relatives who need to get started (or for yourself!).

More Stores with McDougall Foods

Foods in Costco - We're back in Costco in the Bay Area. Look for a 12-package of Dr. McDougall's Right Foods made up of some of your favorites including Chicken Ramen, Tortilla Soup, Rice & Pasta Pilaf, and Split Pea.

Foods in Safeway Countrywide - Selected Safeway supermarkets that feature a health food section are stocking our cups all across the country. If your Safeway doesn't have them yet, then please ask the manager to carry them.

Texas Chain Carries Foods - Foods are becoming available at Randall's/Tom Thumb supermarkets in Texas. Look for them on the shelves. If you don't find them, then ask for them.

Dr. McDougall's Right Foods may also 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.

Find McDougall TV

"McDougall, M.D." the TV show airs on 150 independent stations and on Primestar satellite nationwide 5am (PST), channel 40. Search for the show on the Internet at www.clicktv.com. Consult your local directories. Ask your local stations to carry the show. Call (803) 373-7681 and ask for Chauncey for more information.

Cruises for 1999

We are making plans for next year's McDougall Cruises. The food will, of course, be all great tasting vegetarian. These are adventure cruises - you hike, ride dinghies, sometimes swim and have a great time. The McDougalls provide a little health education too. Almost all of the activities will be included in the prices. Our cruises have been filling up very quickly and we have had to leave some people behind each time. We'd love to have you join us. Please secure your space with a \$500 fully refundable deposit (per person). All estimated prices given below are subject to change as we work out the details for the cruise. You will be given a firm price and details of the adventure cruise before a nonrefundable deposit is required.

Galapagos (and possibly some of Ecuador) June 1999. Situated on the equator some 600 miles off the coast of South America, this remote volcanic group of islands remains much as it was millions of years ago. There are 13 major and 6 smaller islands with dozens of islets, covering 17,000 square miles of ocean. Many of its bird, plant, and fish species are found nowhere else on earth. We'd travel to Guayaquil or Quito (4-hour flight from Miami), stay overnight and fly the next morning to San Cristobal (2-hour flight). Board the vessel for a 4 or 7 night cruise; the remainder of our trip would be spent in Ecuador. There will be scuba diving and snorkeling, too. Estimated cost range from \$3500 and up includes airfare. Cabins vary. 48 passenger ship.

Tour Central America with the Temptress Cruise Line

We have been with Temptress for the past 3 years and have had great experiences with them. We are planning one to three cruises for summer 1999. We have taken all of these cruises before and they are excellent adventures. Accommodations are modest. Cost for each trip will be around \$3000, includes airfare. All rooms are the same price.

7 days in Belize and Guatemala - An adventure with lots of water sports (scuba, snorkeling and kayaking), a trip to a Mayan ruin, and 2 river trips. 63 passenger ship

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7 Days in Costa Rica - Visit National Parks and tropical rain forests along the Pacific



coast of Costa Rica. Several opportunities for water activities, and river trip into the jungle. 100 passenger ship.

7 Night Southern Caribbean aboard a luxurious clipper ship in the spring of 2000. Visit St. Thomas, St. John, Jost van Dyke/Sopers Hole, Tortola, Virgin Gorda, Salt Island/Norman Island Christmas and Cove/St. Thomas. Opportunities for snorkeling and scuba diving. Cost of \$2200 and up, airfare not included. 100 passenger ship. Call 1-800-570-1654 for more information.

On the Website

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- A message board to share with others about good health
- The Great Debate about high protein diets and debate with Barry Sears (Zone Diet)
- 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

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12-Day Live-in Programs beginning:
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Our website has all the latest news on McDougall events: classes, trips, as well as McDougall educational materials.