

The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL



MARY & JOHN McDUGALL

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THE NUMBERS GAME: WHAT DO THEY MEAN?

People like numbers; they like results too. Tell them their cholesterol has dropped 60 points and they light up. Say their blood pressure is still 170/100 and they're down in the dumps. But is this overwhelming focus on the numbers justified? Probably not. In all my years of practice I've never seen anyone die from high cholesterol, high blood sugar, or elevated blood pressure.

What do people with these elevated numbers usually die from?

They die from failed arteries that close down after years of maltreatment. Yet almost everyone, doctors and patients alike, obsess over a handful of numbers, so much so that the goal becomes correcting the numbers, not stopping or reversing the disease. One drug after another drives the values down, yet the underlying lethal disease is largely ignored. As a result, the risk of suffering death and disability is little changed. For example, even though high blood pressure is associated with three times the risk of dying from a heart attack, treating elevated blood pressure with pills does not reduce the risk of dying from this disease. In fact, too aggressive a treatment will increase the risk of dying of heart disease substantially as the diastolic pressure (lower number) is reduced below 85 mm Hg toward a "normal" pressure of 70 mm Hg (See the *McDougall Program for a Healthy Heart* for details).

These Are Signs Predicting Future Health

You should view these numbers as "signs" waving at you—trying to warn you there is trouble down below. Act by correcting the underlying disease, for example, the failing arteries, which means substantial changes in your diet and lifestyle. With these fundamental changes, the signs foretelling disaster also will start looking more favorable. The blood pressure, blood sugar, cholesterol, and

triglycerides numbers decrease. In this manner your chances of a long healthy life are greatly improved—which after all is all that you are really striving for.

As a "second line" therapy, medications can play an important role. For example, cholesterol lowering medications like the variety referred to as "statins" (Mevacor, Zocor, etc.) have been shown to reduce the risk of dying from heart disease, and probably strokes. Remember, medications have significant side

effects and costs, and are never as effective at restoring health as diet and lifestyle.

How To Treat These Numbers?

Blood Pressure:

Normal blood pressure without medication is 110/70 or less. A rise of 10 mm Hg diastolic to 110/80, a number considered by many to be normal, is actually a warning sign that your arteries have twice the risk of closing down compared

to a person with a normal pressure. Diet and exercise effectively lower most patients' blood pressures, but some people need more help. Medications should be used to treat patients who maintain a diastolic blood pressure over 100 mmHg for several months despite their best efforts. However, it is dangerous to reduce the level of the diastolic below 85 mmHg because this overtreatment with drugs increases your risk of dying. The reason is a drug-induced decrease in blood flow to the arteries that nourish the heart muscle. Therefore, if you are taking medications, you only have the narrow range of 85 to 100 mm Hg diastolic to keep your blood pressure in; otherwise you are being harmed. This tight control is difficult, if not impossible, for most patients. Please understand a pressure below 85 mm Hg diastolic without medication is healthy.

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Cholesterol:

"Normal" cholesterol has been defined by what is usually found in the American population. The average value is 210 mg/dl. However, Americans have a 50% chance of dying prematurely from a heart attack or a stroke. "Normal" has been defined by a sick population of people. Therefore, an average American cholesterol level is not for you. When cholesterol increases by 60 mg/dl (say 200 to 260 mg/dl) your risk of dying of heart disease increases 5-fold.

Ideal cholesterol is defined by observing populations of people who do not suffer from heart disease. These would be people living in rural areas of Asia and Africa. Or even some Americans who have very low cholesterol levels, such as some of the people in the population studied in Framingham, Massachusetts. This ideal level where heart disease is practically unknown is observed to be below 150 mg/dl. Ideally, this level should be achieved by a low-fat, vegetarian diet alone. However, many people (because they have been packing cholesterol away in their tissues for decades) cannot achieve this ideal without the help of medication. (See the *McDougall Program for a Healthy Heart* for more information).

Triglycerides:

These are the fats in the blood. High levels are another sign that the blood vessels are in trouble. An ideal value is below 150 mg/dl. However, triglycerides change rapidly; rising, for example, 100 points after eating. The very highest high levels I have seen are over 5000 mg/dl. A low-fat, vegetarian diet that also restricts simple sugars, including fruit and fruit juices, along with moderate exercise, lowers these numbers. Studies have not demonstrated that lowering triglycerides with medications will prolong life. However, when I see patients with values over 500 mg/dl, I will usually prescribe a medication based on my "best guess" that they will gain more future benefit than harm from my medications.

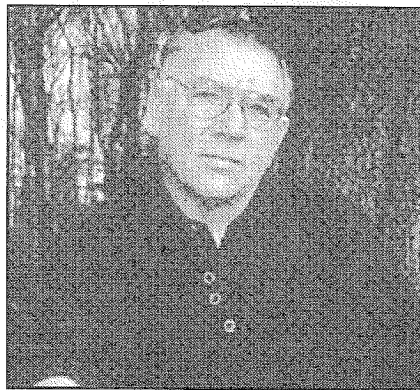
Weight:

Excess body fat is another sign that you are more likely to suffer from illness or death. Studies have shown weight loss will lower your risks; most likely because long term behavior changes were made. Successful ways to reduce body fat are limited to exercising and/or eating a higher-carbohydrate / lower-fat diet. Both of these are independently good for the body, and especially the heart. Excess body weight has been thought by many people to cause harm by putting an extra strain on the heart. But I believe it is simply another unmistakable sign that the person is eating too many unhealthy foods and not exercising enough.

Other Signs:

There are many other signs that your body might be in trouble: elevated blood levels of homocysteine, uric acid, and lipoprotein-a. There are also the physical signs such as arcus senilis (gray rings around the cornea), and creases in the ear lobes. And of course, let's not forget those attention getting symptoms such as chest pain, that bring most people to their senses. Don't ignore these important messages. Instead act by identifying and correcting the underlying causes.

INTERVIEW WITH HOWARD LYMAN



Won't Eat Meat - Undaunted, Howard Lyman spreads the word about organic farming and a diet that's best for us & the planet.

"Public enemy #1"—this is what cattlemen had dubbed Howard F. Lyman, a successful rancher himself until age 40. After he appeared on the Oprah Winfrey Show in April 1996 to discuss Mad Cow Disease, both he and Oprah were sued by a group of Texas cattlemen for publicly disparaging a perishable commodity.

But Howard has done much more than tick off ranchers. For the past 15 years, he has been educating the public on organic farming and making informed food choices. As a Washington, DC lobbyist for small farmers, he helped pass the Organic Standards Act, and today he heads the Humane Society's "Eating with Conscience" campaign. Below, Howard discusses the trial and what he's been doing since.

McDougall: Why were you sued by the Texas cattlemen?

Lyman: John, the only thing I called for in that show was that we stop grinding up cows and feeding them to other cows. When I said that, 20 million viewers understood exactly what I was saying. Had I said we have to stop feeding "bovines to bovines," or "ruminant protein" to "ruminates," the cattlemen wouldn't have been pissed off.

I also said that if we didn't stop feeding cows to cows, in 10 years we could have an event

that makes AIDS look like the common cold. That's because England had just announced that Mad Cow Disease can spread to humans.

Several months later, the U.S. in fact banned cows from eating cow parts, goats and sheep. But this ban doesn't go far enough. Today, cows can still be fed cow blood as well as other animals, such as horses and pigs, which may have eaten other diseased animals. (Mad Cow Disease started in England when cows were fed sheep infected with scrapie.) In fact, about 75% of the 95 million beef cattle in America are routinely given feed that includes animal parts, aka "protein concentrates."

McDougall: What were some of the highlights of the Amarillo, Texas trial?

Lyman: One of their expert witnesses admitted on the stand he was being paid \$150,000 to \$200,000, and he testified for 10 minutes. I do believe the cattlemen spent more money in this trial than what they were suing us for.

Another man from the Chicago Board of Trade testified that the Oprah Show had driven the futures market in beef way down. But the same day of the so-called "Oprah drop" he had said something completely different on Chicago TV. In an interview, he said the market had been driven down by high grain prices, not the Oprah Show. And we replayed that videotape.

At first, I thought they were going to win. The largest employer in Amarillo is a cattle-slaughter facility, and the income of everyone on that jury, in one way or another, depended on the cattle industry. You never saw so many hats, boots and belt buckles in all your life. We asked for a change in venue, and the judge denied it out of hand. But I think the jury believed in the right of free speech as much as we did. After six weeks of trial, they came back in less than six hours and found us not liable.

McDougall: And that should have been the end of it?

Lyman: It should have been. But the cattle ranchers have appealed, with a ruling expected Spring 1999. Also, 130 feedlot operators have filed another suit. I believe when we win the appeal, the second suit will be thrown out and this chapter will come to an end.

McDougall: Don't you think they've brought a lot of negative publicity to themselves?

Lyman: Oh, I think they not only shot their foot off, they shot their head off. The cattle industry today is dying, and I think this was the worst publicity it could have ever received. Remember, U.S. per-capita consumption of beef used to be 95 pounds annually, and today it's down to 65 pounds. Meanwhile, the trial has given me a much bigger forum and media profile; I'm broadcast on 3,000 radio shows a month.

McDougall: It's a dying industry in the United States, but not around the world.

Lyman: That's right. But remember that the United States is a major exporter and our lifestyles influence what other countries eventually consume.

McDougall: Why did you stop cattle ranching 20 years ago?

Lyman: In 1979, when I had 7,000 head of cattle, 12,000 acres of crop and 30 employees, I became paralyzed from the waist down because of a tumor in my spinal cord, and I was told I had a one in a million chance of walking again.

My doctor said the tumor cells were stimulated by the chemicals we were using. And that was the first time in my life I really looked seriously at how I was farming. I was buying hundreds of thousands of dollars worth of chemicals [pesticides, fertilizers, beef hormones and antibiotics] that were killing the birds, the trees, and making the soil sterile. Incredibly, I walked out of the hospital, John, but I walked out a much different individual.

McDougall: Where did things go for you from that point?

Lyman: I knew that what I'd learned at Montana State University was nothing more than brain washing: "better living through chemistry." So I started reading other things. I started out with Rachel Carson's *Silent Spring*, and then Frances Moore Lappe and others.

When I told my banker we wanted to become organic farmers, he laughed and said, "You want me to lend you money, you're not going to spend with my other customers—the chemical dealer, the pharmaceutical dealer, the fertilizer dealer? There will never be a day like that."

And so in 1983, I sold most of my farm to pay debts. And I organized Montana farmers and even ran for Congress. In 1987, I started working in Washington, DC for the National Farmers Union, which represents small family farms. After five frustrating years there, I started traveling again and talking to people about clean air, clean food, and clean water.

McDougall: You went a lot further than that. You went from trying to grow clean beef to trying to convince people not to eat beef.

Lyman: When I became an advocate of organic farming, it was for environmental reasons. But then I realized the health reasons. I used to weigh well over 300 pounds. My blood pressure was sky high, and my cholesterol was over 300. I would sit down and have lunch, and I swear to God my nose would bleed.

So I gave up meat. Now in Montana, you're better off caught riding a stolen horse than admitting to somebody you don't eat meat. So I didn't tell anyone, even though I ate just let-

tuce and dairy products for a year. I lost some weight and my blood pressure and cholesterol came down slightly.

But cutting out all animal products did much more for me than giving up just meat. After I did that, I had more energy, my blood pressure went to normal, I lost 130 pounds, and my cholesterol went from 300 to 135.

McDougall: How'd you get involved with the Humane Society?

Lyman: In 1994, they asked me to run their "Eating with Conscience" campaign. I travel about 100,000 miles a year getting people to ask these questions: Who produced my food? What did they use on it? What's it doing to me, the environment and the animals? What it comes down to, John, is that the way we're producing and eating our food is absolutely not sustainable.

McDougall: It seems logical that the Humane Society would be interested in not eating animal products. How much of the Humane Society can see things from that point of view?

Lyman: The amazing thing is that of the 200 employees in the Humane Society of the U.S., the umbrella organization, 25% of them don't eat any animal products; half don't eat meat. They've increased their membership from 2.5 million in 1993 to 5.8 million members today. So I would say the organization is growing, the awareness is growing and the focus is on doing better.

McDougall: That's all good to say. But there seems to be a big backlash, especially when you see Atkins, who recommends an all-meat diet, on the bestseller list. So really, Howard, where do you think things are going?

Lyman: If you look at the Zone diet and all other fad diets out there, they are telling people that "your bad habits are OK." And people love to hear that.

But, John, look at it like this. Each year in the U.S. 1 million more people give up meat. And ask yourself: If we are not becoming effective, why did the cattlemen sue us? I think the sales of the meat and dairy industries are dropping like a rock. So I think we're winning.

Excerpts from *Mad Cowboy* by Howard Lyman and Glen Merzer (Scriber, 1998, \$23.50):

***Crops grown for feed cattle are allowed to have higher levels of pesticides than crops grown for human consumption.

***About 80% of pesticides are targeted on four crops—corn, soybeans, cotton and wheat—the main constituents of livestock feed.

***Animals store pesticides and other toxic substances in their fat.

***"Extra-lean" beef is 54% fat.

RESEARCH

AHA DIET INEFFECTIVE, AGAIN

Effects of Diet and Exercise in Men and Postmenopausal Women with Low Levels of HDL and High Levels of LDL Cholesterol by Marian Stefanick in the July 2, 1998 issue of the *New England Journal of Medicine* found the NECP Step 2 diet failed to lower LDL "bad" cholesterol in men and women with high risk lipoprotein levels (cholesterol and triglycerides) who did not engage in aerobic exercise (339:12). The study groups consisted of 180 postmenopausal women and 197 men with a HDL cholesterol less than 60 and LDL cholesterol greater than 125. The National Cholesterol Education Program (NCEP) step 2 diet recommends less than 30% total fat, less than 7% saturated fat, and less than 200 mg of cholesterol a day. The goal for exercise was at least 10 miles of brisk walking or jogging a week. This intervention group was compared to a control group who maintained their usual diet and exercise habits. The three interventions were exercise alone, diet alone, and diet plus exercise. Both diet groups decreased their cholesterol intakes by about 100 mg from 256 mg per day. Calorie intake and weight decreased in the diet groups. The exercise only group increased calorie intake. An insignificant reduction of 5.8 % in total cholesterol was observed over the year of study in the diet only group, whereas diet plus exercise caused a slightly over 9% reduction.

COMMENTS: The diets recommended by the American Heart Association and the National Cholesterol Education Program are ineffective. Not only do they continue to stick with the same useless advice, but possibly in defense of their ineffective recommendations, the Nutrition Committee of the American Heart Association has just officially criticized the only approach that does make a difference—a very low-fat, high-carbohydrate diet. The report in the August 31, 1998 issue of the journal *Circulation* states that reducing fat in the diet to very low levels may not provide any additional benefit and may be harmful to some people. The basis for this conclusion is because these low fat diets lower your HDL "good" cholesterol and raise triglycerides. I have discussed these arguments with you before.

To recap: Low fat diets used in studies to show triglycerides increase are high in refined foods, and simple sugars, including fruits and juices and also very high in calories. People are fed more food than they want to eat in order to match the calorie intake of the comparison group on the American diet, and the triglycerides go up. When not overfed, people lose weight and triglycerides stay down

on a high carbohydrate diet (*JAMA* 274:1450, 1995).

Our patients at St. Helena Hospital are fed as much as they want of a healthy diet and their triglycerides decrease an average of 10 mg/dl in 11 days, but those who started high (say over 600 mg/dl) dropped 50% (by an average of 311 mg/dl) in 11 days.

Don't worry about the "good" HDL cholesterol going down—it's not a bad sign (*J Clin Invest* 85:144, 1990). It goes down because all fractions of cholesterol decrease as total cholesterol decreases. Worldwide, populations with the lowest "good" HDL cholesterol have the lowest death rates from heart disease, and the lowest total cholesterol (*Lancet* 2:367, 1981). In fact, in studies of my patients it goes down 22% in 11 days, but so does the "bad" LDL cholesterol and total cholesterol decrease.

We're not treating risk factors (HDL and triglycerides), but real diseases. Population studies show people living on high-carbohydrate, low-fat diets have low total cholesterol levels and very low rates of heart disease. When these people migrate to rich countries their cholesterol, HDL "good" cholesterol, triglycerides, blood sugars, and body weights go up. So does their risk of heart attacks, diabetes, obesity, hypertension, and many cancers.

PAMPHLETS SELL MAMMOGRAMS

How Risks of Breast Cancer and Benefits of Screening are Communicated to Women: Analysis of 58 Pamphlets by Emma Slaytor in the July 25, 1998 issue of the *British Medical Journal* found women's willingness to participate in mammography screening is manipulated by disclosure of selected data that favors the test (317:263). The materials used fear tactics, such as telling women they have a one in 11 to one in 16 chance of getting breast cancer and sales claims such as "mammograms pick up 90% of breast cancers." Absolute reduction in risk was never provided. The authors point out, "...mammographic screening reduces mortality, not incidence. In addition, mammographic screening increases the incidence of breast cancer by detecting innocuous disease that would never become clinically important."

COMMENT: The absolute reduction of deaths caused by mammograms is at best one less death in 7086 mammograms per year, and at worst no reduction at all (*Lancet* 346:29, 1995). If these slim benefits were communicated clearly and honestly to women in pamphlets (and by health care workers) far fewer women would put their hopes and lives in this flawed technology. Instead, they might look in other directions that would greatly benefit their lives, such as diet and lifestyle. This multimillion dollar business leads women down the false path of an "easy way"

to prevent breast cancer.

TAMOXIFEN FAILS PREVENTION

Prevention of Breast Cancer with Tamoxifen: Preliminary Findings from the Italian Randomised Trial Among Hysterectomised Women by U. Veronesi (352:93); and **Interim Analysis of the Incidence of Breast Cancer in the Royal Marsden Hospital Tamoxifen Randomised Chemoprevention Trial** by Trevor Powles (352:98) in the July 11, 1998 issue of the *Lancet* found tamoxifen did not prevent breast cancer in otherwise healthy women. The Italian study used women who had a previous history of hysterectomy to avoid the dreaded complication of uterine cancer. The Royal Marsden Hospital study used women with a high risk of developing breast cancer (because of a family history). These results are in sharp contrast to the well-publicized American Breast Cancer Prevention Trial which found a 45% reduction in breast cancer incidence with prophylactic use of this antiestrogen drug.

Several reasons were given for the discrepancy including the possibility that ingestion of tamoxifen for more than 5 years may have had a detrimental effect.

COMMENT: Tamoxifen is a manufactured estrogen which has an estrogen-inhibiting effect on the breasts and a stimulating effect on the uterus. It has been found effective in the treatment of women with breast cancer, and decreases the risk of recurrence of breast cancer by one-third in the opposite breast of women with breast cancer. Such evidence suggests a beneficial effect in preventing breast cancer in healthy women by blocking some of the cancer-promoting effects of a woman's own estrogen. However, these studies fail to confirm a clear benefit. Kathleen Pritchard, author of an accompanying editorial commented, "The failure of these trials to confirm the results of the US study, however, casts doubt on the wisdom of the rush, at least in some places, to prescribe tamoxifen widely for prevention."

In addition to an increase in uterine cancer, tamoxifen raises a woman's triglycerides, increases her risk of heart disease, and raises her risk of blood clots (thromboembolism). Many women also complained about the side effects, such as hot flashes. On the other side, there are additional benefits from this drug, including lower cholesterol and improved bone strength.

This form of therapy is referred to as chemoprevention. The pharmaceutical companies have great interest in promoting this approach for the obvious reason of making money. True prevention would be correcting the cause of breast cancer—the rich Western diet. Since there is no profit, and the obvious fact that diet and lifestyle change requires

effort—many people put their faith and future in drugs.

HRT HURTS WOMEN

Randomized Trial of Estrogen Plus Progestin for Secondary Prevention of Coronary Heart Disease in Postmenopausal Women by Stephen Hulley in the August 19, 1998 issue of the *Journal of the American Medical Association* found treatment with a combination pill of Premarin (conjugated equine estrogen) and Provera (medroxyprogesterone) did not reduce the overall rate of heart attacks or death from heart disease in postmenopausal women with a history of past heart disease, but did increase the risk of blood clots (thromboembolic events) and gallbladder disease (280:605). A total of 2763 women younger than 80 were divided into two groups. One received the active hormone combination, the other the placebo. They were studied for 4.1 years. In the first year there were actually more heart events in the hormone group. The lack of overall benefit occurred despite a net 11% lower "bad" LDL cholesterol and a 10% higher "good" HDL cholesterol in the hormone group compared to the placebo group. The hormone group had almost 3 times the risk of blood clots and 38% more gallbladder disease.

The authors conclude: "Based on the finding of no overall cardiovascular benefit and a pattern of early increase in risk of CHD events, we do not recommend starting this treatment for the secondary prevention of CHD. (Secondary prevention refers to preventing another heart event in someone who has already suffered one.)"

COMMENTS: Studies performed by comparing groups of women who use hormones with those who don't, called observational studies, have found hormone users have less heart disease. Since 1990, these results have been questioned because they are believed to reflect two types of bias, rather than actual benefits from taking the drugs. *Prevention bias* occurs because women with healthier behaviors, like following a low-fat diet and exercising, are also more likely to take hormones. *Compliance bias* occurs because women who faithfully take their pills of any kind are much more likely to avoid heart disease. This also relates to prevention bias in that these compliant women have healthier behaviors. Either bias can easily explain the benefits of hormones on heart disease seen in observational studies.

To remove the bias, studies that can measure the actual effects of the intervention must be implemented—these are randomized, blinded, placebo-controlled studies. Active drug is given to one group and the control group gets the "sugar pills," the placebo. This is the first of this type of properly done study for heart disease, even though hormones have been

used by women to prevent osteoporosis for more than 35 years.

The reason that heart attacks and death from heart disease did not decrease, and actually increased in the first year even when the cholesterol profile improved, is because of the effects of hormones on blood clotting. Hormones cause the blood to want to form clots more readily.

Remember how a heart attack occurs: A small atherosclerotic plaque ruptures and the inner contents of semiliquid, necrotic, material spurt into the flowing blood, acting as a catalyst, initiating the formation of a blood clot (called a coronary artery thrombosis), which blocks the flow of blood to the heart muscle. Things that increase the tendency for the blood to clot, such as animal fat, and Premarin and Provera, increase the likelihood that a fatal occlusion will be formed.

Back in the 1960s a study was performed on men with a previous history of heart disease; giving them hormones to prevent another attack (*JAMA* 214:1303, 1970). There were beneficial effects on the cholesterol of men, but no reduction in the risk of heart events. Results from this study suggest the same situation is true for women—better cholesterol from these hormones does not translate into less heart disease—because the adverse effects on blood clotting dominate.

One of the authors suggested women with CHD who choose hormones for other reasons (like prevention of osteoporosis or hot flashes) "should be offered a lower dose of estrogen and concomitant anticoagulation therapy, like aspirin, and be monitored carefully." (*Lancet* 352:627, 1998). I have several other suggestions.

First, if you are going to take hormones you should follow a low-fat vegetarian diet to reduce your risk of blood clotting. Add exercise to reduce your overall risk of heart disease.

Second, take hormones to relieve symptoms of menopause and improve your feelings of well-being only.

Third, prevention of heart disease and osteoporosis is accomplished by following a no animal-protein, low-fat, starch-based diet.

Fourth, if you do choose to use hormones, use the more natural ones—estradiol and progesterone, and take them in low doses through the skin as creams. (Details on this form of use are found in the Nov/Dec 1995 *Newsletter* and will be reported in my upcoming book on women's health). Natural progesterone, unlike Provera, does not adversely affect a woman's blood cholesterol and triglycerides.

Lastly and most importantly, never feel pressured to take hormones; menopause is a natural event in a woman's life and interference usually has some negative consequences.

VEGGIE BURGERS

The best accepted meat substitute in America is the vegetarian hamburger patty—they're everywhere and there's dozens of kinds to choose from. On the menu of most restaurants you will find a non-meat burger. Every supermarket and natural foods store carries a wide variety of these burgers. Why? Because they sell well and they are versatile. You can eat them plain or between a bun with all the traditional condiments (mustard, onions, ketchup, tomatoes, lettuce and relish) or you can break them up and add them to other dishes to add a meat flavor and texture.

But all veggie burgers are not created equal and some are tastier and healthier than others. Unfortunately, the ones that are rated the tastiest in magazines and newspapers are usually the unhealthiest, because they are high in protein, fat and / or salt, which makes them closer in taste and texture to the original ground cow muscle burger.

To find the burger that is right for you, and hopefully that's going to be the healthiest one, you must be a good label reader. The main ingredients you are looking for are vegetables, grains, and legumes.

Many of the popular burgers on the market have soy protein and / or wheat gluten (protein) as their main ingredients, which makes the burger very high in protein. Unfortunately, all this protein increases the workload of the liver and kidneys and can cause calcium loss through the kidneys. I would suggest, if you are healthy (no kidney or liver disease and no kidney stones or osteoporosis), and you like the meaty taste and texture of these kinds of burgers that you limit them to, say, no more than 1 patty a day on the average.

Some of the burgers have added oils which can contribute to health problems, including obesity. One brand, Wildwood Tofu-Veggie Burgers, are 60% fat and when you eat them the fat will be very apparent on your plate and your hands.

Still other burgers have small amounts of animal foods, like cheeses and eggs, added to otherwise healthy ingredients. The purest vegans and those people who are allergic or otherwise sensitive to these animal proteins (which are many people) will want to read the labels and avoid these.

THE CLEANEST VEGETABLE BURGERS

Advantage 10 / Southwestern Vegetable Burger (Dr. Ornish's): Cooked rice, roasted bell peppers, kidney beans, green beans, carrots, vital wheat gluten, etc. Protein 23%.

Fantastic Nature's Burger: Vegetables, barley, oats, brown rice, red wheat, wheat gluten, lentils, etc. Protein 23%.

Garden Burger's Garden Vegan: Water, brown rice, vital wheat gluten, bulgur wheat, onions, mushrooms, natural spices, autolyzed yeast, olive oil, etc. Protein 31%.

Lightlife Barbecue Marinated Grills: Organic rice soy tempeh, brown rice, water, etc. Protein 33%.

Yves Garden Vegetable Patties: Water, vegetables, organic brown rice, organic rye, textured soy protein, etc. Protein 31%.

HIGH PROTEIN

Garden Burger Hamburger Style: Water, soy protein, etc. Protein 71%.

Morningstar Farms Better'n Burgers: Water, Textured soy protein concentrate, etc. Protein 63%.

The Original Boca Burger: Protein from soy with purified water, vegetarian flavors, vegetable fiber, etc. Protein 57%.

White Wave Chick'nBurger: Water, wheat gluten, brown rice, bean flour, dehydrated vegetables, etc. Protein 55%.

Yves Veggie Burger Burgers: Water textured soy protein, onion, wheat gluten, etc. Protein 63%.

HIGH FAT

Wildwood Tofu-Veggie Burgers: Wildwood tofu, nigari, etc. and safflower oil. Protein 29%. Fat 60%.

Amy's California Veggie Burger: Mushrooms, organic onions, bulgur wheat, celery, carrots, oats, walnuts, potato flakes, etc. and safflower oil. Protein 16%. Fat 27%.

DAIRY, EGGS, AND OILS

Amy's Veggie Burger (Chicago): Mushrooms, water, vegetable protein, organic celery, carrots, oats, and bulgur, cheddar cheese, etc. and safflower oil. Protein 24%. Fat 9%.

The Original Garden Burger: Mushrooms, brown rice, onions, mozzarella cheese, egg whites, bulgur wheat, etc. Protein 23%. Fat 16%.

Garden Burger Veggie Medley (fat free): Cooked brown rice, onion, egg whites, soy cheese with milk protein, canola oil, etc. Protein 24%.

Natural Touch Garden Veggie Pattie: Vegetables, textured vegetable protein, egg whites, corn oil, etc. Protein 40%. Fat 23%.



FAJITAS

Preparation Time: 20 minutes
Cooking Time: 15 minutes
Servings: 6-8

- $\frac{2}{3}$ cup water
- 1 onion, cut in half lengthwise,
then thickly sliced
- 1 red bell pepper, cut into strips
- 1 green bell pepper, cut into strips
- 1 teaspoon minced fresh garlic
- 2 tablespoons chopped green chilies
- $\frac{1}{4}$ cup mild or medium salsa
- $\frac{1}{2}$ teaspoon chili powder
- $\frac{1}{2}$ teaspoon ground cumin
- 1 8-ounce package seitan, sliced into strips
- 6-8 flour tortillas

Place $\frac{1}{3}$ cup of the water, onions, bell peppers, garlic and chilies in a large nonstick frying pan. Cook, stirring frequently, for 5 minutes. Add the remaining water, the salsa, chili powder and cumin. Cook an additional 5 minutes. Add seitan and cook 5 minutes longer.

Serve rolled up in a tortilla garnished with tomatoes, onions, lettuce and additional salsa, if desired.

RAINBOW STEW WITH COUSCOUS

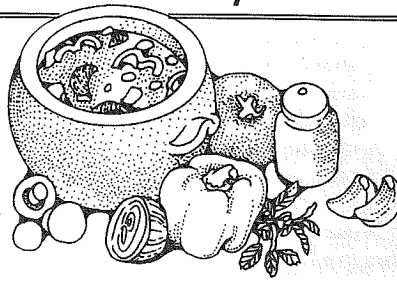
This is a wonderful way to use some of your delicious fresh garden vegetables. Couscous is a light, satisfying small pasta that cooks very quickly. It should be available in most supermarkets.

Preparation Time: 20 minutes
Cooking Time: 20 minutes
Servings: 6

- 1 12-ounce package of couscous cooked according to package directions
- $1\frac{1}{2}$ cups vegetable broth
- $1\frac{1}{2}$ cups chopped onion
- 1 teaspoon bottled minced garlic
- $\frac{3}{4}$ cups coarsely chopped green bell pepper
- $\frac{3}{4}$ cups coarsely chopped red bell pepper
- 2 zucchini, chopped into bite sized pieces
- 2 yellow crookneck squash, chopped into bite sized pieces
- 3 ripe tomatoes, chopped into bite sized pieces
- 1 cup corn kernels
- 2 tablespoons soy sauce
- $\frac{1}{4}$ cup chopped fresh parsley
- 1 tablespoon chopped fresh basil
- freshly ground black pepper to taste

Place $\frac{1}{2}$ cup of the vegetable broth in a large pot. Add onions and garlic, cook and stir for 2 minutes, then add the bell peppers. Cook, stirring occasionally, for 3 more minutes. Add zucchini and squash to the pot, mix well, cover and cook

Recipes



for 2 minutes. Add tomatoes and remaining vegetable broth and cook, covered, for another 3 minutes. Add corn and seasonings. Cook, covered for an additional 10 minutes, stirring occasionally. Serve over the couscous.

Hint: To thicken this stew before serving, mix 1 tablespoon of cornstarch into $\frac{1}{4}$ cup cold water. Add to the stew while stirring. Cook and stir until thickened. This may also be made with dried herbs. Use 1 tablespoon parsley flakes and 1 teaspoon dried basil. The vegetables in this stew may be varied according to what you have on hand, but be sure to use the tomatoes and onions.

ITALIAN CAULIFLOWER MINISTRONE

Preparation Time: 15 minutes
Cooking Time: 20 minutes
Servings: 6

- 1 onion, sliced
- 1 teaspoon minced fresh garlic
- $5\frac{1}{4}$ cups vegetable broth
- 1 14.5-ounce can chopped tomatoes
- 1 potato, scrubbed and chopped
- 2 cups cauliflower florets
- 1 15-ounce can kidney beans, drained and rinsed
- 1 cup small uncooked pasta
- fresh ground pepper to taste

Place the onion and garlic and large pot with $\frac{1}{4}$ cup of the vegetable broth. Cook, stirring frequently, for 2 minutes. Add remaining broth, tomatoes and potato. Bring to a boil, cover and cook for 3 minutes. Add remaining ingredients, cover and cook over low heat for 15 minutes, stirring occasionally.

BOW-TIE PASTA SALAD

This is one of our favorite salad meals. The pasta, vegetables, beans and dressing may all be varied according to what is available. Make the salad in the morning and it will be ready for an easy, no-cook meal in the evening.

Preparation Time: 20 minutes
Cooking Time: 15 minutes
Chilling Time: 2-3 hours
Servings: 8

- 2 cups bow-tie pasta, or other medium pasta
- $\frac{1}{2}$ cup vegetable broth
- 3 cups chopped broccoli florets
- 2 cups zucchini, cut in bite sized pieces
- 1 red or green bell pepper, chopped
- $\frac{3}{4}$ cup chopped green onions
- 1 cup corn kernels
- $\frac{1}{2}$ teaspoon bottled minced garlic
- 1 15-ounce can kidney beans,
drained and rinsed
- 2 tomatoes, chopped
- $\frac{3}{4}$ to 1 cup fat free salad dressing
- freshly ground black pepper to taste

Cook the pasta in boiling water until al dente. Drain, rinse under cold water, and set aside.

Meanwhile, place the vegetable broth in a large nonstick frying pan. Add broccoli, zucchini, bell pepper, green onions, corn and garlic. Cook, stirring occasionally, until crisp tender, about 4-5 minutes. Remove from heat and transfer to a large bowl. Add beans, tomatoes and cooked pasta. Mix well. Pour dressing over the salad and season with freshly ground pepper. Toss well to mix. Refrigerate at least 2 hours for flavors to blend.

STRAWBERRY-BANANA DELIGHT

Preparation Time: 20 minutes
Cooking Time: 10 minutes
Chilling Time: 2-3 hours

- 2 pints strawberries
- 3 bananas
- 2 cups apple juice
- 1 tablespoon honey
- 3 tablespoons tapioca

Clean strawberries. Slice 1 pint and set aside. Place remaining strawberries, 1 banana and the apple juice in a blender and process until smooth. Pour into a sauce pan and add the honey and tapioca. Mix well and let rest for 5 minutes. Cook over medium-low heat, stirring frequently, until tapioca is clear. Remove from heat and let cool, at least 20 minutes. Slice remaining bananas and stir sliced strawberries and bananas into the tapioca mixture. Spoon into individual dessert cups and chill before serving.



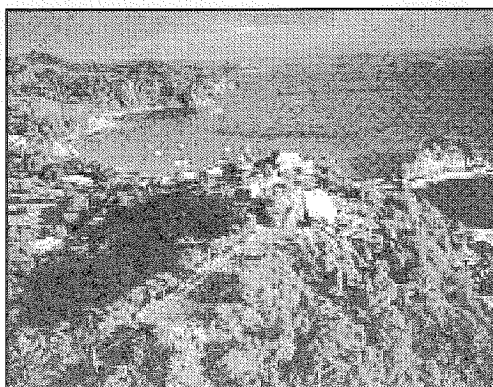
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Costa Rica Adventure

We're leaving July 31 for El Ocotol, a paradise on the northwest coast of Costa Rica. El Ocotol beach resort is a small, luxurious hideaway where people relax and enjoy the marvels of the Pacific Ocean with summer weather all year round. We have rented the entire hotel so the food will be excellent, low-fat, no-cholesterol, prepared McDougall-style. You will meet people and make friends with others who are interested in good living and good health. And you will get to see up close one of the most exotic countries in the world from land and the sea.

We will arrive on Saturday afternoon and evening and spend the first night in the Palma Real Hotel in San Jose. The next morning, after a filling breakfast, we travel by modern air conditioned buses through the picturesque Central Valley and the agricultural and cattle lands of Guanacaste province. Roads are paved to Playa del Coco, 2 miles from El Ocotol. After settling in, the rest of the day is yours to relax and enjoy the amenities of this first class hotel. Ocotol beach sits within a well protected bay making ideal calm conditions for swimming along the 1/3 mile long beach. The all sand beach and warm 75 to 80F water is perfect for snorkeling or just wading. The hotel also has 3 freshwater swimming pools located throughout the complex.

Everyday El Ocotol's covered, dual inboard, ocean going, boats will be available to take guests on tours to surrounding isolated beaches and islands, where you are likely to see porpoises, turtles and sea birds. SCUBA and snorkeling tours have been planned to some of the most renowned sea life habitats in the world. (I saw my first whale shark in these waters. He's vegetarian.) Our own naturalists will guide us to the national parks, wildlife reserves, nearby towns, and other points of interest. In addition there will be local guided tours to beaches and the countryside. You will have an intimate experience with Costa Rica and it's people like few tourists ever have done.



All rooms have air conditioning, one king or two queen beds, ceiling fan, refrigerator, color satellite TV and telephone. Each has its own terrace overlooking the blue Pacific. The lobby and restaurant, perched atop a knoll surrounded by water on three sides and with El Ocotol's third swimming pool below, is regarded as one of Costa Rica's most picturesque spots. The bar offers tropical cocktails, a varied wine list and both local and imported spirits ... and yes, the tap water is safe to drink. Ocotol's bilingual staff is eager to show their friendly Costa Rican hospitality.

The total cost is \$1350 per person (without airfare). (For families, the addition of a third and fourth person in your room reduces the cost slightly. Bungalows add \$100 pp.) The price of the trip is all inclusive. This means all activities, adventures, boat trips, SCUBA and snorkeling trips, meals, alcoholic and nonalcoholic beverages (local spirits, wines and beers), and transfers are included. In addition, John and Mary McDougall will be providing education on the McDougall program and Jack Dixon will provide exercise classes and personal evaluations. All you have to do is arrange for your air transportation to San Jose International Airport, Costa Rica or our travel agent can do it for you. We have arranged special low-cost, group-based airfares available by calling GL Tours at (800) 334-5832 (for the air travel arrangements only).

For more information or reservations for this McDougall adventure trip call (800) 570-1654. Deposit is \$400 per person (fully refundable until March 1, 1999, balance due May 1, 1999).

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There are three cabins available on our June 21 - 29, 1999 Galapagos Cruise. Trip, depending on cabin, starts at \$3,500 including airfare. There is an optional post cruise trip to Peru, including Machu Picchu. Don't miss this exciting adventure vacation!

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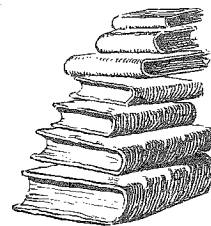
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