

# The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL



MARY & JOHN McDOUGALL

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## You Can Say "No" to the Flu

Millions of us will be bedridden this coming winter because of a bad cold or the flu. Treat these viral infections with the most advanced medications and they will last about two weeks; do nothing and you'll be better in 14 days. In other words, there is no cure, so there is very little your doctor can do. That's why the best way to treat a cold or flu is to stick to these easy preventatives:

**Wash Your Hands.** The viruses can survive up to several hours and are spread by contact, mostly via the hands, and from there on to the nose and mouth. In one study, children three to five years old who washed their hands frequently had significantly fewer colds and flu. (*J Pediatr Health Care* 11:26, 1997). Disinfection may also help. In one study, dried virus was treated with Lysol spray or bleach; infection after 10-minute contact was reduced by more than 99%. (*Appl Environ Microbiol* 59:1579, 1993).

**Get a flu shot.** Because of a bad bout with the flu several years ago, I have personally been getting my flu shots annually. Each year's vaccine contains three virus strains likely to hit us in the upcoming winter, and the estimate is usually right on. Influenza vaccination has been shown to reduce mortality by 41%--75% for those who had been vaccinated previously. (*Lancet* 346:591, 1995).

**Eat Well.** There is considerable scientific research showing that a healthy diet strengthens the immune system enabling it to better resist viral infections. Indeed, many of my patients claim they get fewer colds after they have changed to a diet high in fruits and vegetables. Why? Fats, animal protein (meat, milk, etc.), and cholesterol are known to suppress the immune system, while the antioxidants found in plant foods enhance it (*Ann Rev Nutr* 18: 93, 1998).

While few people in our society suffer

### When Antibiotics Make Sense

Antibiotics should not be used to treat the common cold or the flu. But that's not the way medicine is practiced. In a recent survey, 21% of all antibiotic prescriptions for adults were for colds and flu (*JAMA* 278: 901, 1997). Another study found 60% of patients seen in primary care for the common cold received antibiotics (*J Family Pract* 42:357, 1996). Antibiotics do absolutely nothing to fight viral infections. They can only treat bacterial infections, which may be indicated by green and/or yellow mucus from the nose or mouth. Clear discharge would suggest no bacterial infection and therefore antibiotics would be useless at best. The side effects of antibiotics are many and sometimes severe. The use of an antibiotic for a common cold or flu may, for instance, worsen a vaginal yeast infection. However, if your illness evolves into a bacterial infection, such as pneumonia, antibiotics are a great help.

from a lack of food, many do suffer from malnutrition because they're eating too much fat, simple sugars and animal proteins. Malnutrition, regardless of the cause, can severely suppress the immune system, allowing microorganisms to invade and cause disease. (*Am J Clin Nutr* 53:1087, 1997). Some of the most detrimental foods to the immune system are polyunsaturated fats (vegetable oils often found in snack foods) and animal fats. (*Clin Immunopath* 62:240, 1992).

Obesity also causes its own immunity problems. For one, the weight of the thymus, a gland that produces and regulates the lymphocytes (disease-fighting white blood cells), is decreased, and so are the

number of lymphocytes. This reduction in immune activity is believed to be caused by elevated levels of cholesterol, blood sugar, insulin, and hormones. The overall consequence is that obese adults have a higher risk of infection and slower-acting immune cells. (*Ann Intern Med* 104:540, 1986).

**Herbal Remedies** — Some herbs, such as ginseng and echinacea, are believed to help prevent colds and the flu. In one high-quality study conducted over three months, 227 people took either a placebo or 100 mg of ginseng extract, as well as a flu shot at week four. (*Drugs Experimental Clin Res* 22:65, 1996). The placebo group had 42 cases of colds or the flu vs. only 15 cases in the ginseng group, and the placebo group had much lower antibody counts after two and three months.

*Echinacea purpurea*, a plant originally used by native Americans to treat respiratory infections, has been found to stimulate the production of antiviral factors by human white blood cells (*Intl J Immunopharmacol* 19:371, 1997). Even very small doses (0.012 microgram/ml) have been shown to have this effect. Unfortunately, not enough proper research has been done to say how effective echinacea is in preventing viral infections. Personally, I take echinacea if I suspect I've come in contact with a virus or at the first signs of a cold or flu. I figure I have done no harm--and maybe some good.

### What to Do If You Get It

If you do get a cold or the flu, these treatments may shorten the duration of the illness and definitely lessen the symptoms.

**Zinc** — Eight studies on zinc and the common cold have been published; four showed benefits and the other four did not. (*Ann Pharmacother* 32:63, 1999; *Ann Intern Med* 125:81, 1996) The discrepancy may be due to variation in formulations and dosages. Zinc gluconate lozenges may be more effective

than those made with citric acid or tartaric acid, which bind zinc. The exact mechanism of action is unknown, but zinc may act by preventing the virus from binding to the cells of the respiratory tract, thus preventing them from entering the cells. The benefit appears to be maximal if the lozenges are started immediately after the onset of symptoms. Common side effects include unpleasant taste, mouth irritation, and nausea.

**Vitamin C** — In 1970, Linus Pauling claimed that vitamin C prevents and alleviates the common cold. Since then, numerous studies have tested this hypothesis with no definitive overall results. A recent analysis of published research on the subject, however, indicates a significant decrease in the duration of illness and a 23% decrease in its severity. (*J Am Coll Nutr* 14:116, 1995.) Vitamin C supplements probably do the most good for people with low dietary vitamin C intake--most Americans who eat too few fruits and vegetables. There is no vitamin C in meat, poultry, dairy or any other animal products, and refined foods have had much of the vitamin C removed. The best dose for supplementation has not been determined, but it is probably greater than 1,000 milligrams a day. (*Br J Nutr* 77: 59, 1997)

**Raising Body Temperature** — One of our natural responses to infection is higher body temperature, or fever. Beyond drawing attention to an illness, fever plays a role in killing infectious organisms such as cold and flu viruses. In fact, fever therapy has been used to treat advanced cases of syphilis, some forms of chronic arthritis and most recently AIDS (*ASAIO J* 43:M830, 1997). Many other factors, in addition to a raised body temperature, play a role in fighting an infection. However, simply raising the body's core temperature may augment the immune response. A warm bath

### Cold or Flu?

A common cold is a viral infection involving the upper respiratory tract, and it is characterized by a stuffy or runny nose and often headaches and tiredness, lasting four to nine days. Influenza, commonly known as the flu, is similar but with more intense symptoms that last longer--muscle aches, fever, chills, and cough. More than 200 different viruses are known to cause these infections.

and dry and steam saunas have been used for centuries by cold and flu sufferers. One of the treatments I recommend is to soak in a bath or better yet a hot tub at 108 degrees in order to raise your core body temperature--possibly as high as 102 degrees (98.6 degrees is normal). How long should you bathe at this temperature? An hour would be ideal. However, for most people this long a soak is too uncomfortable. (People with heart problems or other debilitating diseases should not raise their body temperatures without consulting their doctor first.)

### So What Does McDougall Do?

I wash my hands frequently throughout the day but even more vigorously when there is an outbreak of colds or the flu, or if I touch someone who is sick. I get an annual flu shot. I take my vitamin C and Echinacea during cold and flu season or if I feel like I'm starting to come down with anything. If I do become sick, I use my hot tub every evening to raise my body temperature. To treat the cough, I drink a syrup containing dextromethorphan, for a sore throat, I gargle aspirin, and for body aches I occasionally take aspirin. Do any of my efforts prevent a cold or flu or help me get over them faster? I don't know, but I feel better and believe that I have at least taken some action.

## Over-the-Counter Symptom Fighters

### For the Nose:

**Pseudoephedrine (Sudafed).** Pseudoephedrine is a decongestant for relief of stuffy nose and head due to colds and allergies. Side effects include nervousness, dizziness and sleepiness.

**Antihistamines.** These fight the nasal symptoms of a cold--runny nose, sneezing, itching and nasal secretions. A common side effect is sleepiness. Over-the-counter antihistamines include Actifed, Comtrex, Contact, Dimetapp, and Tavist. Many other products contain antihistamines combined with other symptom fighters.

**Sodium cromoglycate (Nasal crom).** Nasal crom, which is inhaled, relieves a stuffy or runny nose by stabilizing the cells that line the respiratory tract.

### For the Cough:

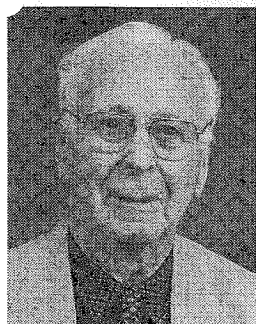
**Dextromethorphan**, often labeled as DM on the bottle. This is similar to codeine, a powerful doctor-prescribed cough-suppressant. The drug acts on the brain to elevate the threshold for coughing. It is almost as effective as codeine, but does not cause drowsiness or constipation.

### For Pain and Fever:

Tylenol, aspirin and nonsteroidal antiinflammatory drugs (NSAID) like Advil and Motrin. Although aspirin and NSAID are usually more effective, they have more side effects, especially stomach irritation. Two adult aspirins dissolved in a glass of water and gargled, then swallowed, provide excellent relief for a sore throat.

## Dr. Swank's Low Fat Diet and Multiple Sclerosis

Guttony and chronic degenerative diseases have been linked in the minds of both layman and scientists for many years.



The saying "to dig your grave with your teeth" probably has its origins in antiquity, but in the prosperous areas of the Western world during the past few decades the maxim has taken on real and tragic meaning."

—From "Low-Fat Diet" 1959, by Dr. Roy Swank, MD, Professor

and Head of Division of Neurology, University of Oregon Medical School. He served as the head of the Division of Neurology for 22 years. Now he can be reached at the Swank Clinic at (503) 520-1050.

*The Multiple Sclerosis Diet Book*, a low fat diet for the treatment of MS, was published the last time in 1987 by Doubleday. It can be ordered at any book store.

**Dr. McDougall:** Dr Swank, most of us have heard of MS, could you give us a run down on what the life of a person with MS is like?

Dr Swank: These people are all energetic before they get the disease—they are driven people, always wanting to be busy. Once they get the disease they can't be that active. So fatigue becomes a very important symptom. Then they begin to have neurologic symptoms, with repeated exacerbations, until they become quite disabled. They may have double vision or blindness at one time or another. There is usually a partial recovery from these attacks, but they reoccur and they become more severe. Soon they have difficulty walking, they lose their balance and become clumsy, they have numbness and tingling, and sometimes burning. These things continue on and the course is steadily downhill. At about 10 to 15 years, they end up confined to a bed or wheelchair. Because of the disability and fatigue they lead a very frustrated life. They go from a cane to a wheel chair to bedridden. Not more than 5 to 10% of patients have a milder type of disease that does not result in this gloomy future.

**Dr. McDougall:** Forty years ago you figured out that MS was caused by food. How did you reach this conclusion?

Dr Swank: At that time they thought MS had something to do with geography, because as you got further away from the equator the disease became more common.

Scientists thought it might be due to magnetic fields, but I reasoned it could be a matter of food. The further North you go, the less vegetarian people become and the more carnivorous they are.

Looking at the literature and going over the United Nations food intake throughout the world after WW II, it was quite obvious that multiple sclerosis and heart disease both occurred in areas where very much saturated fat was consumed. It was surprising to find that those with a high incidence of MS were those that consumed more than 100 grams of fat a day, where the disease was uncommon they consumed less than 50 grams of fat a day. For example, there was no MS in the Orient. I soon discovered that during World War II people in Western Europe, when food was scarce, had less MS and fewer attacks if they already had the disease. People living in prison camps had no MS, but when they got out and returned to meats and dairy products they starting developing MS.

At one point we did a survey in Norway which showed high incidence of the disease in the small farming areas in the mountains, where the fat intake there was very, very high. Along the coast the fat intake was very low, and they had very few cases of multiple sclerosis. When you compared the two areas it was eight times as many MS cases in those mountainous, high fat consuming, areas than along the coast.

**Dr McDougall:** Some of your early work showed the effects of fat on circulation.

Dr Swank: We found a heavy fat diet caused changes in circulation. After a typical, high-fat American meal, eaten by Americans, red blood cells become very sticky and bind to one another. About three hours after a meal they aggregated together to form clumps. And these clumps are large enough and tough enough so they can obstruct circulation in small capillaries throughout the body. We have also seen these changes in animals after feeding them a high fat diet, and we also found a breakdown of the blood-brain barrier in these animals. I think this kind of injury results in the perivascular lesions that are typical of MS.

**Dr. McDougall:** How did you start treating patients with MS with a low-fat diet?

Dr. Swank: We started treating patients at the Montreal Neurological Institute where we did studies comparing people on low-fat diets and high-fat diets. In our initial study of 25 patients, six did not go on the diet and five soon died, but of the 20 that went on the diet, only one died and the other 19 remained exactly the same as when they started, in other words no disability after 35

Multiple Sclerosis is a chronic progressive neurologic disease which develops between the ages of twenty and fifty, and is characterized by recurrent attacks on the nervous system. After 10 years of disease with the best treatment modern medicine can offer, half of its victims are dead, bedridden, or wheelchair bound. Worldwide, the incidence of multiple sclerosis crosses all racial barriers and geographical boundaries. Multiple sclerosis is common in Canada, the United States, and Northern Europe. It is rare in Africa, Japan, and other Asian countries. One important theory proposes that cow's milk consumed in infancy lays the foundation for injuries to the nervous system that appear later in life. Cow's milk contains one fifth as much of an essential fat, called linoleic acid, as does human mother's milk. Children raised on a linoleic acid-deficient, high-animal fat diet, as are most kids in our modern affluent society, quite possibly are starting life with a damaged nervous system, are susceptible to insults and injuries in later life. The possible sources of injury that can precipitate the attacks of multiple sclerosis in mid-life are suspected to be viruses, or allergic reactions, and/or disturbances of the flow of blood to the brain caused by a high fat diet.

years. (*Lancet* 336:37, 1990).

At the University of Oregon, we found that patients who adopt a very low-fat diet, following early diagnosis of MS, had a 95% chance of remaining free from further disability. When we compared our patients, after 35 years the group who strictly followed a low-fat diet had a death rate of 31%. Those who followed a high-fat diet had a death rate of about 80%. They not only avoided death from MS, but also from heart and other diseases.

But, they have to follow the diet strictly because even small amounts of fat make a big difference. In the study we published in the *Lancet* in 1990, we found a difference of eight grams of saturated fat intake daily resulted in threefold increased chance of dying from multiple sclerosis. That means



as little as one ounce of pork sausage at 10 grams, one medium cooked hamburger at 14 grams, or an additional three ounces of porter house steak daily, significantly increases the risk for victims of MS.

**Dr. McDougall: You must have people charging your door step, scientists from all over the world wanting to know about this wonderful low-fat diet. The MS Society must be bending over backwards to tell people about your miraculous treatment.**

Dr. Swank: Not really. You know, most people in this country expect to be cured by a pill and have a cure that is almost instantaneous. With the low fat diet, the person actually has to work and has to cure themselves. And as far as the MS Society, John, they don't mention it because they didn't discover it. It wasn't their research dollars that found this treatment. So they're not going to tell anybody. I discovered it in my small office here, in the basement of the University of Oregon Medical School.

**Dr. McDougall: Was there any interest at all in diet back in the 1940s and 50s?**

Dr. Swank: No, I was more or less considered a quack. I wondered why doctors felt this way. I think one of the reasons was economics. It doesn't cost much to eat well and take care of yourself with a highly vegetarian diet. I was originally brought on board at the University of Oregon because of my interest in fats. The cardiologists felt there was some value in this.

**Dr. McDougall: What does the Swank Diet consist of?**

Dr. Swank: Most importantly it is a very low fat diet. We use a little bit of animal protein in the form of skim milk, egg whites, fish, and the white meat of turkey and chicken. Otherwise, it is low-fat vegetarian. We have found over the years the vegetable oils can be added from 10 to 30 grams a day, unless they are overweight.

**Dr. McDougall: What do you think about adding vegetable oils to your diet?**

Dr. Swank: Well, I think it's worth while. We have looked at this over a number of years, and have found that the skin and the hair seem better in women. There is also some reserve of calories for energy. Best of all, however, is the fact that the patient can follow the diet more easily if they can have some oil. It makes it more palatable for them.

**Dr. McDougall: But would you get upset at them if they decided they wanted to avoid the oil because they were too fat?**

Dr. Swank: No. I vary the oil for that particular reason. If they are too heavy I cut back on the oil, and we absolutely cut out all saturated fats. We allow about 10 grams of saturated fats. That is about as low as we can get it.

**Dr. McDougall: What are the other things an MS patient should do?**

Dr. Swank: Exercise, but don't exercise to the point where you tire yourself out, and take a nap midday, one hour at least around the middle of the day. That is very helpful. The fatigue is sometimes so great that it is more disabling than the neurological problems. We see this fatigue get better on a low fat diet. Every month patients will be able to increase the amount of exercise they can do.

**Dr McDougall: You are now 90, what are you going to do for the next 15 to 20 years?**

Dr. Swank: I'm just going to hang in there. I just love seeing people in my office. I only work part time. But I love to work with healthy people who are so enthusiastic.

### **News You Can Really Use**

#### **Treatment for Chronic Constipation**

Chronic diarrhea, due to lactose intolerance, is the most common gastrointestinal symptom of intolerance of cow's milk among children and adults. As surprising as it may be, chronic constipation can also result from cow's milk. In the October 15, 1998 issue of the *New England Journal of Medicine*, researchers reported on a double-blind, crossover study comparing cow's milk with soy milk in 65 children with chronic constipation (defined as having one bowel movement every 3 to 15 days). The patients received cow's milk or soy milk for 2 weeks. Forty-four of the 65 children (68 percent) had a response as defined as 8 bowel movements in 2 weeks. After reintroduction of the cow's milk the constipation returned in 48 to 72 hours. Anal fissures and pain on defecation were resolved with soy milk. None of them improved with cow's milk. The children were also noticed to have a high incidence of other allergic reactions to cow's milk, such as runny nose, asthma, and eczemas.

**JM: The cause of chronic constipation in adults and children is commonly considered to be due to two problems: psychological disturbances and poor bowel motility. Few doctors seem to make the connection between the inner contents of the bowel (the remnants of the food) and bowel health. Early in my practice of medicine I observed that almost every patient who switched to the high fiber diet I recommend had immediate development of normal active bowel function. In fact, I often joke that they sometimes think about me at 3 A.M. But occasionally someone would tell me that they followed the diet strictly and they were still**

constipated. On closer probing, I discovered that these individuals were still using milk—like just a little skim milk on their cereal. Once they stopped this, the constipation resolved. I wrote in the *McDougall Plan* (New Win) in 1983 "...if any dairy product, even a small amount of skim milk, is retained in your diet, bowel movements may not pass easily or regularly."

A starch-based diet, along with vegetables and fruits is a sure cure for constipation. Certain foods, like fruits, contain generous amounts of water and fibers, and therefore contribute to a bulkier, softer stool. Prunes are famous for their beneficial effect on constipation, due to the helpful changes they promote in the lower bowel. Miller's bran adds extra fiber. Flaxseed is a natural and well-tolerated laxative. Add two to four tablespoons of flax seeds to each cup of a grain, such as rice, before cooking, or buy Uncle Sam cereal in the grocery. As a last resort, I will recommend a nonabsorbable sugar, called lactulose (Chronulac, Granulac). This draws water into the colon and helps to end constipation in even the toughest cases. Lactulose is available only with a doctor's prescription. People who have had intestinal troubles for years, and are labeled as laxative abusers, must be encouraged first to renounce their laxatives, and then to wait patiently while the elongated colon fills enough to provide the natural stimulation to evacuate. Normal bowel function on a starch based diet is one to three large unformed, soft, easy to pass stools every day or two.

### **Spin Doctors: the truth behind the hype**

#### **It's Not All Quackery**

The use of alternative medicine has surged in the 1990s; in fact, Americans are now making more visits to alternative healers than to primary care medical doctors. In 1997, an estimated 4 in 10 Americans used at least one alternative or "complementary" remedy; and among people 35 to 49 it was 5 in 10. That's one-half. Caught between the medical doctors who claim that anything other than standard old medicine is quackery—"if they didn't learn it in medical school, it can't be true"—and the alternative healers who promote everything from aromatherapy to Zen—"if they learned it, it must work"—are, unfortunately, the ailing patients.

The best way to determine which therapies work, regardless of when and where they originated, is to apply scientific methods of research and analysis. The entire issue of the November 11, 1998 *Journal of*

the American Medical Association, a bedrock traditional medical publication, was dedicated to studies of alternative therapies. Among the results published in the special JAMA issue were the following:

- Irritable bowel syndrome (parenthetically, a syndrome is a group of symptoms that, occurring together, indicate a particular abnormal condition): This unfortunately common set of symptoms that include abdominal pain, bloating, constipation and diarrhea, did respond to Chinese herbal formulations.
- Spinal manipulation by a chiropractor failed to alleviate tension-type headaches.
- Acupuncture proved ineffective in treating nerve pain due to infection with the human immunodeficiency virus (HIV); sadly, no treatment has been shown to work.
- Patients with carpal tunnel syndrome who participated in an eight-week yoga program improved more than patients who only received a wrist splint.
- An ancient Chinese practice, moxibustion, used to reposition fetuses incorrectly oriented in the womb before birth, involves burning an herb near enough to the body so that the smoke stimulates particular acupuncture points. The report concluded that moxibustion both increased fetal movements and was effective in repositioning a significant number of fetuses who had been in a breech (feet-first) presentation in the womb.
- Overweight patients who took an herbal remedy, *Garcinia cambogia*, found in many commercial weight-loss products, were no more successful at shedding pounds than were those who took a placebo.
- Saw palmetto, a popular herbal remedy for symptoms caused by an enlarged prostate, is about as effective as the drug Proscar in relieving symptoms and increasing urine flow; and the herbal remedy had fewer adverse side effects.

**JM:** The point is, whether from “established” or “alternative” medicine, choose your treatments carefully and thoughtfully—that means, looking at the scientific research; and that means being guided alone by what the facts show, regardless of what you would wish, regardless of what someone just says. And looking at the data can be done easily and free on the Internet from the National Library of Medicine at [www.nlm.nih.gov](http://www.nlm.nih.gov).

Unfortunately, it took a mass exodus of patients from traditional doctor's offices to get the medical research community to take a serious look at less conventional, but often time-honored, therapies. It is hoped that

this article represents a beginning, a willingness by the medical establishment to make a fair appraisal of therapies outside traditional medicine, and (as a consequence) a willingness by those in control of the research monies to allocate a fairer proportion of dollars to evaluate these non-traditional treatments.

### **Vitamins May Reduce the Risk of Colon Cancer**

After 15 years of multivitamin use, women in the Nurses' Health Study were found to have one-fourth the risk of developing colon cancer (*Ann Intern Med* 1998;129:517-524). In this research 88,756 women who were free of cancer were studied from 1980 to 1994, and 442 women developed new cases of colon cancer. Higher folate intake in 1980 was related to a lower risk for colon cancer. Folate from dietary sources alone was also related to a modest reduction in risk for colon cancer. The authors concluded, “Long-term use of multivitamins may substantially reduce risk for colon cancer. This effect may be related to the folic acid contained in multivitamins.”

**JM:** Inadequate intake of folic acid may lead to abnormalities in DNA synthesis or repair, which may cause colon cancer. In this study, high levels of folic acid (>400 micrograms daily) were required to see benefits. Folic acid has also been reported to reduce the risk of neuro tube defects in the developing fetus, and reduce the risk of heart attacks, strokes and blood clots in adults.

The authors felt vitamin supplementation was even more beneficial than eating a diet high in folic acid. However, I feel this is the wrong message to give people—the idea that they can cleanse the harm done by their bacon and eggs with their morning vitamin supplement. Folic acid comes from plants (foliage). Plant-foods have many qualities that keep people healthy and free of heart disease, strokes, and colon cancer. In fact, in parts of the world where people subsist almost entirely on plant food-based diets—like rural Africa and Asia—heart disease and colon cancer are essentially unknown—until these people move to the cities and switch to a Western-type diet.

So what's the harm in playing it safe and adding a vitamin supplement to a healthy diet? Probably none. But we don't really know for sure. The subjects in the Nurses' Study all ate the American diet. I would not expect to see the same benefits for people on a plant-based diet, because their risk of colon cancer would be very low from their diet. Furthermore, vitamin supplements, in particular beta carotene, have been linked to

more cancer. Lung cancer was found to be more common in smokers who took this vitamin (*N Engl J Med* 334:1145 & 334:1150). The reason may be that there are over 50 compounds known as carotenoids that compete for a “carotenoid receptor site” in the cells. When an overdose of one carotenoid—beta carotene—is given, then the other 49 similar compounds cannot attach and perform their functions. Therefore, giving large amounts of vitamins in pills is not the same as giving vitamins in their natural, well-balanced packages—fruits and vegetables.

### **Selenium and Prostate Cancer**

Selenium, an essential trace nutrient found largely in grains, fish, and meats, enters the food chain through plants at a rate dependent on selenium concentrations in the soil. For this reason, dietary selenium intake varies substantially across populations. Over 30 years ago it was believed that cancer mortality rates in the USA correlated inversely with selenium exposure, as reflected by concentrations in plants. In the subsequent decades, the association between blood concentration of selenium and risk of various cancers has been explored in several epidemiological studies. Until recently, there had been sparse data on selenium intake and risk of prostate cancer. In a study published in 1996 in the *Journal of the American Medical Association*, of patients with histories of basal and squamous carcinoma who were living in areas of the USA with low soil selenium content, it was found that men taking 200 mg of selenium daily for four to five years had about one-third the risk for prostate cancer compared with those given a placebo. Another study published in a 1998 issue of the *Journal of the National Cancer Institute* found an inverse association between advanced prostate cancer and toenail selenium concentrations. Those with the highest selenium intake had about one-third the risk of developing prostate cancer compared to those with the lowest.

**JM:** A supplemental intake of 200 mg of selenium daily may result in a substantial decrease in prostate cancer which may be seen in as short a time as three years. The men most likely to benefit would be those who have a low selenium intake in their diet, because the plant foods were grown in selenium poor soil. Eating plant foods grown from a wide variety of geographical regions would be one way to assure adequate intake of this relatively non-toxic essential mineral. However, to assure adequate intake, taking a supplement would be your safest bet.

## STUFFED MUSHROOMS

Preparation Time: 30 minutes

Cooking Time: 20 minutes

Servings: variable

40 medium-large mushrooms OR 20 extra large mushrooms

1 12.3 ounce package Lite Silken Tofu

1 10 ounce package frozen chopped spinach, thawed and squeezed dry

1 package dehydrated onion soup mix

Preheat oven to 350 degrees.

Clean mushrooms and remove stems. Place the tofu in a food processor and process until smooth. Place in a large bowl and add the spinach and onion soup mix. Mix well. Fill mushroom caps with the tofu mixture. Place filled side up on a non-stick baking sheet, cover with parchment paper, then cover and seal edges with aluminum foil. Bake for about 20 minutes, depending on size of mushrooms. Serve warm as an appetizer.

Hint: Check several times while cooking to make sure they do not get too soft. Smaller mushrooms cook faster than larger ones. Mushrooms should be fork tender when done, but not mushy.

## HEAVENLY VEGETABLE SOUP

Servings: 8

Preparation Time: 20 minutes

Cooking Time: 60 minutes

1/2 cup water

1 onion, chopped

2 stalks celery, chopped

2 carrots, sliced

1 cup green beans, cut in 1 inch pieces

1 cup sliced mushrooms

1 cup broccoli florets

1 cup cauliflower florets

1 15 ounce can chopped tomatoes

2 quarts vegetable broth

1 cup frozen corn kernels

1 8 ounce can tomato sauce

2 tablespoons parsley flakes

2 teaspoons dried basil

2 tablespoons soy sauce

1/2 teaspoon Tabasco sauce

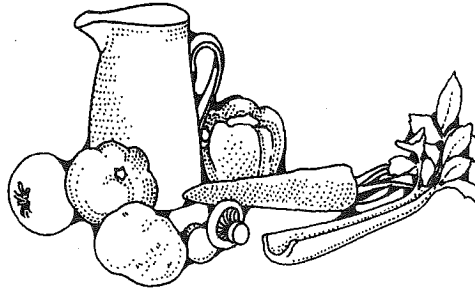
1/4 teaspoon chili powder

several twists fresh ground pepper

1/3 cup cornstarch mixed in 1/2 cup cold water

Place the water, onions, celery, carrots and green beans in a large soup pot. Cook, stirring frequently, for 10 minutes. Add remaining ingredients, except the cornstarch mixture, and cook over low heat for 50 minutes. Add cornstarch mixture while stirring. Cook and stir for two minutes. Serve at once.

# Recipes



Variation: Add 1/2 cup uncooked small pasta about 15 minutes before the end of cooking time. Eliminate the cornstarch.

## BBQ BEAN SALAD

Contributed by Joan Rice

Preparation Time: 15 minutes

Cooking Time: 10 minutes

Servings: 6-8

1/4 cup ketchup

1/4 cup cider vinegar

1/4 cup vegetable broth

1 tablespoon Worcestershire sauce

3 tablespoons brown sugar

1 tablespoon chili powder

1 teaspoon cumin

1/4 teaspoon black pepper

1/4 teaspoon salt

1/4 teaspoon Tabasco sauce

1 1/2 tablespoons Dijon mustard

2 15 ounce cans pinto beans, drained & rinsed

1 red bell pepper, chopped

1 green bell pepper, chopped

1 small sweet onion, chopped

1 10 ounce can corn, drained

1 1/2 cups crumbled fat free tortilla chips

Place the ketchup, vinegar, broth, Worcestershire sauce, brown sugar, chili powder, cumin, pepper, salt and Tabasco sauce in a saucepan. Bring to a boil, reduce heat and cook over low heat for 10 minutes, stirring occasionally. Remove from heat, stir in the mustard and set aside.

Place the beans, bell pepper, onion and corn in a large bowl. Mix well, then stir in 1 cup of the tortilla chips. Pour sauce over and mix well. Sprinkle with remaining chips. Serve at room temperature.

Hint: This is wonderful to take to a potluck because it does not have to be served cold.

## MOROCCAN VEGETABLES WITH COUSCOUS

Preparation Time: 30 minutes

Cooking Time: 45 minutes

Servings: 8

2 1/2 cups water

1 3/4 cups uncooked couscous

8 small red potatoes, quartered

3 carrots, sliced lengthwise, then cut in 1 inch pieces

1 turnip, peeled and chunked

2 cups green beans, cut in 1 inch pieces

4 medium plum tomatoes, cut into 1 inch chunks

2 zucchini, sliced 1 inch thick

1 green bell pepper, cut into 1 inch pieces

2 1/2 cups cauliflower florets

1/4 cup raisins

2 3/4 cups vegetable broth

1/3 cup unbleached white flour

1/2 teaspoon crushed fresh garlic

1/4 teaspoon cinnamon

1/4 teaspoon allspice

1/4 teaspoon ground coriander

1/4 teaspoon ground cumin

1/4 teaspoon turmeric

1/8 teaspoon crushed red pepper

1 15 ounce can garbanzo beans, drained and rinsed

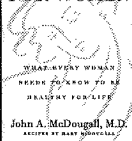
Place the water in a saucepan and bring to a boil. Add couscous, stir, and return to a boil. Cover, remove from heat and let rest. Place all the vegetables and the raisins in a large pot in the order given. Place the vegetable broth and flour in a bowl and whisk to blend. Add garlic and all the seasonings and mix well. Pour over the vegetables. Bring to a boil, cover, reduce heat to medium and cook for 10 minutes. Stir and continue to cook for another 30 minutes, stirring occasionally. Add garbanzo beans and cook for five more minutes. Fluff couscous with a fork and serve the vegetables over the couscous.

Hint: The vegetables may also be made in a slow cooker. Layer the vegetables as directed and pour the liquid over them. Cook on high for 4 - 4 1/2 hours or on low for 8 - 9 hours. Stir a couple of times while cooking, if possible. Otherwise, stir well when you add the garbanzo beans and a few more times while you are waiting for the couscous to absorb the water, about five minutes.

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### THE McDOUGALL PROGRAM FOR WOMEN



### **The McDougall Program for Women**

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"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](http://www.clicktv.com). Consult your local directories. Ask your local stations to carry the show. Call (805) 373-7681 and ask for Chauncey for more information.

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**\$1,350 All Inclusive  
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The total cost is \$1,350 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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## Santa Clara Health Show

Coming February 13 - 15, 1999. Call (800) 226-0323 for free tickets.

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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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On the Web: <http://www.rightfoods.com>

Most Seven-Eleven stores across the country have begun to stock Dr. McDougall's instant meals - if not, ask them to order.



## On the Website

Contact Dr. McDougall at [www.drmcDougall.com](http://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 (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

Call 1-800-358-9195 for information  
and reservations.

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January 3, February 14, March 14, April 11.

Alumni Programs February 7, May 2.

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