



# The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDUGALL



MARY & JOHN McDUGALL

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## High Protein Diets: Telling the Truth

Even though you have felt and looked better than all those "doubting Thomas's" surrounding you, your faith may have been shaken lately by the popularity of high protein diets, like *The Zone*, *Protein Power*, and the *Atkins' Diet*. This may have caused some of you or your friends and family to have doubts about the high-carbohydrate, plant-based diet that I have encouraged you to follow over the past 22 years. Don't lose faith yet. Respected health organizations are now coming out of the closet and telling us the truth about the right diet, and are taking a solid stand against the dangerous low-carbohydrate, high-protein plans. Allow me to share with you two very important examples.

### Supporting the Good Guys

On February 23, 1999 a coalition of more than 20 groups, including the American Heart Association, The American Cancer Society, The Produce for Better Health Foundation (PBH), the American Institute for Cancer Research, the Boys & Girls Clubs of America, the American Diabetes Association and the American Association of Retired Persons urged the government to make fruits and vegetables the center of the American diet. This message was primarily directed to the members of the Dietary Guidelines Committee, who are making up the nutritional guidelines to be revised for the year 2000.

The Dietary Guidelines Committee includes officials from the US Department of Agriculture, the Department of Health and Human Services, and top nutritionists from various universities. The Dietary Guidelines for Americans establishes the science-based guidance on what Americans should eat to stay healthy. They also provide the framework for all federal nutri-

tion assistance programs, such as the National School Lunch Program, and nutrition education programs, including the Food Guide Pyramid.

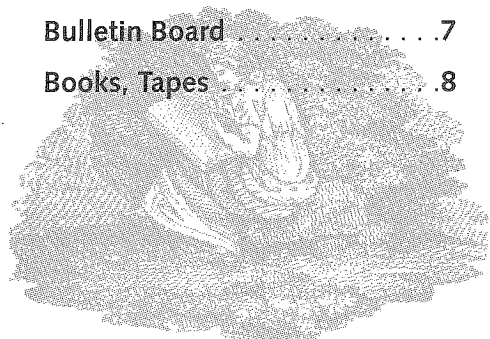
The groups say there is strong evidence that if people eat more fruits and vegetables, lives and a considerable amount of health care dollars will be saved. According to this group, five of the top

ten causes of death in the United States are diet related — heart disease, cancer, strokes, diabetes, and other forms of atherosclerosis; and diet plays a preventive role in birth defects, cataract formation, hypertension, asthma, diverticulosis, obesity, and diabetes.

Presently, our food guidelines are represented by the "Food

Pyramid," which makes fruits and vegetables the base of the diet, followed by meats and dairy products and topped with concentrated fats and sweets. Federal nutrition policy recommends five to nine servings of fruits and vegetables daily. "But simply including them is not good enough," said Elizabeth Pivonka, Ph.D., R.D., president of the Produce for Better Health Foundation (An organization that represents the interests of the fruit and vegetable industries). "We are all urging the federal government to emphasize fruits and vegetables, in addition to other plant-based foods, not as just a part of a balanced American diet, but as the core of it."

Talking about Americans, she says, "Dinnertime is vegetable time; over 75% of all vegetables they eat are consumed at this time. But, even though dinner time is the most popular time for eating fruits and vegetables, only 28% of the foods they eat at dinner are fruits, vegetables or 100% juices. The average American's annual fruit and vegetable deficit is seri-



ous," Pivonka said. "Most of us have an annual fruit and vegetable deficit ranging from 219 to 1,629 servings - that's per person. It really adds up."

T. Colin Campbell, Ph.D. of Cornell University, speaking for the American Institute for Cancer Research, cautioned against substituting supplements for fruits and vegetables. "The whole is greater than the sum of its parts," Campbell explained about fruits and vegetables. "Unlike supplements, fruits and vegetables contain a variety of nutrients which cannot be extracted."

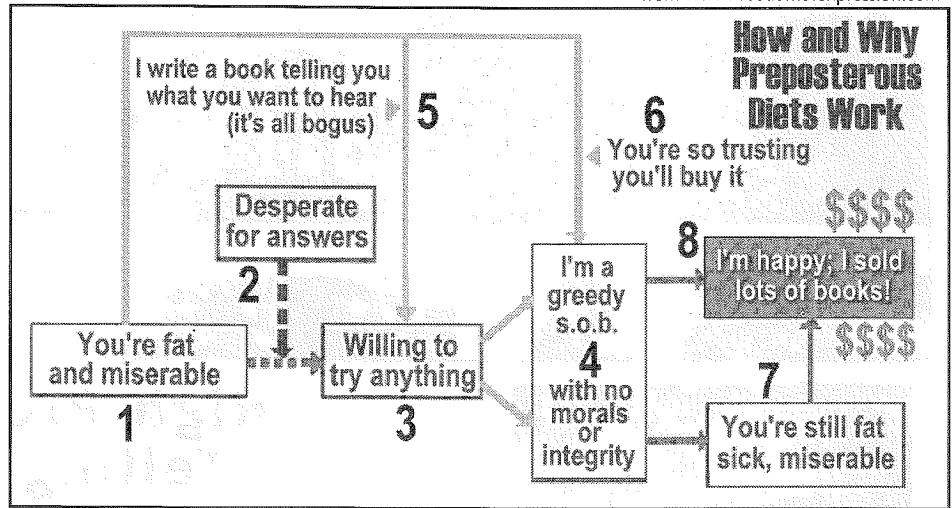
(Anyone interested in receiving a complimentary copy of the Produce for Better Health Foundation's publication can contact Rita McIntosh, manager of communications, at the Foundation at 302-235-ADAY (2329); ext. 29, fax to 302-235-5555, or e-mail to [rmcintos@5aday.com](mailto:rmcintos@5aday.com), or visit their website at [www.5aday.com](http://www.5aday.com).)

### Going After the Bad Guys

The most popular diet plans today are high in protein and low in carbohydrate. High protein diets are not new. One of the most popular over the past 3 decades has been the Atkins' diet plan, which focuses on meat, poultry, fish, and cheese, and severely restricts carbohydrates. Such restriction results in ketosis and as a result these diets are referred to as "ketogenic diets." The weight loss is immediate, but not long term, and they produce unhealthy, and ultimately dangerous side effects (increased risk of heart disease, osteoporosis, kidney stones, and cancer).

The 1990s version of the high protein diet is carbohydrate-reduced, resulting in a calorie distribution of 40% carbohydrate, 30% fat, and 30% protein. This kind of program was pioneered by Barry Sears, PhD, author of "Enter the Zone." By limiting the amount of protein a person eats, and sticking to the 40/30/30 ratio, food intake is restricted to 1200 to 1700 calories per day. Weight loss is accomplished by semistarvation. Again, there are short term (constipation and the pain of hunger) and long term unhealthy side effects.

Other best-selling books like "Protein Power" by Michael Eades, MD and Mary Dan Eades, MD, and "Healthy for Life" by Richard Heller, PhD and Rachael Heller, PhD, have capitalized on restricting carbohydrates in order to sell to the desper-



ate, always-dieting, public.

Their popularity has finally caused a long over due backlash from the scientific community. The American College of Sports Medicine, The American Dietetic Association, the Women's Sports Foundation, and the Cooper Institute for Aerobic Research have made their concerns known in a recently published brochure titled "Questioning 40/30/30."

These authors recommending more protein claim a diet based on the 40/30/30 ratio burns calories more efficiently, resulting in achieving and maintaining a healthy weight. However, according to the experts, "Following the plans recommended in the popular high-protein diet books will result in weight loss only because they provide so few calories. Experts stress that the plans are too low in calories to provide the energy needed by most athletes or active people... An educated examination shows the premises of this diet to be misguided and the diet plan inadequate in some major nutrients, particularly carbohydrates."

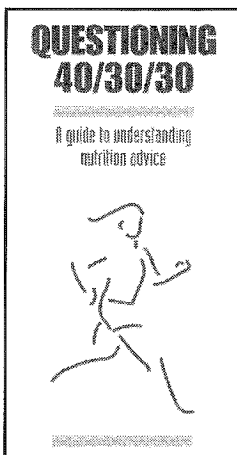
There is an awful lot of nonsense and incorrect information given by the authors of 40/30/30 diet books. "For example, Sears claims that the 40/30/30 regimen is responsible for turning around the performance of the Stanford University women's swim team following years of losses to the University of Texas. But he fails to note that before Stanford's winning streak, the Texas coach and several athletes of national caliber transferred to Stanford. According to the team's physician, a former All-American swimmer at Stanford, 'I am unaware of any evidence to support a correlation between those who follow the 40/30/30 diet and the athletes' performance.' While he feels that no one at Stanford has been harmed by the diet, the physician emphasized that 'since athletic success is multifactorial, any attempt to give credit for Stanford's athletic success to a diet is insulting to the coaches and athletes whose talent, incredible dedication and hard work are the pri-

mary factors for their success.' Furthermore, he says 'the Stanford athletes have now educated themselves about the value of a well-balanced diet.'" Other claims are so ridiculous, such as "you can burn more fat watching TV than by exercising," or "eating carbohydrates could be dangerous to your health," that even the casual observer should not be fooled.

These authors recommending more protein claim fat is the primary source of energy for muscles. However, the experts say, "Fat can be a source of energy, particularly at rest or low levels of activity. During intense physical activity, carbohydrates stored as glycogen in muscles are the primary sources of energy. More important, carbohydrates are essential for glycogen recovery following activity to ensure continued optimal performance. The 40/30/30 ratio does not provide enough carbohydrates in the long term to enable competitive athletes to reach peak performance. Eating more fat does not help you burn fat better. But excess calories from fat can easily make you fatter."

Contrary to their claims, these diets are high in protein which causes excessive work on the kidney and liver, and leads to osteoporosis and kidney stones. The experts say, "The amount of protein recommended by 40/30/30 diets is high compared with scientifically based research on protein needs. For example, a 150-pound athlete who eats 3000 calories per day would get about 3 grams of protein per kilogram body weight, based on a 30% protein diet — double the recommended intake for active people. A higher-protein diet could be harmful for people with renal disease or other conditions requiring a special diet."

(See the July/August 1997 McDougall Newsletter for a thorough discussion of 40/40/30 diets and particularly the Zone or visit [www.dr.mcdougall.com](http://www.dr.mcdougall.com) on the web. For a copy of the brochure you can write The American Society of Sports Medicine at P.O. Box 1440, Indianapolis, IN 46206-1440 Street Address: 401 W.



Michigan St., Indianapolis, IN 46202-3233 or call Phone: (317) 637-9200, Fax: (317) 634-7817. Their web site is [www.acsm.org](http://www.acsm.org).)

### So Why Buy Nonsense?

You don't have to be a nutritionist or doctor to figure out the truth. Look around the world. If carbohydrates were bad for people, then the Japanese living in Japan on a rice-based diet would be fat and sickly. When they move to the US and switch to a lower-carbohydrate, higher-fat and protein diet, they would become thinner and healthier. Is that what you see? To design a diet that will keep you healthy, young-looking and trim, all you have to do is look around the world and observe what thin, healthy people eat. Keep this example in mind and you'll never be fooled. So why are so many people fooled so that these books are national best-sellers?

Millions of people are desperate to lose weight (and some to become healthier). One of the most important reasons for the popularity of high protein diets is they work, temporarily — people lose lots of weight fast — but it's mostly water. Stored carbohydrate contains large amounts of water. Switching to a low-carbohydrate diet results in the loss of these stores and the associated water, with an impressive initial weight loss. In addition, if the diet is low enough in carbohydrate, like the Atkins' diet, then the body goes into ketosis, causing suppression of the appetite, thereby you eat and suffer less — and lose weight. But there is a limited time you can stay in ketosis because of its unpleasant side effects. The foods recommended — steaks, lobsters, fishes, pheasants, eggs, and cheeses — are the ones most of us were raised to enjoy. Preach what people want to hear and you have an immediate following, because naturally we all like to hear *good news about our bad habits*.

However, there is only one way to fully satisfy your appetite with delicious foods, and stay trim and healthy for a lifetime — that's a starch based diet with fruits and vegetables and a bit of exercise. You may have to learn to like both, but once you do, you will wonder why you waited so long to take better care of yourself.

**News You Can Really Use**  
Recent significant findings you  
deserve to know

### Natural Remedy News

**Beta Carotene:** Population studies indicate people with diets rich in beta carotene have less cancer, but in two studies on patients with lung cancer their risk of dying appeared to be increased by this supplement. To explain this finding

scientists looked at the effects of beta carotene and smoke on the lungs of ferrets (*J Natl Ca Inst* 91:60, 1999). Both the groups that received smoke and those who didn't showed increased tendencies toward cancer cell changes with beta carotene (smokers were worse). Tumor suppressor activities were decreased and tumor promoter activities were increased by the supplement. The authors stressed, "Beta-carotene from the diet is 100% safe."

**Weight loss Herb:** Results of a double-blind randomized study of a widely used over-the counter weight loss product, *Garcinia cambogia*, found no benefit (*JAMA* 280:1596, 1998). The active ingredient, hydroxycitric acid, is found in at least 14 over-the-counter weight loss products. Back in the 1960s, the extract became popular when it was found to suppress fatty acid synthesis, reduce food intake, and curb weight gain in animals. This plant extract, native to India, was given to 135 obese people aged 18-65. Even though the study was supported by the manufacturer of products that contain *Garcinia cambogia*, the supplement group lost 7 pounds on the average, but the control group lost 9 pounds.

**Kava kava, St. John's Wort:** Studies of two herbal preparations, kava kava and St. John's wort, have consistently shown to be as effective as antidepressants (tricyclics — eg. Elavil) and popular tranquilizers (benzodiazepines — eg. Valium), with fewer side effects and less mental impairment (*Internal Medicine News, January 15, 1990*). Kava kava (300 mg) reduced anxiety and did not potentiate the effects of alcohol like tranquilizers. Kava is approved in Germany as an herbal treatment for anxiety, stress, and nervousness. This herb should not be taken by pregnant or nursing women and people with depression. More than 25 studies of St. John's wort show 900 mg daily to be better than placebo as an antidepressant and as effective as tricyclic antidepressants. The German commission has approved St. John's wort for treatment of depression with no known contradictions for its use.

**Supplement Database:** Information on supplements comes from many sources — botany, chemistry, pharmaceuticals, medicine, and agriculture. Now there is a single site to find over 300,000 citations (often with abstracts) from the published scientific literature dating back to 1986. The address is <http://dietary-supplements.info.nih.gov>.

### Diet and Cancer Prevention

A landmark review in the December 1998 issue of the *British Medical Journal*, "Diet and the Prevention of Cancer," concluded, "Diet is one of the most important

lifestyle factors and has been estimated to account for up to 80% of the cancers of the large bowel, breast and prostate." (317:1636) Stated another way, "Up to 80% of bowel and breast cancer may be preventable by dietary change." Diet may act by causing cancer from heterocyclic amines in cooked meats, or the lack of cancer protective factors in fruits and vegetables. High energy intakes and higher levels of body fatness may increase estrogen levels which promotes cancer growth. Both meat and alcohol are associated with an increased risk of breast cancer. Other dietary factors that are implicated in breast cancer are low intakes of vegetable and non-starch polysaccharides and low intakes of phytoestrogens, which act as weakly antiestrogenic compounds. The authors tell us clearly, "What is remarkable about the diet-cancer story is the consistency with which certain foods emerge as important in reducing risk across the range of cancers. Vegetables and fruits are almost invariably protective for the major cancers. Similarly there is consistency for increased risk. High consumption of meat, especially red meat and processed meat, is linked with higher risk of bowel, breast, prostate, and pancreatic cancer."

**JM:** So why did we have national headlines recently telling us that diet is not a factor in breast cancer? The *Journal of the American Medical Association* reported a study on March 10, 1999 on "Association of Dietary Intake of Fat and Fatty acids with Risk of Breast Cancer" by Michelle Holmes (281:914). The researchers found no evidence that lower intake of total fat or specific major types of fatty acids was associated with a decreased risk of breast cancer. This is the second report by the same Harvard researchers on a group of 121,700 women from the Nurses' Health Study.

The reasons for these finding, that are contrary to the bulk of the research findings and from the conclusion from the *British Medical Journal*, are discussed in my new book, *The McDougall Program for Women* on pages 80 to 81. Essentially, this study looks at women who all eat the American diet — some eat a high-fat version and others a low-fat version. But it is still a diet too high in animal products and processed foods and too low in starches, vegetables and fruits. There are many factors in the rich American diet besides fat that promote cancer, and hundreds of plant properties and chemicals that prevent and reverse cancers.

Why did this negative article on a single study from the *Journal of the American Medical Association* hit the front page of every newspaper in the country and not the article from the *British Medical Journal*, that reviewed hundreds of studies before it reached its conclusion? The powerful meat, dairy, and fat industries are inter-

ested in everyone hearing that we no longer have to choose our foods carefully. Furthermore, most people in the country like to hear *good news about their bad habits*. Now they can indulge guiltlessly.

### **Protein Causes Kidney Stones**

**"Acute Effects of Moderate Dietary Protein Restriction in Patients with Idiopathic Hypercalcuria and Calcium Nephrolithiasis"** by Sandro Giannini in the February 1999 issue of the *American Journal of Clinical Nutrition* found in patients with high levels of calcium in their urine (hypercalcuria), "moderate protein restriction decreases calcium excretion, mainly through a reduction in bone resorption and renal calcium loss; both are likely due to a decreased exogenous acid load. Moreover, dietary restriction ameliorates the entire lithogenic profile in these patients." (69:267)

Eighteen patients were fed a diet higher in animal protein with 14% of the calories from protein, (59% from red meat, chicken, and dairy products). The American diet is typically 14% to 20% protein. (People on diets like the Zone are getting 30% protein. And a follower of the Atkin's diet may be getting a diet of 35% to 75% protein.) The low protein diet was 9% of the calories from protein (43% from animal foods). **This resulted in a 31% decrease in calcium lost into the urine.**

**JM:** Kidney stones affect up to 5% of the population, with a recurrence rate in afflicted individuals of 50 to 80 percent. Calcium based stones make up 80 to 95% of the total number of stones people develop. They are most common in men and the average age of onset is in their thirties. Stones usually cause no symptoms until they start to pass through the ureter. With passage, pain begins in the back (flank) and progresses over the next 20 to 60 minutes to become so severe that narcotic drugs are required. Blood is usually found in the urine.

Diet has been recognized as the cause of kidney stones for many years. Industrialized countries have a higher incidence of stones compared to underdeveloped countries; and high dietary protein intake is believed to be the cause. Vegetarians have a low incidence of kidney stones (*N Engl J Med* 328:833, 1993). High protein intake is known to cause increased calcium excretion. High protein, high meat, diets also increase other substances in the urine that lead to the formation of kidney stones, such as uric acid and oxalic acid. An elevated concentration of calcium in the urine, a condition known as hypercalcuria, is the most frequently found abnormality of people who form stones and is present in up to 60% of patients with kidney stones.

Supersaturation of the urine with calcium, oxalic acid, and uric acid leads to the precipitation of a stone.

The average American diet, which is high in protein and low in fruits and vegetables, generates a large amount of acid from the sulfate and phosphate containing amino acids (*J Nutr* 128:1051, 1998). The highest acid loads are provided by red meat, poultry, fish, and eggs. Some cheeses and grains provide acid. Phosphoric acid from colas is another source of strong acid. The skeleton acts as the primary buffering system for this acid load. The bones dissolve releasing carbonate, sodium and citrates which serve to neutralize the acid. Fruits and vegetables actually provide alkaline materials to neutralize the acids from other sources, thus protecting the bones and preventing kidney stones. The elderly may be even more sensitive to the effects of an acid-laden diet.

Interestingly, the way calcium supplements, such as calcium citrate, lactate, or carbonate may benefit the bones and prevent kidney stones is not from the calcium part of the supplement, but from the buffering activity of the citrate, lactate, or carbonate. Adding fruits and vegetables, which are all alkaline, to the diet is actually believed to cause people to regain lost bone (*J Nutr* 128:1051, 1998).

### **Heart Surgery Kills**

**"Outcomes in Patients with Acute Non-Q-wave Myocardial Infarction Randomly Assigned to an Invasive as Compared with a Conservative Management Strategy"** by William Boden in the June 18, 1998 issue of the *New England Journal of Medicine* found patients "treated initially according to conservative therapy had a significantly lower mortality at hospital discharge, at one month, and at one year." (338:1785) The risk of death for those who underwent invasive therapy—angiography, angioplasty, and/or bypass surgery—was two to three times greater at the time of discharge and at 30 days than those treated conservatively. No subgroup appeared to benefit from an early invasive approach. Patients with signs of serious heart disease, including anterior myocardial infarction, ST depression on electrocardiogram, a reduced ejection fraction, or previous infarction did not fare better with invasive therapy. The authors conclude, "A conservative initial strategy based on an ischemic guided approach to management after infarction is both safe and effective."

**JM:** Four previous studies have shown similar poor results with invasive treatment by physicians, but still doctors continue to take an aggressive approach (*New Engl J Med* 338:1838, 1998; *Lancet*

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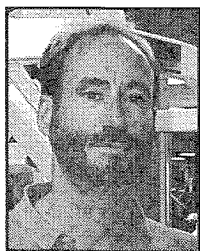
352:500, 1998). A recent study found the rates for all cardiac procedures was highest in the USA and Brazil, intermediate in Canada and Australia, and lowest in Hungary and Poland (*Lancet* 352:507, 1998). Yet there was no significant difference in rates of cardiovascular death or myocardial infarction (heart attacks) among these countries. There is a strong association between the availability of angiography and invasive treatment, yet the patients fare no better.

### **So why does this continue?**

According to an accompanying editorial, there are several reasons (*New Engl J Med* 338:1838, 1998). First, many patients and families insist that everything possible be done. Most patients and their doctors tend to believe a conservative approach is obsolete, inadequate, and inferior. Second, in the event of an adverse outcome they may be less likely to sue their doctor — after all, "he did everything possible," even though the treatment in this case doubled or tripled the patient's risk of dying. Third, preconceived notions are likely to be embraced. Initial angioplasty after a heart attack is widely recommended and used (even though studies clearly side against the benefits). Lastly, the abundance of facilities that do angioplasty and bypass surgery, all the doctors trained in these procedures, and the huge sums of money the doctors and facilities earn encourages invasive therapy.

So who should be treated aggressively? Those with continued symptoms of low blood supply to the heart (chest pain, for example) despite conservative therapy. Second, those who might benefit from surgery because of previous damage to their left ventricle (an ejection fraction below 50%). Otherwise, you need to defend yourself or a loved one from overly aggressive treatments. Some of the best ways to do this are to insist on seeing the research that supports the recommended therapy, followed by independent research on your part (search the National Medical Library at [www.nlm.nih.gov](http://www.nlm.nih.gov)). Next, get truly second opinions that have a real chance of substantially differing from the first one.





**Jack Dixon**  
*Your Personal  
Trainer*

## Oh, My Aching Back!

As much as 80% of the adult population will suffer back pain at least once in their lives, bad enough to keep them out of work for several days. Back problems rank high on the list of ailments that are self-inflicted. Most of our troubles happen because of deconditioned muscles, poor posture, and overexertion in work and play. Our muscles become weak from lack of exercise; we spend too much time sitting incorrectly behind an office desk, a steering wheel, or in front of the TV. Many strains come from pulling or pushing and lifting things carelessly.

### Back pain affects all of us

Back pain is one of the leading causes of lost work time. This drives up the cost of health care and insurance rates. It dramatically reduces productivity and effectiveness on the job, resulting in higher costs in the goods we purchase everyday. It increases our stress levels and adversely affects the immune system, leading to a whole host of potential illnesses. So even if your back feels great, you end up paying for it indirectly.

### What to do when the pain strikes

Try simple measures first. Luckily, most back problems aren't life threatening, so many doctors recommend home treatment first. Typical episodes of back pain usually resolve within two weeks with simple measures like icing the affected area, over-the-counter pain relievers, brief rest, movement and exercise. And regardless of the type of treatment, 80-90 percent of back pain resolves within 6 weeks. If you have a more serious muscle or ligament strain, recovery can take as long as 12 weeks. With time and proper treatment even a herniated disc can be overcome.

### Guidelines for treating back pain at home

Long-term bed rest is no longer the treatment of choice. Indeed, the lack of activity may actually contribute to recurring back problems. Apply cold first, then if desired, try some heat. Immediately after an injury use ice cubes or a cold pack. Apply ice several times a day-but for no longer than 20 minutes at a time. Never apply ice directly to the skin, use a towel as a protective barrier between it and your skin. An inexpensive cold/hot gel pack can be found in your local drugstore. Buy two so you can always have one ready. They can be kept in the freezer or heated in the microwave. After the initial spasms

and acute pain subside, you can alternate ice and heat, limiting each application to 20 minutes. The ice reduces inflammation and the heat helps to loosen tight muscles. Consult your doctor if you think the injury is more serious. For example, if you experience pain or tingling, numbness or loss of control in the arms or legs you may have a damaged spinal cord. If the pains extend downward along the back of the leg you may be suffering from sciatica. If the pain increases when you cough or bend forward at the waist, this could be a sign of a herniated disc. If the pain is accompanied by a fever, you may have a bacterial infection. Your doctor may recommend physical therapy, chiropractic care, or massage treatments.

### Prevention is the key!

Regular exercise may be the most potent weapon against back pain. Regular aerobic exercise and strength training sessions can increase your aerobic capacity, improve overall muscle tone, help you lose extra weight that stresses the back, and most importantly, strengthen the muscles of the torso to help support your spine and prevent back injuries. A term commonly used now in the fitness industry is "core stability", "core", referring to the center, or torso, of the body, and "stability", referring to the ability to stabilize the spine using muscle strength. By strengthening the muscles of the stomach and back, these muscles act as a back brace to support the spine and maintain good posture. In addition to core stability, strengthening the muscles of the upper and lower body will improve balance and help in preventing falls. Weight bearing activities can help maintain bone mass and reduce your risk of compression fractures and osteoporosis.

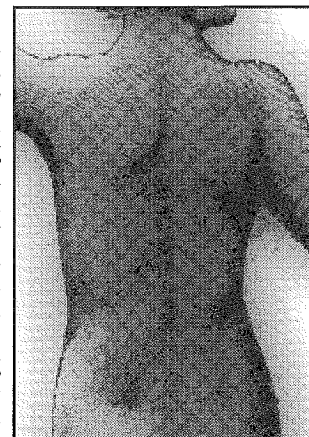
### How to get started

**Start slowly.** Consult your doctor before beginning any exercise program, especially if you've hurt your back before or have other health concerns. If you're out of condition from lack of exercise, your back muscles may be weak and susceptible to another flare up or injury. You can always add more intensity and duration later; don't overdo it!

**Develop a plan.** As a personal trainer the most common thing I see following a back injury is either too little or too much exercise. Consult your doctor, physical therapist or personal trainer to help you develop a short and long term plan designed for you. Don't view this as an expense, rather see it as an investment in your health and well being.

**Keep it simple.** Generally, easy swimming, or walking in the pool may be the

safest movements for your back. You are placing less than your full body weight on your spine when in the water, reducing compression on the spine.



Progress to walking on land for short periods, followed by icing and heat as instructed above. Cycling, on a stationary bike, walking on a treadmill and using a cross-country ski machine may be good choices because they are less jarring to the spine. Remember always to warm-up and cool down, and follow any exercise session with the cold/hot treatment.

**Don't gamble.** Pay close attention to how you move. Attempt to maintain the normal curves of the spine throughout daily activity. Listen to your body; if it hurts, back off and rest. Avoid twisting movements like swinging a bat or golf club. Don't touch your toes with your legs straight, keep the knees slightly bent. Avoid quick start/stop sports like tennis, racquetball or basketball. All high impact activities, like running, should be avoided until you are well healed and have increased your strength and flexibility in the spine.

**Pump iron.** Strength training is the best way to strengthen the back and increase core stability. It will tone and shape your muscles, it helps to improve your posture, alignment and joint integrity. Weight training also increases your body's ability to burn calories more efficiently. It increases bone density and it improves balance, and prevents injuries. It is never too late to begin a strength training program!

**Be consistent.** It's regular exercise that pays off, not the occasional workout. You can't store fitness! Consult an exercise expert to help you develop your new fitness plan and make it a priority. Check with your local health club or hospital for back strengthening classes. These strengthening and movement classes can help prevent future episodes of back pain.

### Your back will thank you!

Jack is our personal trainer at the Airport Club in Santa Rosa. He is responsible for a higher level in our health and will contribute at times to the newsletter.

## CONFETTI PEPE SALAD

Preparation Time: 15 minutes  
Cooking Time: 10-12 minutes  
Chilling Time: 2 hours  
Servings: 4-6

1 1/3 cups uncooked Acini de Pepe pasta  
1 cup frozen corn kernels, thawed  
1/2 cup finely chopped green onions  
1/2 cup finely chopped red pepper  
1/2 cup finely chopped yellow pepper  
1/2 cup finely chopped  
fresh parsley  
3/4 cup fat free Italian dressing  
1 teaspoon soy sauce  
freshly ground black pepper  
to taste  
dash Tabasco sauce

Cook pasta according to package directions. Drain and set aside.

Meanwhile, prepare vegetables and place in mixing bowl. Combine dressing and soy sauce and set aside.

Combine cooked pasta with vegetables. Pour dressing over and mix well. Season with pepper and Tabasco. Chill before serving.

Hint: Acini de pepe is a very small pasta that looks like a large couscous and is also known as Israeli couscous. It can be found in most supermarkets. This is one of my favorite salads. I very often double the recipe because it keeps well in the refrigerator. The fat free dressing may be varied according to your own tastes.

## POLENTA WITH BLACK BEANS AND MANGO SALSA

Preparation Time: 30 minutes  
Cooking Time: 20 minutes  
Servings: 6-8

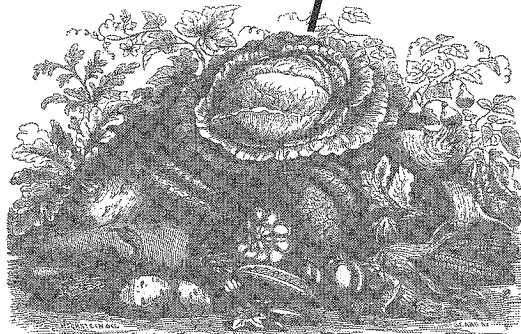
1 24 ounce package San Gennaro  
precooked polenta  
1/2 cup water  
1 onion, chopped  
1 red bell pepper, chopped  
1 orange or yellow bell pepper, chopped  
1/2 teaspoon bottled minced garlic  
2 15 ounce cans black beans,  
drained and rinsed  
1 4 ounce can chopped green chilies  
1 15 ounce can crushed tomatoes  
1 teaspoon chili powder  
1 teaspoon ground cumin  
dash or two Tabasco sauce  
freshly ground pepper to taste  
1/4 cup chopped fresh cilantro  
1 to 2 cups Mango salsa (recipe follows)

Preheat oven to 375 degrees.

Slice polenta 1/2 inch thick. Place on a nonstick baking sheet and bake for 15 minutes.

Meanwhile, place the water, onion, bell

# Recipes



peppers and garlic in a large saucepan. Cook, stirring occasionally, for 10 minutes. Add remaining ingredients, except cilantro, and cook an additional 10 minutes. Stir in cilantro and remove from heat.

Serve over the polenta and top with some Mango salsa.

## MANGO SALSA

2 cups peeled, chopped, ripe mango  
1/2 cup finely chopped onion  
1/2 cup finely chopped red bell pepper  
1 whole, fresh jalapeno,  
seeded and finely chopped  
1/4 teaspoon bottled minced garlic  
1 tablespoon cider vinegar  
1 tablespoon warm water  
several twists freshly ground black pepper  
dash salt

Combine all ingredients in a bowl and mix well. Cover and chill at least 1 hour before serving, if possible.

Hint: There are many kinds and flavors of precooked polenta on the market. They will all work in this recipe. Bottled Mango salsa is also available in some markets and will cut down on the preparation time. If you make your own, be sure to wear rubber gloves while seeding and chopping the jalapeno.

## CALIFORNIA BACKYARD CHARD SOUP

Preparation Time: 30 minutes  
Cooking Time: 50 minutes  
Servings: 8

8 1/2 cups vegetable broth  
1 onion, chopped  
2 stalks celery, chopped  
1 leek, thinly sliced  
(white and light green parts only)  
1/2 teaspoon bottled minced garlic  
2 medium potatoes, peeled and chunked  
1 1/2 cups green beans, cut in 1 inch pieces  
2 small zucchini, cut in half lengthwise,  
then sliced

8 cups chopped Swiss chard leaves  
1 1/4 cups uncooked medium pasta,  
such as shells, bow-ties or fusilli  
1 15 ounce can garbanzo beans,  
drained and rinsed  
1 15 ounce can cannellini beans,  
drained and rinsed  
1 cup frozen green peas  
1/2 cup soy parmesan cheese  
1/4 cup fresh chopped basil  
freshly ground pepper to taste

Place 1/2 cup of the vegetable broth in a large soup pot. Add onion, celery, and leeks. Cook, stirring occasionally for 5 minutes, until softened. Add garlic, potato and green beans. Mix well, then add the remaining 8 cups of vegetable broth. Bring to a boil, reduce heat and cook, covered, for about 15 minutes. Add zucchini and cook an additional 15 minutes. Add chard and pasta and cook uncovered for 5 minutes. Add beans and peas and cook for another 5 minutes. Mix in cheese, basil and pepper. Serve at once.

Hint: This was invented last summer when I had a lot of fresh garden vegetables. My chard is still going strong, and it is almost time to replant the rest of the vegetables. I have made this delicious soup throughout the winter using vegetables from the natural food store. This may be varied by omitting the green beans and/or the zucchini, by using different kinds of canned beans or by using different leafy greens.

## SPICY SWEET POTATO BISQUE

Preparation Time: 30 minutes  
Cooking Time: 60 minutes  
Servings: 6-8

1/3 cup water  
1 onion, chopped  
2 jalapenos, seeded and chopped  
1 tablespoon fresh basil, chopped  
3 cups peeled and chunked  
sweet potatoes  
3 carrots, peeled and thinly sliced  
4 cups vegetable broth  
1 cup soy milk  
1 tablespoon brown sugar  
dash cayenne (optional)

Place the water in a medium pot. Add onion, and cook, stirring occasionally, for 5 minutes. Add jalapenos and basil. Cook and stir for 2 minutes. Add potatoes, carrots and vegetable broth. Bring to a boil, reduce heat, cover and cook for 45 minutes, or until vegetables are tender. Process in batches in a blender until smooth. Return to pan. Add soy milk, brown sugar and cayenne, if desired. Heat gently for about 10 minutes. Serve at once.

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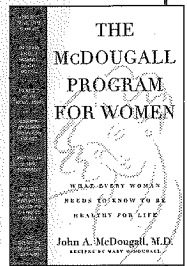
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