

# The McDougall Newsletter

THE NEWSLETTER WITH JOHN & MARY McDOUGALL



MARY & JOHN McDOUGALL

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## "Natural" Arthritis Drugs

As Americans age, they become crippled and in pain from a disease known as osteoarthritis. The initial solution provided by most doctors is medication, like aspirin, nonsteroidal antiinflammatory drugs (NSAIDs), and Tylenol, with no long term benefits and many serious side effects. Fortunately, there is another approach that comes close to an ideal drug therapy -- an effective therapy with few side effects. This revolutionary pill is simply nutrients for joint tissues in the formulas of *glucosamine* and *chondroitin*. Veterinarians have used these substances for years to treat the arthritic problems of animals and to prevent damage to the joints of animals, like race horses. Although usually sold in a combination of both substances as dietary supplements, there is no information available to demonstrate that the combination produces better results than glucosamine or chondroitin alone.

### Arthritis is Ubiquitous in America:

The most common form of arthritis afflicting humans is osteoarthritis, often referred to as *degenerative arthritis* because the joints slowly degenerate as a result of "normal wear and tear associated with aging" according to most medical people. Only 2% of women less than 45 years old living in the United States show signs of osteoarthritis; eventually this form of crippling arthritis is seen in x-rays of the hands of over 70% of people age 65 years and older. However, this same disease is comparatively rare in African and Asian countries, where people physically labor to survive (*Br J Rheumatol* 24:321, 1985). The reason for this, I believe, is their healthier diet that provides proper nourishment for the bones and joints.

In the joints, cartilage covers the surface of the bones, allowing them to effortlessly glide one bone over the other. This articular cartilage is made of two types of large molecules: proteoglycans and collagen. Proteoglycans provide elasticity

and stiffness on compression; collagen provides the strength. The earliest changes in osteoarthritis are due to disruption of the collagen which contains densely packed proteoglycans. What follows is a progressive loss of the cartilage proteoglycans due to an imbalance of synthesis and degradation. The result

is disruption and loss of cartilage and eventually damage to the bones. Osteoarthritis generally affects a single joint or only a few joints. Early on it is painless, but as the disease progresses the pain sends the victim to seek medical help. The pain is typically aggravated by activity and

relieved by rest. In later stages the pain may persist all the time. Stiffness is common, especially upon arising in the morning. In advanced stages, gross deformity and loss of joint motion may be striking.

### An Effective Alternative

Medical benefits for glucosamine and chondroitin have been reported in the scientific literature for more than 35 years (*Dtsch Med J* 5:446, 1965). Yet medical researchers and physicians in the United States have totally ignored this therapy, even with consistent evidence showing it is safe and effective. To date, over 300 scientific investigations and over 20 double-blind studies have been published on the use of glucosamine and chondroitin. Millions of people have tried it, and its popularity is growing because it works.

Glucosamine serves as the substrate for the building blocks of joint proteoglycans. Chondroitin is made of many glucosamine molecules, and serves the same purposes as glucosamine. Both medications lead to long-lasting pain reduction and functional improvement by increasing cartilage building activities, reducing enzymatic destruction of the cartilage, and by antiinflammatory effects. They

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also act to prevent the death of cartilage cells (chondrocytes) (*Presse Med* 27:1859, 1998). Not only is joint destruction halted, but reversal of damage is seen in many cases (*Altern Med Rev* 3:27, 1998).

### Rapid Benefits

Some people experience very rapid pain relief from these medications, which would suggest additional benefits over just the long term healing and strengthening of the joints. These immediate benefits are the result of the production of hyaluronic acid, which is primarily responsible for the lubricating and shock-absorbing properties of joint (synovial) fluids (*Med Hypothesis* 50:507, 1998). Hyaluronic acid also has antiinflammatory activities and promotes the cartilage building activities of chondrocytes. In osteoarthritis, hyaluronic acid levels are decreased in the synovial fluid. The hyaluronic acid concentration of synovial fluids has been shown to increase in humans with oral treatment using 800 mg of chondroitin sulfate for 10 days (*Osteoarthritis Cartilage* 6:A14, 1998). Further evidence of the rapidly beneficial role played by hyaluronic acid is demonstrated by direct injections into joints which results in rapid pain relief and improved mobility.

### Disadvantages of Standard Medicine

Asprin and NSAIDs work by inhibiting the synthesis of prostaglandins. Unfortunately, in addition to inhibiting prostaglandins that mediate pain and inflammation, they also inhibit prostaglandins that repair cartilage. The result is accelerated destruction of the joints -- exactly the opposite effect of what you are trying to accomplish (*Am J Med* 81:36, 1986; *Lancet* 2:519, 1989). Serious toxicity to the gastrointestinal tract is common, and caused by interference with prostaglandin activity that maintains the integrity of the stomach lining -- the result can be pain, bleeding, and perforation of the stomach. Damage to the kidneys and liver, as well as fluid retention are seen with NSAIDs. Most (except for aspirin and Relafen) damage the gastrointestinal barrier causing a "leaky gut" that can lead to autoimmune diseases. Aspirin is a type of NSAID and it has many of the same adverse effects, especially on the gastrointestinal tract. Aspirin will also increase your risk of bleeding from many sources.

Tylenol (acetaminophen) is toxic to the liver, especially with heavy alcohol use. Liver failure due to a massive overdose, such as seen with an attempted suicide, is common. Maximum recommended dosage of Tylenol is 8 tablets a day in divided doses. Severe liver toxicity has been seen with doses of as little as 4 to 10 grams (12 to 30 tablets) in 24 hours (*JAMA* 272:1845, 1994). Heavy users of

Tylenol have an increased risk of kidney failure in a dose-dependent fashion. People who take more than one pill a day (366 pills a year) have twice the risk of losing their kidneys as those who take fewer than 104 pills a year (*N Engl J Med* 331:1675, 1994). Furthermore, people who take more than 1000 pills in their lifetime have twice the chance of kidney failure compared to those who take fewer than 1000 pills. Approximately 8 to 10 percent of the cases of kidney failure are believed to be due to heavy use of Tylenol.

## SIDE EFFECTS OF COMMON ARTHRITIC DRUGS:

### ASPIRIN:

GI irritation  
Bleeding  
Allergy

### NSAIDs:

GI bleeding  
Accelerated joint loss  
Damage GI barrier

### TYLENOL:

Kidney failure  
Liver damage

### Few Adverse Effects from the Alternatives

Glucosamine and chondroitin do not act by prostaglandin synthesis inhibition and therefore they are not accompanied by side effects of progressive joint destruction, GI upset and bleeding. Nor do these substances adversely affect the liver or kidneys. Glucosamine is very well tolerated by patients of all ages under short- and long-term treatment. At the very most, mild gastrointestinal upset, drowsiness and headache may occur.

### Costs and Dosages:

Glucosamine comes in a sulfate and hydrochloride form. Both are equally effective. Often glucosamine will be combined with chondroitin, and sometimes with magnesium, calcium, boron, and other minerals that make up bone tissues. There is some controversy as to whether both glucosamine and chondroitin must be taken together to get maximum effects. An effective dose of glucosamine is 1,500 mg daily and chondroitin is 800 to 1,200 mg daily. Unless side effects develop from a large dose, all of the medication can be taken as a single daily dose. Dividing into 3 smaller doses may make

the medications more tolerable for some people. Cost of these medications is about \$25 for 100 (500 mg) combination tablets, which means about 75 cents for a day's treatment.

Strict vegetarians, especially those of an ethical persuasion who hold animal rights dearly, may have understandable objections to taking these medications. Chondroitin is made from bovine (cow) cartilage. Glucosamine often comes from sea shells. The national best-selling book *The Arthritis Cure* by Jason Theodosakis, M.D., can provide you with further information on this form of treatment.

### Other Treatments of Osteoarthritis

Aspirin and NSAIDs should be reserved for treatment of intolerable pain. They should not be considered "chondro-protective," since they actually accelerate the destruction of the joints. Steroid injections may provide temporary relief for people desperate for help.

Other important steps for people with osteoarthritis to take are to lose weight, especially if they have disease of the joints of the lower extremities, and avoid prolonged and strenuous use of the affected joints. Complete immobilization is rarely advisable. Disuse of a joint can lead to muscle, cartilage, and bone atrophy. Exercises should be done to maintain the strength of the muscles around the joint. You may find help developing the right exercise program from a personal trainer at a health club or from a professionally trained physical therapist. Physical therapy with heat -- like a hot shower, bath or hot tub -- can soothe painful joints. Electrical stimulation with a transcutaneous electrical nerve stimulator (TENS unit) can sometimes make the pain more tolerable. Joint surgery is reserved for people with advanced disease in whom all other therapy has failed and the quality of their life is significantly affected. Joint replacement, especially of the hip, has proven to be of great benefit for people in need of this surgery.

All said about treatment, there is nothing better than prevention of joint disease. Injuries of joints often lead to osteoarthritis later in life. Be careful! Consider this when you are deciding whether or not your children should be involved in contact sports, or yourself in marathon running. A low-fat vegetarian diet will provide the best nourishment for your joints, and combined with non injurious activity you will have the best chance to avoid osteoarthritis later in life.



## Eating Out with Ease

### JAPANESE RESTAURANTS

Japanese people enjoy the greatest longevity on earth and have in the past enjoyed good health with a trim vigorous appearance because of their starch (rice)-based diet. You should expect a Japanese restaurant to be a delightful healthy dining experience. Unfortunately, just like the modern generation of people living in Japan today, restaurants have shifted their foods toward an American theme of red meat, poultry, and seafood centered meals. They have not incorporated dairy products and much of the menu is still not deep fried in oil. However, on every menu you will find Vegetable Tempura, which is battered and deep fried vegetables, and deep fried bean curd (tofu). These fried items, although vegetarian, are to be avoided.

### SUSHI

You may want to start your order with the sushi bar, and we're not talking raw fish. You will be ordering various cooked and raw vegetables rolled in rice. "Nigiri" is a plain roll with a vegetable center and "Maki" means there is an outer covering of seaweed. All of the following can be ordered either as Nigiri or Maki style.

#### Sushi (vegetarian):

Vegetarian *Futo Maki* (cucumber, mushroom, avocado, and radish) Also referred to as a big roll.

*Yasai Maki* (assorted vegetable roll)

*Horenso* (spinach)

*Hiyashi Wakame* (seaweed)

*Kappa Maki* (cucumber)

*Oshinko roll* (radish)

*Kampo* (cooked dried gourd)

*Avocado Maki*

*Shitake Maki* (Black mushroom)

*Ninjin Maki* (carrot)

*Natto* (fermented soybeans)

*Go Bo* (Burdock)

*Ume-Kyu* (pickled plum)

*Asparagus Maki*

*Eggplant Maki*

*Watercress Maki*

One restaurant serves an 81-piece vegetarian combination sushi platter for \$35:

9pc Vegetarian *Futo Maki* roll

18pc Cucumber roll

12pc Avocado roll

12pc Japanese pickles roll

12pc Carrot roll

6pc Black mushroom roll

6pc Cooked gourd roll

6pc *Inari* (Inari is sweetened rice covered with a tofu wrapper)

You eat sushi with chopsticks or with your hands, but never with a fork. The sushi is dipped in soy sauce. Hopefully, the brand served is not made with MSG (you may need to bring your own). *Wasabi* is a hot green horseradish mustard that is mixed with the soy sauce (it can be mouth burning hot--be careful). Don't soak the rice in the soy sauce mixture; instead, dip a corner lightly in the sauce. Fresh ginger is always served with the sushi and is used to clear the palate between different sushi courses.

### APPETIZERS

Appetizers include *Gyoza* (Japanese style potstickers--steamed not fried. Ask!), assorted Japanese pickles, *Mozuku* (marinated Japanese kelp).

### SOUPS

You may look at the soups and find only *Miso* (*Shiru*) soup, which is never very filling and quite salty. But if you look carefully over the noodle soups you should find *Udon* vegetable soup. This is a soup made with fat (as in wide) refined wheat flour noodles and vegetables in a seasoned both (made with no oil). Maybe there is only chicken, beef, and pork *Udon* on the menu. Don't panic. They make it from scratch. Just tell them to leave out the animal products, which may include fish cake and a half of whole egg. *Udon* soup is so hearty that it serves as your main course. There is also *Norisui*, which is a clear broth with seaweed. Ask them to skip the fish powder.

### SALADS

Japanese salads use seasoned vinegar for the dressing (usually not oil). *Sunomono*, is a cucumber based salad often served with tangerine slices. *Wakame* salad is a typical Japanese salad made from seaweed. You can also order a standard green salad with a vinegar dressing.

### MAIN COURSES

There are many fresh cooked vegetable and/or tofu combinations that you might order for a main dish if you still have room. Ask if there is a vegetarian sauce made without oil that you can have over your dish. An example, Japanese mushrooms sautéed in a light ginger-soy sauce served over soba noodles.

Starches to be served with vegetables include *soba* (cold buckwheat noodles), typical Japanese noodles, and of course steamed white rice (brown would be better, but white is not a bad second choice).

### SIDE DISHES

Delicious side dishes include *Hiyayakko* (cold tofu) and *Endamame* (cooked salted soybeans).

### DESSERT

For dessert, chilled *Lichee* (fruit), fresh fruit, or sorbet.

## News You Can Really Use

Recent significant findings you deserve to know

### Albanian Paradox

"Albanian Paradox, Another Example of Protective Effect of Mediterranean Lifestyle?" by Arjan Gjonca in the December 20/27, 1997 issue of the *Lancet* found, "This paradox of high adult life expectancy in very-low-income country can be most plausibly explained by diet--namely, low consumption of total energy, meat, and milk products but high consumption of fruit, vegetables, and carbohydrates." (350:1815) Albania is the poorest country in Europe, with a gross domestic product of \$380 per head (compared with Britain of \$18,340). Albania has been isolated from the outside world with virtually no western influence until 1990. An Albanian's life expectancy at birth is surprisingly high at 67.8 years for men and 74.2 years for women--the highest in central and eastern Europe for 1992. A new peak was also recorded among newborn boys--72.8 years--while average future lifetime for infant girls increased to 79.0 years--0.1 year shy of the 1992 record of 79.1 years.

The paradox is: how can a country that spends 75% of its income on food have a life expectancy as high as Western populations--with all of our hospitals, doctors, pharmaceutical medications, and other advancements--spending less than 15% of their income on food? Diet is the explanation. Even within Albania, there are striking differences seen. In the north-east, where animal foods are more commonly consumed, people suffer twice the chance of dying from a heart attack compared to those in the southwest where the diet is typically higher in fruits and vegetables.

JM: Since the world is focusing on war-torn Albania and Serbia, I thought you might be interested in knowing a little bit about the health of the Albanians. People suffering economic misery and limited access to health care fare as well as we do and better than many other people living in countries in Western Europe. Especially people from countries just freed from the influence of the Soviet Union. For example, men of Hungary and Poland have 2 1/2 times the risk of dying of stroke and heart attacks compared with those people of Albania. People in these

two countries have very high fat diets, smoke heavily, and exercise little. These Albanians provide an example for us on how to solve our health-care crisis without throwing a lot of money at the problem.

### Bottle Feeding and Pneumonia

**"Impact of Breast Feeding on Admission for Pneumonia During Postneonatal Period in Brazil: a Nested Case-Control Study"** by J. Cesar in the May 15, 1999 issue of the *British Medical Journal* found, "Infants who are not being breast fed were 17 times more likely than those being breast fed without formula milk to be admitted to hospital for pneumonia" (318:1316). For infants under 3 months old the risk was 61 times greater. Exclusive breast feeding was necessary for maximum protection. Children who received both mother's and formula milk had four times greater risk than those who received breast milk alone.

JM: "...formula fed babies have more disease and poorer psychological development than normal babies...", "...It is time that doctors, and everyone else, accepted breast feeding as the 'biologic norm...' according to authors of an accompanying editorial (*BMJ* 318:1303, 1999). Exclusive breast feeding -- meaning no formula, water, or solid foods -- provides optimal nutrition for the first six months of an infant's life. Breast milk has anti-infective properties, not found in formula, including white blood cells, antibodies, and hormones that fight against pneumonia causing bacteria, as well as all other bacteria, viruses, and yeast that threaten a child's health and life. Recently, HIV infection of the mother has been raised as a reason to bottle feed. However, the risk from other diseases, especially in developing countries, like African countries, where HIV is epidemic, is so great that the mothers should still breast feed.

Drug companies are selling death and disease all over the world with their promotion of formula feeding. In an ideal world, the only way a mother could get formula would be with a doctor's prescription. And hopefully, that doctor would be fully aware that he is giving out a drug that will increase the risk of pneumonia, as well as many other infectious diseases, crib death, and a future of degenerative diseases in adulthood: A drug that also results in a lower IQ, as well as poorer speech and psychological development. (See the *McDougall Program for Women*, Chapter 4 for further information.)



### Orlistat for Weight Loss

**"Orlistat, a Lipase Inhibitor for Maintenance After Conventional Dieting: a 1-Year Study"** by J. Hill in the June 1999 *American Journal of Clinical Nutrition* concluded "The use of orlistat during periods of attempted weight maintenance minimizes weight readjustment and facilitates long-term improvement in obesity-related disease risk factors." One-third more patients treated with orlistat, 120 mg 3 times a day, lost 5% of their weight compared to placebo, and about twice as many in the orlistat group lost more than 10% of their body weight. Doses of 30 mg and 60 mg daily did not show significant benefits over placebo. There was also less weight regained in the orlistat group (24% vs 16%).

JM: This study was supported by a grant from Hoffmann-La Roche, the manufacturer of orlistat, still the benefits were only modest. It is believed that patients lose weight because orlistat blocks the digestion and absorption of about 30% of the dietary fat consumed daily. It does this by inhibiting enzymes, called lipases. The inactivated enzymes are now unable to hydrolyze dietary fat into absorbable free fatty acids and monoglycerides.

The product name for orlistat is Xenical and it costs about \$140 for 84 tablets, one month's supply, for the usual dose of 120 mg three times a day. Weight loss is about 12 to 13 pounds after a year in patients taking orlistat compared to the control group's loss of about 6 pounds. The drug would not be expected to help someone on a very low fat diet, like the *McDougall Diet*, lose weight because there is so little fat to digest in the first place.

#### The Most Common Events Are:

Oily spotting	.....(27%)
Flatus with discharge	..(24%)
Fecal urgency	.....(22%)
Fatty/oily stool	.....(20%)
Oily evacuation	.....(12%)
Increased defecation	..(11%)
Fecal incontinence	....(8%)

Side effects are mostly limited to the gastrointestinal tract and due to the drug's intended effect, which is the malabsorption of dietary fat. The more fat consumed, the greater the adverse events. Therefore, users are asked to follow a diet of 30% fat, evenly distributed between 3 meals. Another important means by

which orlistat causes weight loss is by behavior modification. People eat less fat in order to avoid the diarrhea and fatty stools.

### Infection in Heart Disease

**"Relation of Chlamydia Pneumonia Serology to Mortality and Incidence of Ischemic Heart Disease Over 13 Years in the Caerphilly Prospective Heart Disease Study"** by D. Strachan in the April 1999 issue of the *British Medical Journal* found an association between antibodies to a bacteria, *C. pneumonia*, and subsequent risk of death from heart disease (318:1035). The type of antibodies detected, IgA, are a sign of current infection with the bacteria. Those with detectable antibodies had about twice the risk of fatal heart disease compared with those people without detectable antibodies. Over more than 13 years of follow up, six extra deaths occurred among 100 men with elevated IgA antibodies at the beginning of the study.

JM: The first report on an association of infection with chlamydia and heart disease was published in 1988 (*Lancet* 2:983, 1988). Since then the bacteria has been cultured out of atherosclerotic plaques, especially in vessels in the heart. Local infection may be involved in the formation of the plaques and it may also increase the tendency for the blood to clot, leading to a heart attack. Another possibility is the infection of the plaque with this bacteria could weaken its walls, increasing the tendency for the plaque to rupture, with subsequent thrombosis (blood clot) formation. Early studies suggest some short term benefit from antibiotic treatment in patients with a previous history of heart disease (*Circulation* 96:404, 1997; *Lancet* 350:404, 1997).

Since death from coronary artery disease is solidly tied to the Western diet, the connection maybe only coincidental, with the bacteria acting as an innocent bystander. Another possibility is an unhealthy diet makes it more likely for a person to become chronically infected because of impairment of the immune system caused by the malnutrition of overnutrition.

### Topical Estrogen Safe

**"Low-Potency Estrogen and Risk of Endometrial Cancer: a Case-Control Study"** by E. Weiderpass in the May 29, 1999 issue of the *Lancet* found, "oral, but not vaginal estrogen formulations increases the relative risk of endometrial neoplasia (uterine cancer)" (353:1824). It has generally been assumed that low dose estrogens taken by mouth were safe and effective, but this study found a 3 times greater risk of cancer over five years for



users compared to nonusers.

**JM:** Estrogens effectively relieve symptoms of menopause, such as hot flashes, and improve vaginal strength, but there is a price to be paid if they are taken orally. Estrogen applied to vaginal tissues effectively improves vaginal tissues, as well as strengthening bone, without any indication of an increased risk in cancer of the body of the uterus (endometrial cancer).

There are three commonly prescribed forms of estrogen: estrone, estradiol, and estriol. Estriol is commonly believed to have little effect on increasing the risk of cancer of the uterus. However, even these estrogens when taken orally for long periods of time will cause thickening of the endometrium (uterine lining). (*Endocrinology* 100:91, 1977).

It is surprising that estrogen delivered through the vaginal tissues, and presumably through the skin does not increase risk of cancer, since topical application results in higher blood levels of estrogen than when taken orally. Blood concentrations of estriol were similar for 1 mg of estriol administered vaginally and 10 mg given orally, suggesting vaginal absorption is more effective than oral (*Acta Obstet Gynecol Scand* 63:563, 1984). These findings together suggest that the treatment of vaginal thinning should be done with topical preparations in a dose only sufficient enough to relieve the symptoms, and as small as possible to avoid systemic effects, like an increased risk of breast cancer. As little as 7 micrograms of estradiol delivered vaginally will increase bone density and effectively relieve vaginal dryness and thinning (*Am J Obstet Gynecol* 177:115, 1997). Progesterone should be administered along with estrogen to reduce the risk of breast and uterine cancer. I prefer to prescribe mixtures of estradiol (.05 - .1 mg) and natural progesterone (20 - 30 mg) in a cream base to be applied daily to the skin. (See the *McDougall Program for Women*, chapter 13, for details on HRT).

### B-6 for PMS

**"Efficacy of Vitamin B-6 in the Treatment of Premenstrual Syndrome: a Systemic Review"** by K. Wyatt in the May 22, 1999 issue of the *British Medical Journal* found that doses of vitamin B-6 up to 100 mg/day are likely to be of benefit in treating premenstrual symptoms and premenstrual depression (318:1375). This review of nine published trials representing 940 patients found there was no relationship of the dose given to the response. Because of toxicity found with 200 mg a day, the authors recommend no more than 100 mg daily, and doses of 50 mg will likely be beneficial. This is considered a therapeutic dose, since only 2 mg is considered the recommended dietary allowance.

**JM:** The data available, as admitted by the authors, was generally of poor quality, but still adequate for them to feel that in some cases B-6 therapy could be beneficial. As many as 95% of women of reproductive age report mild PMS symptoms and 5% report symptoms severe enough to disrupt their lives (*BMJ* 307:1471, 1993). Symptoms include bloating, weight gain, breast pain, fatigue, and headache. Psychological changes include irritability, anxiety, depression, and feelings of loss of control. A woman's reproductive hormones are at the center of the disturbance. Diet plays a key role in regulating these hormones. The rich American diet increases hormone production by a variety of mechanisms (see the *McDougall Program for Women*, Chapter 5). A healthy, low-fat, pure vegetarian diet will lower hormone levels and relieve symptoms of PMS. The high carbohydrate nature of this diet adds further benefits by changing chemicals in the brain called neurotransmitters. Exercise also reduces female hormone levels improving symptoms of PMS. The overall benefits of a healthy diet and exercise, should lead you to make this your primary choice for improving monthly hormone imbalances, leaving Vitamin B-6 for your secondary effort to find relief.

### No Antibiotics with Dentistry

**"Dental and Cardiac Risk Factors for Infective Endocarditis: a Population-Based, Case-Control Study"** by B. Strom in the November 1998 issue of the *Annals of Internal Medicine* found, "Dental treatment does not seem to be a risk factor for infective endocarditis, even in patients with valvular abnormalities..." (129:761). They monitored patients in 54 hospitals and for two years and found that even with 100% effectiveness, treatment of patients who are having a variety of dental procedures with antibiotics would prevent very few infections of heart valves (endocarditis). A borderline increased risk was seen only with endodontic treatment and dental scaling. The authors state, "Against the low incidence and questionable efficacy, one must balance the rare but real risk for adverse reactions, including anaphylaxis, and the possible occurrence of drug-resistant organisms." There is also an increase in inconvenience for the patient, more work for health care providers, and greater costs of dental care.

**JM:** For the past 50 years the doctrine for dentists and doctors has been to give antibiotics during invasive procedures to predisposed patients in order to prevent endocarditis. People who are predisposed are those with a history of heart valve problems. This doctrine is based on the fact that dental procedures introduce bacteria into the blood stream that might invade and begin to grow on the diseased

heart valves. If this were to happen, the patient would be at risk of serious heart damage and possibly death. Failure to give antibiotics after dental procedures has resulted in many lawsuits so doctors are fearful not to give them. However, this complication is so rare that it does not warrant such treatment. No particular type of dental work was linked to infective endocarditis, even dental extractions, which are most likely to cause bacteria to enter the blood stream. An accompanying editorial recommended "...prophylaxis should be downgraded to 'not recommended' for most dental procedures except dental extractions and gingival surgery (including implants) and for most underlying cardiac conditions except prosthetic valves and previous endocarditis." "Mitral valve prolapse is not included among the underlying conditions requiring routine prophylaxis..." (*Ann Intern Med* 129:829, 1999).

The proposed changes recommended in an accompanying editorial would eliminate most of the use of antibiotics as prophylaxis for endocarditis, at the cost of an undetectable small increase in endocarditis.

### Lumpectomy Only is Best

**"The Influence of Margin Width on Local Control of Ductal Carcinoma in Situ of the Breast"** by Melvin Silverstein in the May 13, 1999 issue of the *New England Journal of Medicine* found postoperative radiation therapy did not lower the recurrence rate among patients with ductal carcinoma in situ that was excised with margins of greater than 1 cm (about 1/2 inch) (340:1455).

**JM:** Carcinoma in situ is a precancerous condition that is frequently diagnosed by mammography. It is not a real cancer that threatens a woman's life, but a precancer that usually does not grow into cancer, but it is almost always treated aggressively by doctors. The surgical approaches are: mastectomy, excision (lumpectomy) with radiotherapy, and (rarely) excision alone. Mastectomy is followed by no local recurrences, excision plus radiation has a local recurrence rate of about 7% (no mention of adequacy of margins). This study found that if the surgeon is careful and takes an adequate amount of normal tissue surrounding the carcinoma, there is very little chance of anything coming back in the breast (3%) within 8 years, and most patients can be considered cured (Since it was only a precancer that had not yet spread to other parts of the body. Real cancer has almost always spread to other parts of the body by the time of diagnosis) (See the *McDougall Program for Women*, Chapters 7 and 8, for a detailed discussion of mammography and cancer treatment)

## BAKED BEAN SURPRISE

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

- 1/3 cup water
- 1 onion, chopped
- 1 green bell pepper, chopped
- 1/2 teaspoon bottled minced garlic
- 2 15-16 ounce cans fat-free vegetarian baked beans
- 1 15 ounce can garbanzo or black beans, drained and rinsed
- 1 15 ounce can chopped tomatoes
- 2 cups chopped chicken-style seitan
- 2 tablespoons Dijon-style mustard
- 1/2 teaspoon ground cumin
- 1/4 teaspoon crushed red pepper
- freshly ground black pepper to taste

Place water in a large saucepan with the onion, bell pepper and garlic. Cook, stirring occasionally, for 5 minutes. Add remaining ingredients, bring to a boil, reduce heat and cook uncovered over low heat for 15 minutes.

Serve over whole grains, baked potatoes, or in a bowl by itself.

## MOROCCAN PASTA SOUP

Preparation Time: 10 minutes  
Cooking Time: 30 minutes  
Servings: 4

- 1 onion, chopped
- 1 1/2 cups water
- 2 cups vegetable broth
- 1 15 ounce can chopped tomatoes
- 1 15 ounce can garbanzo beans, drained and rinsed
- 1/2 teaspoon ground cumin
- 1/4 teaspoon cinnamon
- 1/8 teaspoon ground coriander
- 1/8 teaspoon crushed red pepper
- 2/3 cup acini de pepe pasta
- 1 cup baby spinach leaves
- 1/4 cup chopped fresh parsley

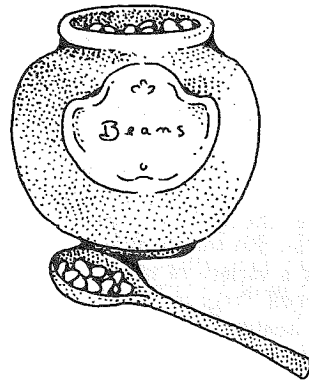
Place the onion in a medium pot with 1/2 cup of the water. Cook, stirring occasionally, for 5 minutes. Add remaining water, the vegetable broth, tomatoes, garbanzos, cumin, cinnamon, coriander and crushed red pepper. Bring to a boil, reduce heat, cover and cook over low heat for 5 minutes. Add pasta and cook for 18 minutes. Stir in spinach and parsley and cook an additional 2 minutes. Serve at once.

## SPLIT PEA SPECIAL

Preparation Time: 10 minutes  
Cooking Time: 1 hour 20 minutes  
Servings: 6

- 1/2 cup water
- 1 onion, chopped
- 1/2 teaspoon bottled minced garlic
- 1 cup frozen chopped hash brown potatoes
- 4 cups vegetable broth

# Recipes



- 1 cup yellow or green split peas
- 1 carrot, grated
- 1 tablespoon fresh chopped basil
- 1/2 teaspoon fresh chopped dill

Place the water in a medium saucepan with the onion and garlic. Cook, stirring occasionally, for 5 minutes. Stir in the potatoes and cook for another 2 minutes. Add the broth and split peas. Bring to a boil, reduce heat, cover and cook over low heat for 60 minutes. Add grated carrot, basil and dill. Cook an additional 12 minutes.

Serve over toasted bread or English muffins, or try this on a baked potato.

## BRAZILIAN BEAN DELIGHT

Preparation Time: 20 minutes  
Cooking Time: 35 minutes  
Servings: 4

- Beans:
- 1/3 cup water
- 1 onion, chopped
- 1 green bell pepper, chopped
- 1/2 teaspoon bottled minced garlic
- 2 15 ounce cans black beans, undrained
- 2 15 ounce cans black beans, drained and rinsed
- 1/8 teaspoon ground cloves

- Tomatoes:
- 3 tomatoes, chopped
- 1/2 cup finely chopped green onions
- 1/3 cup finely chopped onions
- 1/4 teaspoon bottled crushed garlic
- 1 1/2 tablespoons red wine vinegar
- several dashes Tabasco sauce

Beans:

Place the water in a large saucepan with the onion, bell pepper and garlic. Cook, stirring occasionally, for 5 minutes. Add the remaining ingredients for the beans, bring to a boil, reduce heat and cook, covered, for 15 minutes, then uncover and cook an additional 15 minutes.

Tomatoes:

Combine all ingredients in a bowl. Refrigerate for 1 hour, if possible, for best flavor.

Serve beans over rice and top with some of the tomato mixture.

Hint: The tomato mixture can be prepared in advance (one or two days) and refrigerated which makes this an easy meal to put together when you are short of time.

## MEXICAN PASTA SURPRISE

Preparation Time: 10 minutes  
Cooking Time: 10-12 minutes  
Servings: 4

- 1 12 ounce package Yves Veggie Ground Round
- 2 8 ounce cans tomato sauce
- 1 cup water
- 1/2 cup mild, medium or hot salsa
- 1 cup frozen corn kernels
- 1 cup chopped green onions
- 2 1/2 cups uncooked pasta ribbons

Place the Veggie Ground Round in a large nonstick frying pan, and break up well. Add remaining ingredients and mix well. Bring to a boil, reduce heat, cover and cook 10-12 minutes until pasta is tender, stirring occasionally.

Hint: Linguini that has been broken into about 2 inch pieces may be substituted for the pasta ribbons.

## MUSHROOM BOURGUIGNON

Preparation Time: 15 minutes  
Cooking Time: 30 minutes  
Servings: 4-6

- 1 cup vegetable broth
- 2 onions, sliced
- 4 cups sliced fresh mushrooms
- 1/2 teaspoon bottled minced garlic
- 1 cup seitan, sliced into strips
- 1 cup red wine
- 1/4 cup soy sauce
- 2 bay leaves
- several twists fresh ground pepper
- 3/4 cup frozen peas
- 2 1/2 tablespoons cornstarch mixed in 1/2 cup cold soy milk

Place the vegetable broth in a large pot with the onions, mushrooms and garlic. Cook, stirring occasionally, for 10 minutes. Add seitan, wine, soy sauce, bay leaves and pepper. Cook, uncovered over medium heat for 15 minutes. Add peas and cook 4 minutes. Add cornstarch mixture and cook and stir until thickened. Remove bay leaves before serving.

Serve over pasta, whole grains or potatoes.



# BULLETIN BOARD



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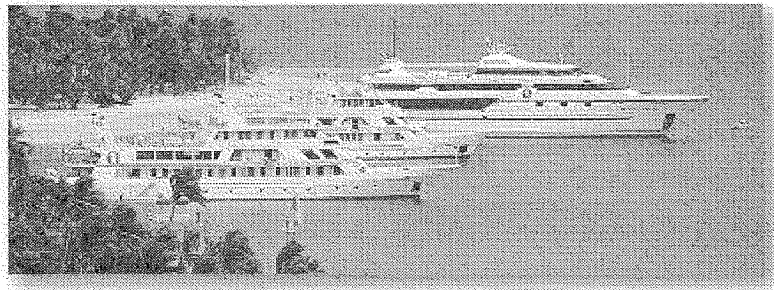
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March, 2000

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Total cost, including airfare, is \$3350. A minimum of 20 people must join us for us to do this trip. Deposit is \$600 per person (fully refundable until December 1, 1999, balance due January 15, 2000).

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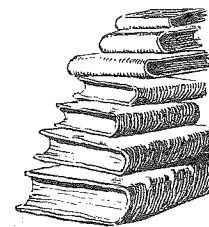
For more information or reservations for any of the McDougall Adventures call (800) 570-1654.





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