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Dr. John A. McDougall's

To Your Health

Insulin: Good or Evil?

Misconceptions that surround this important hormone

Perhaps you've heard the latest "news" about the serious dangers of insulin. This supposedly evil hormone has been blamed for causing everything from cancer to heart disease to obesity. So you have to wonder why your body forces something so dangerous into your bloodstream...why your Creator would flush this poison through your veins.

Insulin is a hormone, synthesized and secreted by the pancreas for the regulation of fuel storage and release. Normal, healthy levels are critical for your good health. Of course, levels that are too high or too low can be cause for alarm. I'm here to clear up the misconceptions or confusion you might have about this hormone, and to tell you how to reach or keep yours at a healthy level.

Insulin in a healthy body provides all the fuel you need to live

After a meal, high blood-insulin levels stimulate the storage and use of the fuels from our foods. For example, the storage of fat into fat (adipose) tissues, the synthesis of proteins, and the burning of glucose (blood sugar) in our cells. After a meal, glucose enters the bloodstream. This substance (commonly measured as blood sugar) is the body's preferred fuel. Glucose provides the cells with energy to perform millions of critical functions each day. But in order for glucose to get into the cells, it needs insulin. So when glucose enters the bloodstream, the pancreas releases insulin in response. Insulin acts as an escort for the glucose, ushering it through the walls of hungry cells. Without insulin, glucose is unable to pass through the cell membranes, and remains backed up in the bloodstream.

This insulin/glucose balance is also what provides the body energy between meals. After an overnight fast, low insulin levels allow the mobilization of fat from the adipose tissues and glucose from the glycogen stores to provide the body with energy until meal time. A counteracting hormone, *glucagon*, along with insulin, orchestrates changes in fuel levels that result in a steady supply of glucose to the brain, red blood cells, kidney cells, and other glucose-dependent tissues. A

healthy person normally secretes about 31 U (units) of insulin per day.

When things function correctly in the body, there is just enough insulin to handle the glucose, and everything remains in balance at all times.

Diabetics have insulin imbalances that can lead to serious health problems—even death

But sometimes imbalances occur, and they can cause serious health problems. The best-known insulin-related condition, of course, is diabetes. Around the world, millions of people inject insulin into their bodies each day. These people have *diabetes mellitus*—also known as childhood-onset diabetes, Type I diabetes, or insulin-dependent diabetes. Their bodies simply do not produce enough insulin. A type-I (childhood type) diabetic secretes 0 to 4 units of insulin daily, and without their daily injections, they face serious complications—even death. But diabetes mellitus is actually quite rare. Only about 5 percent of today's diabetics suffer from this type.

The other 95 percent of today's diabetics have Type II diabetes, also referred to as adult-onset diabetes. A Type II (adult-type) diabetic may secrete between 14 U (a thin person) to more than 110 U (an obese person) a day. There are also thousands of people who have *insulin resistance*, which is often a precursor to Type II diabetes. With this condition, the body's cells become resistant to the effects of insulin in order to slow fat gain.

High levels of insulin do not cause disease—they're just one more sign of a larger problem

Abnormally elevated blood-insulin levels (often occurring in overweight individuals), known as *hyperinsulinemia*, are associated with an increased incidence of many diseases, including heart disease, stroke, hypertension, and cancer (especially death from breast cancer). Some scientists believe insulin may

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Our mission: For over 27 years, Dr. John McDougall has been fighting to bring nutrition to the forefront of mainstream medicine. Frustrated by the establishment's resistance to logic and to years of evidence from his clinic, he set out to educate health-conscious people about the medicinal qualities of food for the treatment and prevention of many of today's most threatening diseases. He is dedicated to teaching you how to transform your life and to achieve optimum health and appearance by using the life-giving foods that were designed for your body. In addition, each month he will bring you news of his latest healing and weight-loss discoveries.

Insulin: Good or Evil?

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increase the progression of atherosclerosis in the arteries and that it may have a direct effect on the acceleration of cancer growth.¹

I disagree. I don't believe that high insulin levels cause disease; I believe these high levels are simply one more sign, or risk factor, of the effects of the American diet upon your health. Just like high cholesterol, high blood pressure, and an elevated blood-sugar are risk factors indicating a greater likelihood of finding diseased arteries, so are increased insulin levels.² Obese women are more likely to have breast cancer not because obesity causes cancer but because rich foods cause obesity, high levels of insulin, and an increased cancer risk. It is the food that is the common denominator, not the insulin.

Authors of high-protein diets are telling you to lower your carbohydrate intake—DON'T LISTEN!

What's been happening recently is that unhealthy and healthy people alike are artificially trying to reduce the amount of insulin their bodies produce. Seem strange to you? It should. These people aren't experimenting because they think their insulin levels are too high, but because they're trying to lose weight. And with all the fad diet programs that have been hot in the press lately, it's not surprising.

Authors of the numerous high-protein fad diets claim insulin is "an evil hormone" that makes you fat by forcing fat into your fat cells. And the solution to obesity is to lower insulin levels by eating more protein and fewer carbohydrates. For example, Dr. Robert Atkins teaches, "hyperinsulinism and insulin resistance are caused by carbohydrates and this leads to obesity." Barry Sears of *The Zone* tells us an imbalance of protein to carbohydrate produces excess insulin." The *Sugar Busters* book states, "excess insulin production is the cause of obesity and poor health." The Hellers, authors of the *Carbohydrate Addicts Diet*, ask us to believe, "Some people are addicted to carbohydrates. These people release excess insulin, which feeds their compulsion and stores fat." These diets teach that insulin is the reason that so many people are overweight. Unfortunately, this is a dangerous misrepresentation of insulin's role in metabolism and health.

Eating low- or no-carb foods does *not* lower your insulin levels

Advocates of high-protein diets tell us that carbohydrates are bad because when you eat them, they raise insulin levels. Protein, on the other hand, is good for you because it lowers insulin levels. But scientific research does not support these claims.

I'm certainly not saying that you should stock up on highly refined carbohydrates like white bread products and commercial baked goods. They're not good for you either. But complex carbohydrates like whole grains, pasta, and fiber-rich cereals are a critical part of a healthy diet—and have *not* been shown to elevate insulin levels. In fact, studies have shown that the protein-rich foods advocated by high-protein diets may actually elicit *more* of an insulin response than complex carbohydrates!

In an extensive study published in the *American Journal of Clinical Nutrition*, researchers set out to determine the body's insulin response to certain types of food. Thirty-eight different foods were divided up

¹ Br Med J 320:1496, 2000

² Arch Intern Med 160:1160-1167, 2000

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Low-fat, high-fiber is still the way to beat colorectal cancer

Here we go again. The mainstream press is off and running, this time with the story that the recommended low-fat, high-fiber diet does nothing to help prevent colorectal cancer after all. As usual, the headlines don't tell the whole story—and chances are good that even the full articles don't get it right. Please don't fall into the media trap that tells you not to worry about the foods you're eating. Adhering to a low-fat, high-fiber diet is *still* the way to go to protect yourself from colorectal cancer and maintain good health overall.

The news flash at hand is based on two studies published in the *New England Journal of Medicine* in April. One study showed the effects of a "low-fat, high-fiber" diet on the recurrence of colorectal adenomas (benign tumors in the lining of the colon). Each of the 2,079 participants had had an adenoma removed in the last six months, and the participants were randomly assigned to intervention and control groups. Members of the intervention group were advised to take in no more than 20 percent of their daily calories from fat while consuming 18 grams of fiber and 3 1/2 servings of fruit (per 1,000 calories) daily. Members of the control group were told to follow their usual diets. The researchers followed the participants for four years; they all underwent colonoscopy after one year and then again at the conclusion of the study.¹

The study found no significant difference between the two groups. During follow-up, 39.7 percent in the intervention group and 39.5 percent in the control group expe-

rienced a recurrence. Based on that data, the researchers concluded "adopting a diet that is low in fat and high in fiber, fruits, and vegetables does not influence the risk of recurrence of colorectal adenomas."

The second study involved 1,429 participants who had had at least one colorectal adenoma removed within the last three months. Subjects were randomly divided into two groups: One group consumed 13.5 grams of wheat bran fiber daily, while the other group had only 2 grams per day. Both groups received their wheat-bran allotment via a breakfast cereal, provided by the study team. Participants were tracked for three years, and underwent colonoscopies after one year and again at the end of the study.²

Again, there was not a significant difference between the groups. According to the study, "a dietary supplement of wheat-bran fiber does not protect against recurrent colorectal adenomas."

These studies say nothing about actual cancer prevention

There's the evidence, right? Wrong. When these clinical studies are translated into mainstream headlines, many important details and clarifications get lost in the shuffle. Often, those details can make a huge difference in the interpretation of the results and in the ensuing recommendations.

First, colorectal *adenomas* are not the same as colorectal *cancer*. By definition, an adenoma is "a *benign* epithelial tumor." Most adenomas—especially small ones that are of regular shape and size—do not become cancerous. In these studies, only 16.4 and 12.9 percent of the adenomas, respectively, were large enough to warrant concern.³

Since all the participants in the studies had large adenomas removed previously, their doctors were taking no chances—any adenomas, no matter how small, were removed.

Second, a three-year period provides only a snapshot of cancer development evolution. And since the participants had already shown risk factors for colorectal cancer, it may have been too late for a healthy diet to do much good. Both these studies were about preventing a recurrence of precancerous growths—not about preventing the development of cancer in the first place.

No difference in results due to no difference in diet

But beyond these sticking points, the main problem with these studies is their naïve approach to the dietary aspects of the research. In the cereal study, participants were not advised to change their eating habits in any way other than to add this wheat-bran cereal to their regular diets.

But the other study's dietary protocols are even more problematic. Members of the intervention group were provided with guidelines for a low-fat diet rich in fiber, fruits, and vegetables. Then they were set free for *four years* with less than two hours of nutritional counseling the first year and only a little over two hours of counseling for the remaining three years. The participants checked in *only once a year*, completing a four-day food record and a food-frequency questionnaire. Random checks were done during the ensuing years, but these were only performed on 10 percent of the subjects each year.⁴ Although I do not doubt the participants' hon-

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¹ *N Eng J Med* 342:1149-1155, 2000

² *N Eng J Med* 342:1156-1162, 2000

³ *N Eng J Med* 342:1206-1207, 2000

⁴ *N Eng J Med* 342:1149-1155, 2000

Too many unknowns about creatine—and too many risks for the average athlete

If you read a lot about diet and exercise, watch the news, or belong to a health club, you've probably heard of creatine. It's a dietary supplement that took the athletic world by storm a few years ago, with over \$200 million dollars worth being sold in 1998, and its use has now trickled down to amateurs and weekend warriors. In theory, creatine improves performance by preventing muscle exhaustion, allowing athletes to maintain higher levels of exertion for longer periods of time. But creatine is not without side effects, and its long-term safety is now being questioned.

Creatine is a natural substance derived from amino acids. It is synthesized in the liver, kidneys, and pancreas and is found in food sources like meat and fish. Authorities estimate that the typical American diet supplies 1 to 2 grams of creatine daily. Cells that require lots of energy, like muscle cells during exercise, use creatine to generate adenosine triphosphate (ATP), the fuel used for many metabolic processes and for RNA synthesis.¹ (RNA is ribonucleic acid used to synthesize protein).

Much of creatine's popularity has been based on anecdotal evidence and on its use by famous athletes like home-run king Mark McGwire. Clinical studies have shown that supplemental creatine can improve athletic performance in some cases. One study found that taking 20 grams of creatine daily for five days decreased fatigue by 6 percent during maximal exertion using a knee-extension weightlifting machine.² Another trial found that male college athletes who consumed 15.75 grams of creatine for 28 days could lift significantly more on a bench press and performed better on repetitive five-minute bicycle sprints.³ A review of 31 studies showed that creatine modestly improved performance of repetitive, high-intensity tasks of short duration (under 30 seconds).⁴ Although there is some evidence that creatine can boost energy

and/or improve performance, there's also some evidence that it can have some very negative side effects.

Creatine may cause kidney damage, seizures—even death

We know that high amounts of protein and amino acids can overwork the kidneys, increasing blood flow and the rate of blood filtration by as much as 20 percent—and this may lead to kidney damage and loss of calcium from the body.⁵ We don't yet know whether creatine—which is derived from amino acids and found in high-protein foods—may have similar effects.

Short-term studies have shown no effect on kidney function, but the supplement hasn't been in use long enough for us to know the effects of prolonged use.

At least one study has suggested that creatine contributes to formaldehyde synthesis in the body; formaldehyde is a known carcinogenic substance.⁶ Other reported side effects include rashes, vomiting, diarrhea, migraines, seizures, and atrial fibrillation.⁷ In 1998, the FDA issued a warning about the use of creatine after three college wrestlers died while taking it and two other users had seizures.⁸

The fact is, we just don't know much yet about creatine. And unless you're Mark McGwire, you don't really have much use for it anyway. The supplement has shown some benefit for high-performance athletes, but few of us truly fall into that category. For the majority of us, who exercise and play sports for fun, relaxation, and health benefits, there's no reason to venture down an unknown path with a questionable supplement.

¹ *The Medical Letter* 40:105-106, 1998

² *Am J Clin Nutr* 72:607S-617S, 2000

³ *Southern Medical Journal* 91:890-892, 1998

⁴ *The Medical Letter* 40:105-106, 1998

⁵ *Southern Medical Journal* 91:890-892, 1998

⁶ *Med Hypotheses* 54:726-728, 2000

⁷ *The Medical Letter* 40:105-106, 1998

⁸ *Southern Medical Journal* 91:890-892, 1998

Low-fat, high fiber

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esty in answering the questionnaires, I don't think such brief check-ins are the most accurate indicators of what the participants were eating on a regular basis.

Let's review: Take people with an average age of 61 years, with a lifetime of bad eating habits. Spend a few hours teaching them about a healthy diet, then send them back home for years. When they don't show any difference from the control group, claim that the low-fat, high-fiber diet had no effect. Does anyone else see a problem here?

After looking at the data in the study, it seems fairly obvious that the intervention group didn't really intervene at all. After four years of a diet with less than 20 percent fat, with increased servings of fiber, fruits, and vegetables, there would have been significant reductions in weight and cholesterol levels. However, on average, participants in the intervention group reduced their cholesterol levels by only 1 mg/dl point (almost the same as the control group) and lost only 1.4 pounds.⁵

When people come to my program at St. Helena Center for Health, they see their cholesterol decrease

Happy healthy holidays...from the McDougalls' table to yours!

If you want to celebrate a holiday the McDougall way, the following are some of the mouth-watering favorites my family looks forward to.

This delicious stew has become a tradition in our home. You can serve it with mashed potatoes on the side, salad, and bread or rolls. It makes a beautiful centerpiece too.

HOLIDAY STEW IN A PUMPKIN

Preparation time: 60 minutes

Cooking time: 1 hour and 20 minutes

Servings: 6-8

2 cups vegetable broth
1 onion, chopped
1 red or green bell pepper, coarsely chopped
1 teaspoon bottled minced fresh garlic
2 teaspoons chili powder
2 bay leaves
1 1/2 teaspoons ground oregano
several twists of fresh ground pepper
3 carrots, scrubbed and cut into 1 inch pieces
2 ears corn, cut in 1 inch pieces
2 yams, peeled and cut in large chunks
2 Yukon gold potatoes, peeled and cut
1 10-ounce bag frozen petite whole onions
1 4-ounce can chopped green chilies
8 ounces seitan, cut into bite sized pieces
1 4-5 pound pumpkin
2 tablespoons pure maple syrup

Place 1/4 cup of the broth in a large pot. Add onion, bell pepper, and garlic. Cook and stir until softened—about 5 minutes. Add chili powder, oregano, bay leaves, and black pepper. Cook and stir for 2 more minutes. Add remaining broth, carrots, corn, potatoes, yams, frozen onions, canned chilies, and seitan. Cook covered over low heat for 30 minutes.

Preheat oven to 350 degrees.

Meanwhile, prepare pumpkin by cutting off the top (like you would with a jack-o-lantern). Set top aside. Clean out seeds and stringy portion. Brush the inside with the maple syrup. Put top back on. Place in a 9 x 12 inch baking dish with 1/2 inch water in the bottom. Bake for 30 minutes. Remove from oven. Ladle the stew into the pumpkin, cover

Mary's Corner

Recipe OF THE MONTH

By Mary McDougall



with pumpkin top, and bake for 45 minutes. Serve from the pumpkin, scooping out bits of pumpkin along with the stew.

Hint: Seitan is made from wheat gluten. There are many variations of it in most natural food stores.

This is a great holiday appetizer or an addition to your table. All this garlic...and not a tick in sight!

ROASTED GARLIC SPREAD

Preparation time: 5 minutes

Cooking time: 1 1/4 hours

Servings: Variable

5 heads garlic
1/2 cup vegetable broth
1 baguette

Preheat oven to 300 degrees. Remove loose, papery skins from garlic, leaving the head intact. Slice a thin strip off the top of each head so that most of the cloves are exposed. Place the heads, sliced-side-up, in a packet of aluminum foil and parchment paper (the parchment paper keeps the aluminum foil from coming into contact with the garlic). Drizzle with a small amount of the broth, then close foil loosely around the garlic. Bake for 1 to 1-1/4 hours until garlic is very soft. Cool until it is easy to handle. Squeeze the soft garlic out of the skin. Place in a small bowl and mix until very smooth. Add a dash of salt and pepper to taste. I like to serve this spread on thin slices of crostini. To make the crostini, thinly slice a baguette and place it on a baking sheet.

Bake at 300 degrees until toasted, about 15 minutes.

Hint: I usually bake the heads of garlic in individual packets. Cut 6-inch-square pieces of foil and similar sized pieces of parchment paper and place them over the foil. Fold the foil and parchment up a bit to make a small cup. Place garlic head in the cup and pour the broth over the cut side. Then, fold up parchment and foil and bake.

**Look for other healthy holiday recipes on Dr. McDougall's web site:
www.drmcDougall.com**

Insulin: Good or Evil?

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into six categories: fruit, bakery products, snacks, carbohydrate-rich foods, protein-rich foods, and breakfast cereals. A group of 11 to 13 subjects was assigned to each food category, and glucose and insulin levels were monitored before consumption and then every 15 minutes for 120 minutes.

Researchers found that protein-rich foods like beef, fish, and cheese produced a higher insulin score than carbohydrate-rich foods like pasta and porridge.³ In fact, the protein-rich foods had a higher insulin response than the foods in the high-carbohydrate category. The study also showed that high-protein foods and bakery products, both high in fat, elicited insulin responses that were disproportionately higher than their glycemic responses (elevation in blood sugar). This means that the body secreted more insulin than was needed to handle the glucose derived from the food—a disparity that results in excess insulin.

Cutting back on carbohydrates can make you weak, dehydrated, and sick...it can also make you thin

So, why does cutting carbs make you skinny? One reason is that your body, in reaction to being starved of carbohydrates, starts to think you're sick, so it zaps your appetite. The other reason is that without any sugar to burn, your body starts burning fat for fuel. It also starts burning muscle and organs that you need to live. In addition, the breakdown of fat cells for energy produces ketones and acids, which can cause a loss of cell fluids, mineral imbalances, and the characteristic bad breath of ketosis.

And, the foods used to accomplish this ketosis state—meat, poultry, and cheese—are the ones the American Cancer Society and the American Heart Association tell us contribute to our most common causes of death and disability. So, just because you might be lowering risk factors, like insulin and triglycerides, that doesn't mean you're getting healthier. The same effects occur in cancer patients who undergo chemotherapy. There's a loss of appetite and decrease in food intake that results in weight loss, reduced cholesterol, triglycerides, and insulin levels.⁴ But no one would consider these toxic drugs a healthful approach to lowered risk factors.

A nutritious diet can help stabilize and maintain your insulin levels, make you strong, healthy...AND THIN

All of this doesn't negate the fact that obesity, Type II diabetes, and insulin resistance are on the

rise. And people with hyperinsulinemia are at a significantly higher risk for serious health problems, like cardiovascular disease and kidney, eye, and nerve damage. Obviously, something needs to be done. But if carbs aren't to blame, what is?

Not insulin! I believe, and many others agree, that dietary fat, sugar, and refined foods are to blame for the increases we're seeing in insulin resistance and Type II diabetes—not to mention obesity. Studies have shown that fat inhibits insulin's ability to get glucose into the cells for fuel. When the first batch of insulin can't clear out the glucose, the body sends more insulin, resulting in high insulin levels *and* high glucose levels—and a number of unhealthy conditions.

Luckily, there is one solution for all of these problems: a healthy diet that's low in fat, high in complex carbohydrates, and includes moderate exercise. Studies have shown that this approach can successfully lower insulin levels and the other related risk factors like hypertension and high triglyceride levels—and will help you lose weight. In a study of 72 people who followed an intensive three-week diet and exercise program, participants with Type II diabetes were able to cut their insulin levels nearly in half, lower their blood sugar by 56 points, and on average, lower their triglyceride levels by 26 percent.⁵ They also lost an average of 9 pounds. These people consumed less than 10 percent fat, 10 to 15 percent protein, and 75 to 80 percent carbohydrates.

The way to conquer deteriorating arteries and malfunctioning breast cells is not to knock the signs down with pills or unhealthy diets. You need to correct the underlying cause of the diseases and of the elevated signs. Stop eating rich, high-fat, high-sugar foods, and the tissues will become healthier. This same low-fat diet that lowers your insulin levels will also lower the other risk factors for disease like cholesterol, triglycerides, excess blood sugar, and body weight in a healthy manner.

I know it's confusing when you're exposed to so many different philosophies on something as critical to your health as the importance of healthy levels of insulin production. As I said, this hormone is essential to good health and artificial attempts to lower it can cause serious illness. Any time you hear conflicting reports like these, I urge you to use common sense: To obtain or maintain a healthy body (which includes your hormone levels), you need to practice a healthy lifestyle. And don't be bullied into thinking that healthy, low-fat, natural foods are hurting you just because your body is doing what it is supposed to do.

³ *Am J Clin Nutr* 66:1264-1276, 1997

⁴ *Biochem Int* 24:1015-1024, 1991

⁵ *Am J Cardiol* 69:440-444, 1992

Keeping up with Dr. McDougall

Half-Price Book Sale:

To get you or a friend started *The McDougall Program-12 Days to Dynamic Health* and *The New McDougall Cookbook* are on sale. Call (800)570-1654 or (707)576-1654 for orders.

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As frequent readers of my newsletter know, I believe that every meal can and should be delicious and healthy. To make it easier for more people to maintain a healthy diet all the time, I developed **Smart Cups**, delicious instant meals-in-a-cup. There are now 16 varieties of Smart Cups, including hot cereals, soups, meals, and dessert. Some of my favorite flavors are Oatmeal & Barley with Peaches & Raspberries, Mashed Potatoes-Country Garden Style, Split Pea with Barley Soup, Mediterranean Style Pasta & Beans, and Tortilla Soup with Baked Chips. To find out more about Smart Cups please call (800)367-3844, fax (650)635-6010, or visit us on the Web at www.rightfoods.com. It's easy to start looking and feeling great right now!

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Garlic: The vampire repellant keeps ticks away too

According to legends of old, strings of garlic provide protection against attacks from roaming vampires. Now, according to a new Swedish study, garlic may help repel a more prevalent kind of bloodsucker—the tick.

Researchers in Sweden tracked the number of tick bites on 100 military personnel—half of whom took a 1,200 milligram garlic capsule daily for eight weeks, while the other half took a placebo. All the participants performed the same tasks in the same environments, but the garlic group experienced significantly fewer tick bites than the placebo group.¹ After the initial eight weeks, the participants had a two-week washout period followed by a “crossover.” The soldiers who had first taken garlic now took the placebo and vice versa. This second phase produced results similar to the first.

If you live in a tick-infested area, you know you haven’t had many options for fighting off these little suckers. So, now you may want to try garlic. It’s a safe, affordable option with no dangerous side effects for you or the environment. You can buy garlic pills or consume cloves of garlic; since the anti-tick effects are likely from the odor-producing aged garlic, Kyolic-brand (odorless) garlic would not be expected to show similar benefits (however, tests have yet to be done).

Public health officials are warning that this fall may be an exceptionally bad tick season in many parts of the country; especially where weather is warm and damp. They also flourish in wooded, brushy, shaded areas. So if you want some extra help keeping the bloodsuckers away from you and your family—the eight-legged as well as the two-legged varieties—stock up on garlic.

¹ JAMA 284:831, 2000

Low-fat, high fiber

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by an average of 29 mg/dl in 11 days, accompanied by an average weight loss of 5 pounds in the same time. That’s 29 *times* the cholesterol reduction and almost *four times* the weight loss that the “intervention group” saw in *four years!* But by looking at this study’s data, you’d think that a low-fat, high-fiber diet had no effect on weight or cholesterol either.

Don’t abandon healthy habits...we know that fiber is good for your colon

There are reams of studies showing the benefits of fiber. The Australian Polyp-Prevention Project found that a combination of a low-fat diet and wheat-bran supplementation reduced the risk of developing large adenomas—the risky kind that most often lead to cancer.⁶ Another study found that a low-fat, high-fiber diet significantly reduced fecal bile acid concentrations, which have been shown to enhance colon-tumor formation in laboratory animals.⁷ Yet another study showed that women with the highest intake of animal fat had a colon-cancer risk nearly twice that of women with the lowest levels of fat intake.⁸ These are just a few of the many studies showing the benefits of fiber and the risks of fat.

So don’t abandon the positive changes you’ve made in your diet just because of a few sensational headlines. You know that a low-fat, high-fiber diet is the best program to follow to protect yourself against cancer—no matter what the newspapers say!

⁶ Am J Med 106:38S-42S, 1999

⁷ J Natl Cancer Inst 88:81-92, 1996

⁸ N Eng J Med 323:1664-1672, 1990

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Issue wrap-up

Our bodies consist of thousands of hormones and other active substances that interact in ways incomprehensible to even the most scientific minds. Artificially manipulating your insulin level is not the magic bullet for health and permanent weight loss that some diet-book authors would have you believe. The truth is all the body’s parts interact perfectly when fueled with whole foods taken naturally from the plant kingdom. Therein lies the secret to weight control and excellent health!

Be on the lookout for next month’s issue; you’ll learn how some common health problems can interfere with the female sex drive. I’ll share some simple, natural steps you can take to boost your libido at any age.

John A. McDougall, M.D.

John A. McDougall, M.D., graduated from the Michigan State University Medical School and completed his residency training in internal medicine at the University of Hawaii. He is a board-certified specialist in internal medicine and one of the world’s leading experts on health and nutrition. As medical director of a revolutionary program at St. Helena Hospital in Napa Valley, California, he has attracted national acclaim for helping people of virtually all ages to overcome chronic illnesses and reverse life-threatening conditions. He is the author of several nationally best-selling books, including *The McDougall Plan*, *McDougall’s Medicine: A Challenging Second Opinion*, *The McDougall Program: 12 Days to Dynamic Health*, *The McDougall Program for Maximum Weight Loss*, *The McDougall Program for Women*, and *The McDougall Program for a Healthy Heart*. His face will be familiar to many from his television appearances on CNN, *The Phil Donahue Show*, and other programs.