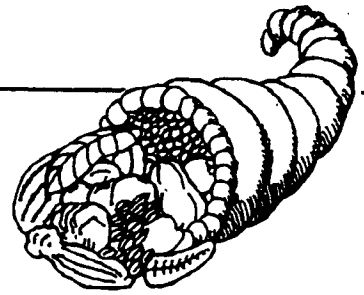


# THE NEWSLETTER MCDOUGALL



~~NOV/DEC~~ 1988

VOL. 2 NO. 3

*May/June*

## INFORMATION FOR YOUR HEALTH

DR. MCDOUGALL

### HANGS OUT HIS SHINGLE

After three years of semi-retirement from the daily practice of medicine, I am reopening an office to help fill your needs, as well as mine. My work at the St. Helena Health Center, where people spend 12-days, continues to grow and offers the most ideal setting for changing your diet and lifestyle, and discontinuing medications. Many former program participants have expressed a need for ongoing medical help. Plus, there are many people who are not able to take advantage of the McDougall Program's highly influential learning opportunities. My Internal Medicine office practice in Santa Rosa will fill some of these needs.

**Convenient Location:** The office is located off of one of California's best known freeways — U.S. Highway 101. From San Francisco take Highway 101 North through Santa Rosa, leave by the Mendocino Avenue/Old Redwood Highway Exit (you should now see two mostly glass office buildings and an old red round barn off to the right of 101.) Turn right onto Mendocino Avenue, travel about 100 yards to Fountain Grove Parkway, then turn left. Travel another 150 yards to Round Barn Blvd. and turn left. The first Fountain Grove Building with a sign "Pisenti & Brinker" is my office—3550 Round Barn Blvd., Suite 303, Santa Rosa, CA 95403. Easy!

**Hotels across the street.** Coming from out of town? Fly into San Francisco (SFO)—rent a car, take a plane or a transport bus (Airport Express) to Santa Rosa. Closest hotels are only steps from the office. Sheraton Round Barn Inn (\$70/night), call (707) 523-7555. Fountain Grove Inn (\$68/night), call (707) 578-6101.

**Limitations of Practice:** My practice of Internal Medicine is focused on diet and lifestyle—an approach helping most people off unnecessary medication, out of surgery whenever possible, and back to health through sensible changes in their lives. Add to this, a pursuit for responsible, conservative, humane choices of treatments.

Because of commitments with The McDougall Program at St. Helena Hospital and Health Center, and frequent travel, I do not hospitalize patients or provide emergency care. Arrangements for these services made

whenever possible.

**Additional Services:** Medical/Dietary Advice: People interested in advice are asked to write the office or the PO Box. Short answers will be made without charge—more detailed advice may be charged for, only after notifying you.

**Literature research:** If you need information from the medical literature, we can search the national medical libraries for you by computer, and generate a comprehensive report on studies relevant to your questions. Uncomplicated searches will be charged at \$45.00 per topic. You do not need to be a patient to use this service.

**Dietary Consultation:** A health educator will soon be working out of my office.

**Insurance Coverage:** Some health insurance companies (Blue Shield, AETNA, Medicare, Prudential, Travelers and others) cover a portion of the office visit—often 80%—depending upon the individual policy. Please check your policy or call your agency if you have any questions. Charges are billed as most other Internists would for office care. Patients file their claims from information provided by McDougall's office.

**Making Appointments:** Call the office Monday through Friday at (707) 576-1654.

## MEDICAL RESEARCH

**PROSPECTIVE RANDOMISED TRIAL OF TAMOXIFEN VERSUS SURGERY IN ELDERLY PATIENTS WITH BREAST CANCER** by J.C. Gazet (Lancet 1:679, 1988. One hundred and sixteen patients over the age of 70 were placed in groups to be treated with an anti-estrogen drug, tamoxifen, or surgery (mastectomy.) After an average of 3 years, relapse or progression occurred in 37.5% of those who had surgery and only 25% of those on tamoxifen. Spread (metastases) occurred in 18% of the surgery group and 13% of the tamoxifen group. Survival (disease-free) did not differ between groups.

**COMMENT:** Just when you thought you had heard the last about the conservative treatment of breast cancer, a study now shows that those who avoid surgery completely have as favorable an outcome as those subjected to breast amputation. This should not surprise us, since doctors have known for more than 30 years that surgery does not prolong a patient's life.

because the disease has spread by the time of diagnosis in almost all cases and that surgery (no matter how extensive) cannot remove the cancer that spread to the brain, liver and lungs many years prior to diagnosis. This well-founded observation is the reason 11 states across the nation have "informed consent" laws intended to make doctors tell women they have treatment options. The state of Hawaii has a brochure that explains in understandable language that *no* surgical therapy has a survival advantage over any other.

Tamoxifen blocks the action of the female sex hormone, estrogen. Daily use of this drug after surgery has shown improvement in survival (at least as beneficial as more toxic chemotherapy.) More advanced cancer has regressed in size under the influence of tamoxifen. The side effects are minimal and it is taken as a pill twice a day. (I use this drug, along with a very low-fat diet and minimal surgery—a lumpectomy, for most of my breast cancer patients.)

In this study, tamoxifen has been effective as a replacement for surgery in elderly women—in other words, as **the sole treatment for breast cancer**. These doctors concluded, "...Tamoxifen could be first-line treatment in women over 70; surgery could be reserved for those who do not respond or progress on treatment." (You see there is some sanity in the medical profession.)

**POLYCYSTIC OVARIES — A COMMON FINDING IN NORMAL WOMEN** by D.W. Polson (Lancet 1:870, 1988.) The presence of polycystic ovaries was determined in 257 normal women by pelvic ultrasound scanning. This study found that 23% had polycystic ovaries, and 76% of these women had irregular menses and/or excess body hair. Some changes in hormones were present, as well as a tendency for this finding to occur in families. Women with polycystic ovary disease tended to be obese and demonstrate diabetic tendencies; infertility was also more common.

*COMMENT:* Polycystic is a term to describe ovaries with many fluid filled cysts. Distinguishing between *genetic heredity* and *learned behavior* is very difficult. However, when over 20% of our female population is affected with a problem, I find it difficult to blame the blunder on our design. Instead, I believe, this problem (as most others) is passed along by *mother teaching her daughter how to cook and what foods to like*. The fact that this problem is associated with obesity and mild adult onset diabetes, two dietary diseases, further supports the concept that polycystic ovary disease is caused *gluttony* at every meal. Treatment, classically, has included weight loss, which alone causes female hormone changes and some resolution of polycystic ovary disease. A more direct attack on the problem is a change in fuel to low-fat, high-carbohydrate meals. This dietary change profoundly effects hormone levels and results in effortless weight loss.

**SERUM TRIGLYCERIDE RESPONSES TO FATTY MEALS: EFFECTS OF MEAL FAT CONTENT** by J Cohen (Am J Clinical Nutrition 47:825, 1988.) Serum triglyceride responses to 40, 80 and 120 grams of fat in meals (dairy cream) were measured in 12 normal men. Response was 251 mg/dl for 40 g of fat; 503 mg/dl for 80 g of fat; and 712 mg/dl for 120 g of fat. Thus, the magnitude of

response of a fatty meal is directly proportional to the fat content of the meals and the mechanisms of removal of fat from the blood stream are not saturated by amounts of fat normally consumed in the American diet.

*COMMENT:* Fats from the diet are almost completely absorbed through the intestinal tract into the blood. These fats in the blood are called triglycerides (think of them as grease floating on top of cold chicken soup.) These fats can come directly from the fat in the diet or can be synthesized from sugars and alcohol by the liver. Because serum triglycerides may remain elevated for several hours, people consuming the American diet may spend up to three-quarters of each day with elevated blood triglycerides. This study shows the more fat consumed, the greater the rise in blood fats and that there is no upper threshold for this response. Vegetable fats (such as olive oil) cause a similar rise in blood fats.

Elevated triglycerides cause the blood cells to stick together—eventually the blood sludges to a halt; clotting tendencies are increased and the activity of insulin is inhibited. Overall, there is an increase in the risk of heart attacks and strokes in people with elevated triglyceride levels.

Reducing all fat, alcohol and sugar intake will lower triglycerides. I must emphasize, all simple sugars (including fruit, fruit juice, honey, maple syrup, etc.) must be limited in some sensitive people with elevated triglycerides for several months. Increasing exercise lowers these blood fats by utilizing them for energy. Triglycerides should be below 200 mg/dl, an ideal would be less than 125 mg/dl—the levels change astonishingly (often 150 mg/dl or more) throughout the day. Some cholesterol lowering medications (niacin, lovastatin) also lower triglycerides.

**VITAMIN AND MINERAL STATUS OF TRAINED ATHLETES INCLUDING THE EFFECTS OF SUPPLEMENTATION** by L. Weight (Am J Clinical Nutrition 47:186, 1988.) Fifteen athletes received supplementation (7 vitamin and mineral pills) and fifteen received placebos for 3 months. The two groups were then switched (cross-over design.) Thiamine (B1), Riboflavin (B2), Nicotinic acid (B3), Pyridoxine (B6), folate, B12, Ascorbic Acid (C), Retinol (A), Tocopherol (E), Zinc, Magnesium, Copper, Iron (and other iron tests like ferritin, hemoglobin) were measured. Except for Riboflavin and Pyridoxine, there were no differences in the blood levels of vitamins and minerals with or without supplementation. No side effects from taking the supplements were reported. No increase in energy was reported by the supplemented group. "We conclude that multi-vitamin and mineral supplementation was without any measurable ergogenic effect and that supplementation is unnecessary in athletes eating a normal diet."

*COMMENT:* Americans are looking for their health problems and solutions in the area of deficiency diseases — taking vitamins and minerals, worrying about getting enough protein, amino acids and fish fats. Look around you. We don't suffer from deficiency diseases. Rather, Americans are plagued by diseases of excesses— excess calories, excess salt, excess fat, excess protein, etc. A flip in vision of 180 degrees is required for the solution of our health epidemic!

## RECIPES

### EGGPLANT SCALOPPINI (4 SERVINGS)

Contributed by J. Stepaniak, Pittsburgh, PA

- 1 large eggplant - sliced into 4" x 1/4" strips
- 1/2 lb. mushrooms, sliced
- 2 cloves garlic, minced
- 1 medium onion, cut in half and then thinly sliced
- 1 green pepper, chopped
- 2 tomatoes, chopped
- 1 (6 oz.) can tomato paste
- 1 bay leaf
- 1 tsp. basil
- 1 Tbsp. dried parsley
- 1/2 cup marsala wine (or apple juice)

Saute onion and garlic in 1/2 cup water for 5 minutes. Add eggplant and bay leaf and cook covered for 10 minutes, stirring often. Then add mushrooms, tomatoes, tomato paste, peppers, marsala and the herbs. Mix well. Simmer over low heat, covered, about 20 minutes (or longer). Serve over pasta or brown rice.

### CARROT BUTTER (ABOUT 1 CUP)

Contributed by J. Stepaniak, Pittsburgh, PA

- 4 medium size carrots, finely chopped or grated
- 1/2 cup water
- 2 Tbsp. peanut butter
- 1 Tbsp. orange juice concentrate

Put carrots and water in a small saucepan and bring to a boil. Cover, lower heat and simmer for 1/2 hour, stirring occasionally. Drain carrots and reserve liquid. Place carrots, 1 1/2 Tbsp. cooking liquid, peanut butter and orange juice concentrate in blender jar. Blend until very smooth. (Stopping blender and stirring contents as needed.) Add more liquid ONLY IF absolutely necessary, as mixture should be thick. Chill thoroughly before using. Keeps well in refrigerator.

### CAROB HERMITS (ABOUT 34 COOKIES)

Contributed by J. Stepaniak, Pittsburgh, PA

- 1 1/2 cups whole wheat flour
- 2 Tbsp. unsweetened carob powder
- 1/2 tsp. baking soda
- 1/2 cup applesauce
- 1/2 cup honey
- 1 tsp. vanilla
- 1/2 cup sunflower seeds (optional)
- 2/3 cup raisins

Mix together flour, carob powder and baking soda in a large bowl. In a separate bowl, mix applesauce, honey and vanilla. Add liquid ingredients to the dry and mix very well. Stir in raisins and sunflower seeds, if desired. Drop by rounded teaspoonfuls onto non-stick cookie sheets. Flatten slightly with a fork. Bake at 350 degrees for about 10 minutes.

### LIMA BEAN CURRY

Contributed by E. French, Honolulu, HI

- 2 1/3 cups dried lima beans
- 2 tsp. ground coriander

- 2 tsp. ground cumin
- 1 tsp. black mustard seeds
- 2 large onion, chopped
- 6 cloves garlic, pressed
- 2 tsp. grated ginger root
- 3 fresh hot chillies, seeded and chopped
- 2 cups chopped tomatoes (or one 16 oz. can)
- 2 T low sodium soy sauce (omit if using canned tomatoes with salt)
- 2 T lemon juice
- 1 bunch fresh coriander, chopped
- 1 cup bean cooking liquid

Cook lima beans in 7 cups water until tender. Drain, reserving 1 cup bean liquid. In 1/2 cup water, saute coriander, cumin and mustard seeds for 1 minute. Add onions, garlic, ginger and chillies and continue cooking until onions are soft. Add tomatoes and cook until most of the liquid has been absorbed. Combine this mixture with lemon juice, soy sauce, beans and bean liquid. Stir in fresh coriander and serve over rice.

### FRENCH MARKET SOUP MIX

Contributed by K. Rusk, Northville, MI

- 1 lb. each of Navy beans, Pinto beans, Great Northern beans, Green split peas, Yellow split peas, Black-eyed peas, Barley pearls, Lentils, Baby Limas, Large Limas, Black beans, Red beans, Soy beans

Put all together in a large container to mix. Package 2 cups for gifts with the recipe, or store for future use.

### FRENCH MARKET SOUP

*very spicy reduce oil*

Sort and wash 2 cups bean mix - place in Dutch oven and cover (or large pot) with 2" water above beans, soak overnight. Drain - add 2 quarts water and 1 16 oz. can whole tomatoes, undrained and coarsely chopped - 1 large onion chopped - 1 clove garlic, minced - 1 chili pepper chopped (mild or small can green chillies) - 1/4 cup lemon juice. Cover and boil, reduce heat and simmer 2 hours.

### POTATO SALAD

*(see separate doc)*

Contributed by N. Koski, San Francisco, CA

- 8 large red potatoes, cut into pieces *(C. D. all tender but firm)*
- 3 diced tomatoes
- 1 chopped green or red pepper
- 1/2 chopped bermuda onion (or use green onions)
- 1 chopped cucumber
- Handful of parsley, chopped
- Handful alfalfa sprouts
- 2 ribs celery, chopped
- 6 or 7 chopped radishes
- 2 or 3 grated carrots

### MAYONNAISE:

- 1 lb. tofu
- 1 lemon, squeezed
- 1 1/2 tsp. coriander
- 3 garlic cloves
- 1/2 cup cider vinegar
- approx. 2-3 tsp. dry mustard
- approx. 2 tsp. tarragon
- approx. 1 tsp. garlic powder

Mix in blender or food processor. Mix into Potato Salad. Chill well. Can serve with lemon wedges or chives.

*Serves 12.*

*Prep time 40 min*

*/ Cook time 40-50 min*

## LETTERS TO THE MCDUGALLS

\* Recently I attended your seminar in Phoenix. I spoke to you afterwards about the success I've had in dealing with my lupus by "making the change" to your diet.

While stationed at Barbers Point, Hawaii six years ago, I visited your office in Kailua to buy one of your cookbooks and see your slide presentation. I was impressed by your ideas and gave your diet the good ole college try with my family. When they resisted, I gave up easily. After all, I considered myself well. I ran 10 miles a day and participated in just about every race held on the island. I kept up with our very active toddler daughter and traveled extensively to be with my navy husband.

Shortly after the birth of our third child, two years ago, my health seemed to deteriorate. I ignored all the symptoms for months, thinking I'd bounce back anytime. But my symptoms of extreme fatigue, joint aches, nausea, swollen glands, hair loss, and fainting, only got worse. I finally went to the doctor and after several weeks of blood tests and exams, I was told I have SLE (Lupus). I was stunned and very frightened. It was also very discouraging to be told by various doctors that all they could do was relieve the symptoms (while creating new ones) through strong medication. I've never been much of a pill-taker and didn't relish the idea of starting to be one now. My full, active, life was reduced to being in bed. I hated hearing myself say "Mommy can't because she's sick". At 30 years old, I felt like a frail and sickly old woman. My mom moved in to take over what I no longer could do. It was so hard to hand over those reins to my life. For two years I lived in constant dread and fear of doing too much and getting sick again. I wondered how I could serve God and my family from my bed.

One afternoon I turned on Christian Lifestyle Magazine for the first time. Your name was announced and I recognized the beautiful Hawaiian surroundings. Suddenly it all clicked, and I practically held my breath while you spoke with a woman who had had breast cancer and was now training for the Iron Man. From the cupboard I recovered your cookbook, purchased so long ago, and called your Kailua office for names of more recent books. While reading them, hope for health was stirred. My husband read them, and now was very supportive and encouraging. My specialist was skeptical, but we agreed to try it for six months.

That was four months ago and I can't believe how far I've come in that short time. I'm out of bed and caring for our three children, ages 7, 4 and 2 without my mom's help. I'm back in the mainstream of life with friends, church, and volunteering at my daughter's school. I'm able to travel with my husband, who recently started flying for a major airline. I even ran six miles in Central Park, New York not too long ago. I believe God has healed me thru this diet. I can't wait to share with my doctor what has happened. I also plan to give him copies of your books. What a blessing to wake each day with energy and joy.

Thank you Dr. and Mrs. McDougall for listening to that inner voice to seek beyond what you had been taught.

And facing opposition by forging on ahead. Many people are, and will be, helped by your message. God bless you! M. M. Phoenix, AZ

\* I am a diabetic. I am a skeptic. I am in my sixties, so I feel I have earned this right.

Now, down to basics. One of my friends is on insulin and has been for years. David Hew is his name. David told me the other day that his blood sugar was down so low since the last test that the doctor was surprised and said to David, "I don't know what you are doing but whatever you are doing, keep it up". David did not tell his doctor that he had started purchasing "McDougall's" food, and was rigidly staying on a diet of your various menus.

Well, Doctor, this hard headed skeptic finally accepted "the light" and started. Much to my surprise, my blood sugar count has dropped from 461 to 210 in about two weeks. So, Doctor, you win and I also win. F. S. Kailua, HI

\* My husband and I have been on your plan since January and we love it. My husband got rid of his Tums antacid tablets after the first week after about 20 years of constant use! J. M. Mesa, AZ

\* I get angry about how medical and business "experts" have led us down a blind alley just to fill their pockets with our hard earned money. I have really been enlightened lately as to health and nutritional needs and I hope I can overcome forty years of misinformation and habit and make these changes for the better for my life!!! If you had not been willing to speak out I would never have known how misguided and mis-informed I have been. L. H. Houston, TX

### TAX-DEDUCTIBLE DONATIONS TO THE MCDUGALL PROGRAM

All donations are deductible for Federal and State income tax purposes. Contributions to either fund sent to The McDougall Program. c/o St. Helena Hospital, Deer Park, CA 94576. The McDougall Lifestyle Change Research Fund—2574.1040 will be money I personally manage for research and education. This fund has already accumulated nearly \$10,000 with a future promise of several hundred thousand dollars. The McDougall Program Fund—12574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education.

### MORE HELP

The McDougall Plan—\$8.95. McDougall's Medicine—A Challenging Second Opinion by New Century—\$8.95. Volume I & II of the Cookbooks—\$7.95 each. Add postage (\$2 first book-\$1 each additional)—send to POB 14039, Santa Rosa, CA 95402. The McDougall Program at St. Helena Hospital, Deer Park, CA. Two weeks of physician supervised live-in care designed to get people off medication, out of surgery and living again—call 1-800-358-9195 (outside California) or 1-800-862-7575 (California).

The McDougall Newsletter is published bimonthly. Send \$8 to THE MCDUGALLS, POB 14039, Santa Rosa, CA 95402. Previous issues available at \$1.50 per copy (Vol. 1, No. 1—8; Vol. 2, No. 1-2)

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