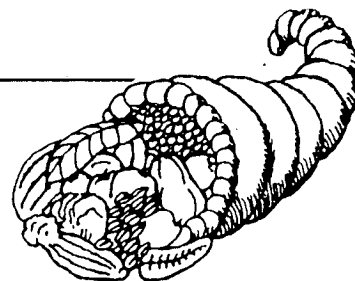


THE MCDUGALL NEWSLETTER



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INFORMATION SUCCESS-FILLED GOALS FOR THE NEXT DECADE?

Hopes and dreams?

Do you read the obituary column in the newspaper? *Why?* To learn about the friends you grew up with who died? Do you check the person's age and sex? Look for similarities between you and the deceased? Is your motivation to prove to yourself in a subtle way that you are not invulnerable? Does this information help you realize how lucky you are *today*, with hopes that you will make a greater effort *tomorrow* to keep your name out of this section of the paper?

When you look in the mirror, do you suck in your stomach just to prove you're not really that fat? Have you reassured yourself that a recent increase in size of shirt, pants or dress is only temporary--just to give you a little breathing room--in a couple of months, with a little will power, you'll cut down on those calories and get out your walking shoes, and you'll be back down to your regular size in a flash?

Did you tell yourself once or twice last year that the aches and pains, lack of endurance, and shortness of breath you're experiencing are just an expected part of getting older? A couple of aspirin and a trip to the doctor for a quick remedy will have you back feeling like you were twenty?

Are you through living in a world of hope and dreams?

Be goal oriented

The start of a new year and a new decade is the perfect time to begin a better life. You've wasted enough valuable time wishing your health and appearance were better. Establishing clear goals is the starting point for successful health. Specific goals tell you where you are going and when you have accomplished your task. Without them you'll be a ship without a rudder.

Once your goals are established, then you need to think of as many reasons as possible why you want to reach these goals. For example, I want to lose weight because I want to be more attractive to my spouse, looking better will make me more effective in my job, and excess weight is a threat to my life. These personal reasons will provide you with the overwhelming motivation to help you overcome obstacles standing in the way of reaching your goals.

Unfortunately, most people are programmed for the fast easy things in life and they resist change--the combination

results in failure every time. Setting goals will help you overcome the tendency to do nothing with your health until it's too late. With well established goals you can determine the price you have to pay to reach your goals. Then you must resolve to pay that price in advance. There is no such thing as a free lunch (pun intended).

How badly do you want your health? When there is something you want badly enough you will have the excitement, enthusiasm, and energy to achieve it. Lying in an intensive care unit with tubes coming from all of your orifices you would have the overpowering goal of staying alive, and you would resolve to pay whatever price necessary. In this critical situation your future is often beyond your control. Right now, fortunately, you have a second chance--you're not hopelessly ill.

Rules for setting your goals:

- 1) Sit down and really think, "What is my present health?" and, "What do I want my health to be?"
- 2) The more goals you have, the more excited about your health you will become. Prioritize your goals.
- 3) Be specific about your goals. Deciding you want to look better and be healthier is too obscure. Decide you want to lose 30 pounds in the next 4 months. You want to stop all 3 of your blood pressure pills and have a normal blood pressure. You want to walk 5 miles without chest pains. You want to wake up every morning without joint stiffness.
- 4) Be realistic, but make goals challenging. You're not going to lose 30 pounds in a week unless the surgeon removes a watermelon-sized tumor from your belly.
- 5) Make as many measurable goals as possible. Each time you show an improvement you will feel better about yourself, you will have more faith in the fact that you are not incurably ill and that you are capable of adjusting comfortably to changes.
- 6) Take note of subjective, immeasurable goals also. It's hard to measure, but you do feel less pain, you now enjoy your daily walk and you have learned to like bean soup without the meat. Make a note of these accomplishments
- 7) Write down your goals. If you can't write them down and describe them, then either you don't understand what they are or you're not committed to these goals. Write down why you want to achieve your goals. Rewrite your major goals every day based on what you have learned and what you have accomplished.

Working towards your goals:

- 1) Designate the next few days or months as the time when

you are going to accomplish your goals for better health. Regardless of the other successes and failures that are happening around you with your business, social and family situations you are going to focus on your goals.

2) Plan to make necessary changes once you have made clear decisions about your health.

3) Read and listen to information that allows you to attain your goals. All the McDougall Books and Tapes will be helpful resources.

4) After the Program is in progress, take 30 minutes each day to learn more about your health, look for new foods, find new recipes, think about your goals, the reasons behind your goals, and your accomplishments.

5) Every free moment visualize yourself as healthy. Remember a time when you weren't fat, didn't take blood pressure pills, and had no chest pain. The more you think of yourself as a healthy person the more you will want to be that person and the harder you will work to achieve your goals.

MEDICAL RESEARCH

Comparison of the Effects of Oat Bran and Low-Fiber Wheat on Serum Lipoprotein Levels and Blood Pressure by Janis F. Swain in January 18, 1990 *New England Journal of Medicine* (322:147). These researchers compared the effect of supplements of high-fiber oat bran (87 g per day) and a low-fiber refined-wheat product on the serum lipoprotein cholesterol levels of 20 healthy subjects (4 men, 16 women dietitians). The subjects were given either supplement for six-week periods in a double-blind, crossover trial. The supplements were supplied as entrees and muffins. High- and low-fiber versions were of similar weight and appearance to prevent anyone, but the investigators, from knowing who was on which diet. After 6 weeks the groups were switched--those on the low-fiber were fed high-fiber supplements, and vice versa.

The mean cholesterol levels were not significantly different during the high-fiber and low-fiber periods. However, both types of supplements lowered the serum cholesterol by 7 to 8 percent. The subjects ate less saturated fat and more polyunsaturated fat during both periods of supplementation than before. The researchers concluded that those changes in fat were sufficient to explain all of the reduction in serum cholesterol levels caused by both diets, and that oat bran has little inherent cholesterol lowering action in persons with normal cholesterol.

BACKGROUND: Oat bran is the ground inner husk of oat grain. The bran can be bought separately, or as a constituent of oatmeal (the ground product of the whole oat grain). Oat bran products include hot and cold cereals, muffins, breads and baked goods. The cholesterol-lowering component of oat bran is said to be the dietary fiber--indigestible plant carbohydrates (residue). Dietary fiber is divided into two general categories based on their ability to dissolve in water.

Water soluble fiber is plentiful in oats, legumes (beans, peas, lentils), and fruit; wheat fiber is largely insoluble. In general, water soluble fiber is more effective at lowering cholesterol by combining with cholesterol and bile acids (made from cholesterol in the liver) and preventing their reabsorption. Also, soluble fiber is fermented in the colon by bacteria into fatty acids, which are absorbed and may reduce the body's own cholesterol synthesis. Insoluble fiber is known for its ability to increase the volume of the stool and ease bowel movements.

COMMENT: Studies on people show a 5 to 20 percent reduction in cholesterol when oat bran, oatmeals and/or dried beans were added to their diet (*Medical Letter* 30:111, 1988). However, most studies are done by adding a specific amount of foods containing oat bran to a person's regular diet. As a result the oat bran replaces other "cholesterol raising" foods. For example, the usual bacon and egg breakfast is replaced with oatmeal. Dr. Swain's study looked specifically for a cholesterol lowering effect of oat fiber by replacing equal amounts of foods containing fat and cholesterol in both the low- and high-fiber groups (and as a result serum cholesterol fell 7 to 8 percent).

Relevant criticism of this study would point out that the subjects under study did not have elevated cholesterol to begin with (186 mg/dl), and therefore no significant results should be expected. Like testing the pain-relieving effects of aspirin in people without headaches. Similar well designed studies should be done on people with higher initial serum cholesterol levels (like over 250 mg/dl) to show the effects on people with high blood cholesterol levels.

I believe oat bran will be found to have a mild cholesterol lowering effect. This controversy was important because too many people have lost sight of the fact that their attention should all along have been focused on eating a healthy diet. Oat bran, like any other cholesterol lowering drug, should be reserved for "second-line" therapy. After all, high cholesterol is not due to "oat bran deficiency," but rather to an excess of rich foods, loaded with cholesterol and animal fats, in the diet.

I call oat bran a drug because it is a processed component of a food that is given to cause an effect. (Like digitalis is extracted from the foxglove plant to make a powerful heart drug.) All drugs have both positive, "good," effects, and negative or "adverse," effects. On the positive side, cholesterol is lowered a little and blood sugar levels may also fall some. Because the fiber provides appetite satisfying bulk, weight loss will be a bit easier, the bowels will also work better (relieving constipation). However, there are the undesirable side effects of bloating, bowel gas, and abdominal cramps from that much added fiber.

There is also one largely theoretical concern about oat bran. Population studies show a decreased incidence of colon cancer in areas of the world where there is a high intake of fiber, but experimental studies show an enhancement of the chemically-induced colon cancer in animals fed oat bran and

other soluble fibers, possibly due to the increase in bile acid excretion causing acidification of the large bowel contents. The acid causes the cells lining the bowel to proliferate more rapidly--a characteristic associated with higher rates of cancer (Proc Soc Exp Biol Med 183:299, 1986).

Oat bran has become a multi-billion dollar business. Studies such as this one make us realize that there are no magic pills. To get the health results you deserve you have to make consequential dietary and lifestyle changes. *Big changes beget big results.*

Nibblers, Gorgers, Snackers, and Grazers: Eating little and (very) often is beneficial to health, by D A T Southgate in January 20, 1990, British Medical Journal (300:136). This editorial challenges the time-honored belief that we should eat three "proper" meals a day and not snack in between. A recent study (N Engl J Med 321:929, 1989) investigated 7 men fed either three meals a day, or the same 2500 calories divided into 17 equal portions throughout the day. There was a fall in total cholesterol on the 17 meals regimen. Insulin levels were also less erratic, as well as other improvements in blood tests, reflecting the benefits of frequent small meals. All these changes would mean lower risk of heart disease according to the authors. Other reports have found less heart disease in men, and less obesity in children, who are "nibblers." The editorial concludes "The lesson for the man in the street is that he can stay healthy if he chooses to adopt a "grazing" pattern of eating--provided that he also chooses to eat a low-fat, high-complex carbohydrate diet and to control his energy intake."

COMMENT: I have always taught that it is not important when you eat, how many times a day you eat or, for most people, how much you eat. *What you eat is critical.*

Protective Effect of Breast Feeding Against Infection by Peter Howie in the January 6, 1990 British Medical Journal. 750 pairs of mothers and infants were followed for 2 years to assess the prevalence of gastrointestinal disease and its relation to infant feeding. (To be considered an illness, vomiting and/or diarrhea had to last for more than 48 hours.) During the first 13 weeks the rate of gastrointestinal illness in breast fed babies was less than a third of that of bottle fed babies with an accompanied reduction in risk of hospitalization. Breast fed babies also had less respiratory illness (runny nose, cough, sneezing lasting for more than 48 hours). The authors state "Mothers should be told without ambivalence that breast feeding offers a clear advantage to their babies by reducing gastrointestinal and respiratory infection but to obtain that advantage they should maintain breast feeding for at least 3 months."

COMMENT: Bottle feeding an infant in underdeveloped countries, such as Asia, Africa, and India has been described as a "death sentence" because of the high incidence of intestinal illness accompanied by diarrhea, dehydration and death. In developed countries of the United States and Europe, where infectious disease is a less serious problem and medical care is easily attained, the risks of bottle feeding

are usually not so serious. But, what properly-informed mother would take any risk with her infant, not to mention suffer through the sleepless nights and worry?

Breast milk has many beneficial properties to explain protection, including antibodies that fight off viruses and bacteria. Ideally, infants should receive breast milk exclusively for 6 months. At this age they develop teeth, and hands that grab food from mother and table. From six months until 2 years the amount of solid food increases and breast milk decreases. After the age of 2 the intestinal tract and other systems are mature enough for a milk-free, starch-based diet. This recommendation will give mother and baby the best chance for excellent health. If this ideal is not possible, then a commercially prepared infant formula should be used until the age of 2 years (at least), and if possible any addition of breast milk to the child's diet will help decrease illness.

PROGRAM PRANKS

Imaginative creations from McDougall Program participants.

LOW CALORIE DIET (author unknown)--If the McDougall Program fails you with weight loss, try this diet.

MONDAY:

Breakfast: Weak tea

Lunch: 1 bouillon cube in 1/4 cup of diluted water

Dinner: 1 pigeon thigh
3 oz. prune juice (gargle only)

TUESDAY:

Breakfast: Scraped crumbs from burnt toast

Lunch: 1 doughnut hole (without sugar)
1 glass of dehydrated water

Dinner: 2 grains of corn meal (broiled)

WEDNESDAY:

Breakfast: Boiled out stains of tablecloth

Lunch: 1/2 dozen poppy seeds

Dinner: Bees knees and mosquitoes knuckles, sauteed

THURSDAY:

Breakfast: Shredded eggshell skins

Lunch: 1 belly button from a navel orange

Dinner: 3 eyes from Irish potato (diced)

FRIDAY:

Breakfast: 2 lobster antennae

Lunch: 1 guppy fin

Dinner: Fillet of soft shell crab claw

SATURDAY:

Breakfast: 4 chopped banana seeds

Lunch: Broiled butterfly liver

Dinner: Jelly fish vertebrae la bookbinder

SUNDAY:

Breakfast: Pickled hummingbird tongue

Lunch: Prime ribs of tadpole

Aroma of empty custard pie plate

Dinner: Tossed paprika and (1) clover leaf salad

NOTE: All meals to be eaten under Microscope to avoid extra portions.

DOC MCDUGALL'S FARM

Graduation Song From the August 1989 McDougall Live-in Program at St. Helena Hospital & Health Center

- * Doc McDougall had a farm, EIEIO
- * And on that farm he had a plan EIEIO
- * After years of work, if you so please
He attacked the causes of disease
With a lipid here and a lipid there
He found cholesterol everywhere EIEIO
- * In Hawaii's lore he found the cure EIEIO
- * And arteries changed from plaque to pure EIEIO
- * He found that meat, fats, eggs, and cheese
Would bring you quickly to your knees EIEIO
- * He let us eat just carbs and starch
Including spuds and peas,
Carrots and beans and cabbage and rice
And fruits from beyond the seas EEL
- * We worked with tests and specimens
And treadmills oh so steep
- * We ate no steak or cream or lamb
Good faith we all did keep EEL
- * The plan included a great staff,
Karin, Linda, Vicky, and Tim
Wanda, Duane and Ed and Lynn
They all did their thing EEL
- * With a lost pound here and a lost pound there
We're losing pounds most everywhere EEL
- * So as you see the plan does work
it makes us slim and svelte

* So if you please you sing this song,
A TOAST TO JOHN'S GOOD HEALTH!

* = Old Mc Donald melody
EEL = Eat and Eat and Lose

RECIPES

RED PEPPER SAUCE

Contributed by Margaret Boston. Santa Rosa, CA

- 4 red bell peppers
- 1 small onion
- 2 or 3 cloves garlic, minced
- 1 small fresh diced hot pepper
- 1 tblsp. red wine vinegar
- white wine
- fresh basil, for garnish

Roughly chop bell pepper and onion. Place in non-stick saute pan with rest of ingredients. Bring to boil with a little white wine to prevent sticking. Cover and lower heat so mixture simmers. Cook until very soft. Put mixture in food processor and puree until smooth. Press through fine sieve

to eliminate bits of skin, if desired. Serve over fresh pasta. Garnish with fresh basil.

BAKING WITHOUT DAIRY PRODUCTS

Contributed by L. Cayard. Wheeling, WV

1. Oat Bran Muffins:

- 2 cups whole wheat flour (soft)
- 2 cups oat bran
- 4 teaspoons baking powder
- 2 cups apple juice
- 1/2 cup raisins, 1/2 cup chopped walnuts, 1 teaspoon cinnamon, (all optional)

Use non-stick (Baker's Secret) muffin tins (lightly oiled), turn oven to 350 degrees. Sift dry ingredients together, add raisins, nuts, and/or cinnamon. Add apple juice and stir until just mixed. Fill muffin tins and bake at 350 degrees for 30 minutes. Makes 18 muffins.

2. Corn Bread Muffins:

- 2 cups corn meal
- 2 cups oat bran
- 4 teaspoons baking powder
- 2 cups apple juice
- Mix and bake as above.*

3. Banana Muffins:

- 2 cup whole wheat flour
- 2 cups oat bran
- 4 teaspoons baking powder
- 2 cups mashed ripe bananas (3-4 bananas)
- 1/2 cup apple juice
- 1/2 cup raisins (optional)
- Mix and bake as above.*

DONATIONS

TO THE MCDUGALL PROGRAM

The McDougall Lifestyle Change Research Fund--2574.1040 will be money I personally manage for research and education. The McDougall Program Fund--2574.1039 will be money managed by The McDougall Program administrative staff, and used for research and education. Send to The McDougall Program, c/o St. Helena Hospital, Deer Park, CA 94576. ALL TAX DEDUCTIBLE.

MORE HELP

Books and Audio Cassettes: The McDougall Plan--~~\$25~~ ^{\$29.95}; McDougall's Medicine--A Challenging Second Opinion--\$10.00 (Hardcover); Volume I & II of the Cookbooks--\$7.95 each, add postage (\$3 first book--\$2 each additional)--McDougall Program Audio Cassette Album--\$59.95, add \$5 postage. 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/yr. Previous issues available at \$1.50 per copy (Vol. 1, No. 1-8; Vol. 2, No. 1-6; Vol.3, No. 1-6).

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