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Dairy Products - 10 False Promises

Milk is as pure white as fresh fallen snow and as familiar as a mother's warm touch. Common sense once led me to believe that if a single food, milk, could sustain a baby as the sole source of nutrients, then it must be "nature's most perfect food." Milk builds strong bones – I have learned over and over again – and since the hardest parts of my body are made mostly of calcium, this liquid food must be essential for my strength and stability. Milk is for life, because they tell me I never outgrow my need for milk. All these "facts" were the "truth" until I took the trouble to think a little about the subject on my own and to look into the scientific research. May I share with you some of my surprising discoveries?

Mother's Milk Can Be a Perfect Food

Within the same species – like cow for calf, cat for kitten, mare for foal – mother's milk can be the perfect food for the very young – not, after weaning, for older offspring, and certainly, not for the fully-grown. All mammals nourish their developing young with this ready-to-eat liquid synthesized by specialized sweat glands, called the mammary glands. This life-giving fluid contains the nutrients, antibodies and hormones that optimize the chances for growth and survival of the infant.

How essential is mother's milk? Human infants deprived of the advantages of human breast milk have:¹

- Two to four times the risk of sudden infant death syndrome (crib death),
- More than 60 times the risk of pneumonia in the first three months of life,²
- Ten times the risk of hospitalization during their first year
- Reduced intelligence as measured by IQ score
- Behavioral and speech difficulties
- An increased chance of suffering from infections, asthma, (see page 2)

Prevent Breast Cancer with Aspirin and Motrin – Not!

Risk of Breast Cancer Cut Sharply by Regular Ibuprofen" announced the headlines in newspapers nationwide on April 10, 2003.¹ The story claimed women can reduce their risk by as much as half by regular use of aspirin or ibuprofen (Motrin, Advil, Nuprin)*. The source of funding of this study will not be known until it is published; however, there are ties between this kind of research and the drug industry already. Randall Harris, a professor of epidemiology and biometrics at Ohio State University and lead investigator of a study on breast cancer and certain anti-inflammatory drugs, said the following, " The evidence . . . is compelling and converging that relatively harmless and inexpensive compounds such as aspirin and ibuprofen, already used by millions, reduce the risk of breast cancer and other forms of cancer."² Dr. Harris said he thinks women should begin to "seriously consider" taking a standard (see page 9)

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- eczema, type I diabetes, and cancer (lymphoma and leukemia) in early life
- A greater risk of heart disease, obesity, diabetes, multiple sclerosis, food allergies, ulcerative colitis, and Crohn’s disease later in life

No one argues against the fact that human breast milk is nature’s most perfect food for human babies. There is also no satisfactory substitute; therefore, every effort should be made to have every infant breast-fed exclusively for six months; and then, with the addition of healthy solid food choices, partially breast-fed until the age of two. (More information on this is found in *The McDougall Program for Women* book).

Mother's Milk is Species Specific

The nutritional needs of very young animals are met by the unique qualities of the milk of that particular species. The composition of this infant food has evolved over millions of years to be ideally suited for that animal. Let me explain in terms of one essential nutrient: protein.

The amount of protein in the milk of an animal varies to meet the growth demands of the very young – the faster an animal grows the greater the protein needs.

Comparisons of Milk of Different Species³

Animal	Protein*	Growth Rate(days)**
Human	1.2	180
Horse	2.4	60
Cow	3.3	47
Goat	4.1	19
Dog	7.1	8
Cat	9.5	7
Rat	11.8	4.5

- Grams per 100 milliliters (in terms of % of calories, cow's milk has four times more protein than human milk; 21% vs. 5%⁴)

** Time required to double birth weight

In addition to the much higher protein content, consider the other nutrient differences between cow's milk and human:

Nutrient	Human mg/100 Cal	Cow mg/100 Cal
Calcium	45	194
Phosphorus	18	152
Sodium	23	80
Potassium	72	246

Not surprisingly, since a calf doubles its birth weight nearly four times faster than a human infant does, the concentrations of protein and calcium are nearly four times greater. Rapid growth requires a much higher density of all kinds of nutrients.

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Problems of Excess Nutrients

Most people think of health problems in terms of deficiencies of nutrients; this is the reason vitamin and mineral supplements are so popular. However, I do not see diseases of deficiency in my patients. For example, I see no vitamin C deficiency (scurvy), B1 deficiency (Beriberi), or protein deficiency in my patients. Rather, I see diseases of excess – such as excess dietary fat (obesity), cholesterol (heart disease), and salt (hypertension). Therefore, feeding an overly-concentrated food such as cow's milk to people (infants, children, and adults) promotes *diseases of excess*. (Some of you are still thinking cow's milk corrects calcium deficiency in people, preventing osteoporosis. Be patient, in a moment I will show you this is not true.)

Replacing human breast milk with cow's milk was once tried in the mid-1800s in the United States for emergency situations (such as when a mother died in childbirth). The result was a quick death for most of the infants, because the high protein content of the cow's milk forced fluid losses from the infant's kidneys, resulting in dehydration.⁵ Once this problem was recognized, then infant formulas were developed which added sugar to the cow's milk in order to reduce the protein concentration of the cow's milk and make it more resemble human milk. Some of you may be old enough to remember making or drinking infant formula made from Carnation evaporated cow's milk and Karo syrup (sugar).⁶ (This is a very unhealthy formula for infants – do not use this).

Consider the purpose of cow's milk. This is an ideal food to grow a calf from its 60-pound birthweight to a 600-pound young cow, ready to wean. This is a high “octane” fuel. One obvious consequence of people eating “calf food” is rapid fat gain – and dairy products are one of the leading contributors to the epidemic of excess body fat affecting 25% of children and 65% of adults in Western populations. Matters are made even worse when cow's milk is converted into even more concentrated products, like cheeses.

Cow's milk products have some important nutritional deficiencies.⁴ They are completely devoid of fiber; and contain insufficient amounts of vitamins, like C and niacin, and minerals, like iron, to meet the human body's needs.

False Promise #1: Milk Builds Strong Bones

If you ask people why they drink milk, they'll tell you it's for the calcium. Milk has lots of calcium and its supporters have “milked” that point for all it's worth. One of your first clues that cow's milk is not ideal for bone health comes from comparison of the calcium content of the two kinds of milk (shown above). Cow's milk has more than four times the calcium content as human breast milk. If this exaggerated amount of calcium is not required during our greatest time of growth – babies double in weight in six months – then why should a concentration of calcium ideal for calves be required when we stop growing bones as adults? Without a doubt growing the hefty skeleton of a cow takes much more calcium than growing relatively small human bones.

Billions of people worldwide do not consume milk after weaning and they grow normal adult skeletons.⁷ For example, Bantu women in Africa consume no dairy products at all, and take in only about 250 to 400 mg of calcium each day through vegetable sources⁸ (about half the recommended daily intake in the U.S.). These women typically have ten children each and breast-feed each one for about 10 months. Yet despite a diet with no dairy products and the tremendous calcium drain of pregnancy and breast-feeding, osteoporosis is virtually unknown among these women.⁸ When rural African women migrate to cities or move to Western counties and adopt rich, high-calcium diets, osteoporosis becomes common.⁹ You will soon understand this is because their new diet becomes very high in animal protein.¹⁰ The world picture fails to support benefits claimed by the dairy industry. Countries that have the highest traditional consumption of dairy products (United States, Sweden, Israel, Finland, and the United Kingdom) also have the highest rates of osteoporosis-related hip fractures.¹¹ Places in the world with a traditionally low intake of dairy - Hong Kong, Singapore, countries in rural Africa - have the lowest incidence of osteoporosis.

If calcium is the key and milk is such a great source, why are there still 10 million Americans with osteoporosis? Long-standing recommendations to increase calcium intakes have had little or no effect on the prevalence of osteoporosis or fractures in the United States.⁷

Worldwide, the incidence of osteoporosis correlates directly and strongly with animal protein intake. The highly acidic nature of animal protein is the major cause of bone loss.¹⁰ (You can read more about this at www.drmcDougall.com in the February 2003 McDougall Newsletter in the article, “Fish is not health food.”)

False Promise #2: Research Supports Dairy's Benefits

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In September of 2000, two researchers compiled a review of the 57 studies on dairy products and bone health which had been published in the scientific literature since 1985. This review was published in the *American Journal of Clinical Nutrition*.¹² Not surprisingly, most of this research was financed by the dairy industry. The researchers reported that 53 percent of the studies showed no benefit from dairy. Then they excluded studies with weak evidence or poor techniques, which eliminated more than half of the studies. Of the 21 remaining studies, 57 percent again showed no benefit from dairy, and another 14 percent found that dairy products actually weaken bones. Think about that – this means that 71 percent of the scientifically sound research did not support the bone building benefits of dairy products and some showed actual harm.

Randomized controlled studies compare an experimental group with a control group and are considered the most valid form of scientific research. Of the seven randomized controlled studies which have been completed on the effects of dairy products on bone health, six were financed by the dairy industry. Only one looked at the benefits of fluid milk on the health of the women most likely to benefit: postmenopausal women.¹³ At the conclusion of this study, the women in the experimental group, fed three eight-ounce glasses of skim milk daily for a year, were still losing more calcium from their bodies than they were absorbing (they were in negative calcium balance). Even though they consumed more than 1400 mg of calcium daily they still lost twice as much bone as the women in the control group, who were not getting the supplemental milk. Yet the industry continues to proclaim its pro-milk message from every rooftop.

False Promise #3: Dairy Foods Make Meeting Calcium Recommendations Easy

Recommended intakes of calcium to prevent osteoporosis are now so high that it is difficult, if not impossible, to make up practical diets that meet these recommendations.⁷ The National Institutes of Health Consensus Conference and The National Osteoporosis Foundation support a calcium intake of 1,500 milligrams per day for postmenopausal women not taking estrogen, and for adults 65 years or older. Assuming 300-400 mg of calcium comes from starches, vegetables, fruits, eggs, poultry, fish, and meats,⁴ then 1,200 mg would have to be obtained from dairy products daily. An average postmenopausal sedentary woman consumes 1500 calories a day. The amount of dairy required to meet her recommended calcium needs would be:⁴

* 6 ounces Cheddar cheese (which is 74% fat). This would mean that 46% of the calories in her diet must be from cheese; or

* One quart (32 ounces) of whole milk (which is 50% fat) which would mean 40% of her diet is from milk; or

* One quart (32 ounces) of non-fat milk (which is 3% fat) which would mean 23% of her diet would be non-fat milk.

The dairy industry is happy about these grand recommendations, but consuming that much cow's milk product daily would replace too many other more filling (satisfying) and nutritious foods, and be unhealthy.

False Promise #4: We Require 1500 mg of Calcium a Day

Our requirements for calcium are far less than recommended. Scientific research demonstrates people need as little as 150 to 200 mg/day, even when pregnant or lactating.¹⁴

Consider the great variation in calcium intakes and recommendation:

Minimum Requirement Based on Research	150-200 mg
Calcium Intake for Underdeveloped Countries	300-500 mg
Calcium Intake for Average American	500-600 mg
World Health Organization Recommendation	400-500 mg
USA Food and Nutrition Board	1000- 1300 mg
A National Institutes of Health	1000-1500 mg

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Why the large variation in figures for calcium intakes and recommendations? The simple answer is the amount of calcium in the foods you eat has little effect on the quantity of calcium that is eventually taken into the body and on the health of your bones.¹⁵

Your intestine will always absorb sufficient calcium to meet your needs from the foods you eat. On a diet low in calcium, the efficiency of mineral absorption is increased, and the intestine takes in more calcium. On a high-calcium diet, more calcium is left in the intestine to be excreted, unused, in the feces.¹⁶ The intestine is so “smart” about calcium that it never fails to meet the body’s needs. If you look over the last hundred years of scientific and nutritional literature you will find there is no evidence that dietary calcium deficiency occurs in humans, even though most people in the world don’t drink milk after weaning – because of custom, lactose intolerance, or simply because milk is not generally available in their part of the world.^{7,14, 17-20} This means there is no such disease as “dietary calcium deficiency” – think again if your mind drifts to osteoporosis – remember, populations with the lowest calcium intakes have the strongest bones; the least osteoporosis, worldwide.¹¹

False Promise #5: Milk is the Best Food for Bones

The truth is, milk is not the only source of calcium and it is not the best source of calcium. Consider that the original source of calcium is the ground. Calcium, and other minerals, are dissolved in watery solutions and absorbed by the roots of plants. These minerals are then incorporated in the roots, stems, leaves, flowers, and fruits of the plants. Humans can get plenty of calcium the same way it gets into cow’s milk; from the plant foods they eat.

Inappropriate concern about calcium intake may divert attention and resources from more important nutritional issues. Calcium isn’t the only nutrient that affects bone health. Studies have shown that potassium and magnesium may be even more critical in preventing bone loss, and that beta-carotene, phosphorus, and fiber play important roles as well.^{21,22} Plants are excellent sources of these nutrients. Milk provides no beta-carotene and no dietary fiber.⁴ Most important, bone health can be more about what you don’t eat than what you do eat. Certain foods and substances – like animal proteins, cigarettes, soft drinks, caffeine, and salt – all affect your body’s ability to absorb and use calcium vs. the loss of calcium from the body.^{23,24}

False Promise #6: Milk is Necessary for vitamin D

Some people will point out milk’s vitamin D content as evidence of its critical place in a healthy diet. Well, that’s a fabrication, too. Vitamin D is not really a vitamin; it’s a hormone that the body produces in reaction to sunlight. And it isn’t present naturally in milk – it’s added as a supplement at the dairy processing factory. This addition was supposedly done to prevent rickets, a painful, deforming bone condition that is caused by vitamin D deficiency. But rickets is really caused by limited exposure to sunlight, and the body levels of vitamin D are only slightly affected by dietary sources.^{25,26} The amount of sunlight we get during the summer holidays is reflected in our vitamin D levels all year long. More than 90% of the vitamin D in the body is produced by sunlight. Exposing the face and arms for as little as 15 minutes 3 times a week provides adequate amounts of vitamin D. However, this activity is modified by the use of sunscreens and by skin pigmentation.²⁷ So nearly everyone gets enough vitamin D every day just through normal activities – we don’t need to drink milk to get it. Plus, vitamin D is fat-soluble, which means it is stored in our body fat for long periods of time – and most importantly, for periods of low sun exposure in the winter months.

Myth #7: Milk Cures Hypertension

A grant from the National Dairy Council supported a large review of the influence of dietary (dairy products) and non-dietary (supplements) calcium supplementation on blood pressure and came to the conclusion “that calcium supplementation leads to a small reduction in systolic (top number) and diastolic (bottom number) blood pressure.”²⁸ Of the 67 studies published, 47 proved eligible for review. The actual decrease in blood pressure was paltry: Decreases of 1.44 mmHg systolic and 0.84 mmHg diastolic. The mechanism causing this almost undetectable reduction in blood pressure from consuming calcium is unknown.

By comparison, our results from the McDougall residential center show a 23/14 mmHg decrease in blood pressure in people with high blood pressure (150/90 mmHg or greater) in less than 10 days; and almost all of these people were taken off all of their blood pressure medication during the 10 days.

False Promise #8: Milk Prevents Colon Cancer

Colon cancer is one of the most common cancers in the United States and other places where people (see page 6)

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 eat the Western diet. There is general agreement in the scientific community that this form of cancer is due to the high-meat, high-fat, low-dietary fiber, low-vegetable diet that people eat.^{29,30} However, among those unfortunate people who eat this unhealthy diet, those who have a higher calcium intake also have a lower risk of colon cancer. The reason for this may be that calcium in the colon binds and neutralizes cancer-causing substances, such as fats and bile acids, which are produced by the Western diet.³¹

The recommendation to increase your calcium intake, rather than change to a healthy diet, makes good economic sense for the dairy and calcium supplement industry. However, as a sensible person, you would come to the conclusion that stopping the cause of colon cancer – the Western diet – should be the focus of your attention.

False Promise #9: Low-fat Dairy Products are Health Food

Low-fat or skim milk and dairy products are widely consumed today, but in some ways they may be even more of a health hazard than the high-fat versions. The process of skimming the fat from the milk increases the relative proportions of protein and lactose.

Making Low-fat Milk

When the fat is removed from whole milk to make low-fat and skim milk the relative amounts of proteins and carbohydrates (sugars) are increased.⁴

	Whole	Low-fat	Skim
Fat	49%	31%	2%
Protein	21%	28%	41%
CHO	30%	41%	57%

CHO = carbohydrate = lactose = milk sugar

Protein causes calcium loss^{10,11} and is the #1 source of food allergies in people; and the milk sugar (lactose) results in lactose intolerance (diarrhea, stomach cramps and gas). Although skim milk may have less fat, it is still devoid of fiber; and contains insufficient amounts of vitamins, like C and niacin, and minerals, like iron, to meet the human body's needs.⁴

False Promise #10: Milk Is As Pure White As Fresh Fallen Snow

Milk may be white but it is far from pure. Unfortunately, some of that white comes from white blood cells – commonly referred to as “pus cells” – which are cells produced by the cow's immune system to fight off infections, especially those of bacterial origin, such as mastitis. The dairy industry calls these *somatic cells* and refers to their presence as the *somatic cell count (SCC)*. The SCC is the number of (mostly) white blood cells per milliliter (cells/ml) of milk. (There are 20 drops per milliliter; 30 milliliters to an ounce)

Beginning July 1, 1993, the SCC level in milk must be less than 750,000 SCC to comply with the State and Federal Pasteurized Milk Ordinance.³² This means one 8 ounce glass of milk (240 milliliters) can contain 180 million white blood cells and still be fine for you to drink and feed to your family. In a recent study of milk sold in New York State the average SCC was 363,000 cells/ml.³³ These white blood cells were produced by the cow to fight off the 24,400 bacteria/ml found in this milk.

I realize this is a disgusting way to end this article, but I must prepare you for next month's article concerning the health risks you take for yourself and your family by consuming dairy products, such as obesity, heart disease, cancer, type-I diabetes, food allergies, and the potential for infections with AIDS and leukemia viruses found in almost all vats of milk in the United States.

(Dairy Products continued from page 6)

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dose of ibuprofen (200 milligrams) or ASA (plain adult aspirin at 325 mg) daily beginning at age 40 as an effective means of lowering their risk of breast cancer. He himself swallows an ibuprofen tablet daily because he believes it will be proven to prevent other forms of cancer as well. Randall Harris' research is funded by a pharmaceutical company, G.D Searle & Co.³ Searle produces a COX-2 inhibitor, Celebrex, which is a nonsteroidal anti-inflammatory drug (NSAID), and was linked to 10 deaths and 11 gastrointestinal hemorrhages in the three months following approval in January, 1999 for use in rheumatoid arthritis.⁴ Nearly 40 million prescriptions were written for COX-2 inhibitors over a 12-month period in the United States as reported in 2000.⁵ Searle also makes another NSAID, Arthrotec.

A thorough review of the possibility of reduction of breast cancer risk by these types of drugs was published in December of 2002 in the journal *Cancer Epidemiology Biomarkers and Prevention* and no breast cancer reduction benefits were found with NSAIDs other than aspirin.⁶ This study, supported by the National Cancer Institute, suggested a 20% reduction in risk of breast cancer for women taking aspirin six or more times a week. However, other studies have failed to support this breast cancer benefit (even for aspirin).⁷

NSAIDs and Cox-2 drugs

These drugs are classified as nonsteroidal antiinflammatory drugs (abbreviated NSAIDs). They exert their effects by inhibiting enzymes involved in inflammation, called prostaglandins. The enzymes they inhibit are called cyclooxygenase (abbreviated COX). There are two forms of COX: COX-1 and COX-2. Traditional NSAIDs like aspirin and ibuprofen inhibit both of them, whereas the newer COX-2 inhibitors selectively inhibit COX-2. The mechanism for cancer inhibition by these drugs is not known, but some possibilities are a reduction in tumor growth activities and an improvement of the immune system.

The most frequent adverse effect of NSAIDs is gastrointestinal, including heartburn and ulcers, edema and fluid retention, dizziness, headaches, rash and ringing in the ears. Less commonly, people, particularly the elderly, suffer from exacerbation of heart failure, hypertension and impaired kidney function. The advantage of selective COX-2 inhibition is it reduces the adverse effects on the stomach which are so common with this type of medication. There are additional increased adverse effects of COX-2 inhibitors including an increased risk of heart attacks – an increase as high as four times greater than regular NSAIDs.^{8,9}

Is This Treatment Worthwhile?

Connections between medications and diseases are made frequently, and when the findings are positive the public relations departments of the pharmaceutical companies give the story the biggest spin money can buy. One recent example of this is the fairy-tale about hormone replacement therapy (HRT) and heart disease. Several studies in the 1980s found women who took HRT had less heart disease; and as a result women have been told for 20 years that HRT prevents heart disease. However, when the definitive studies – those actually comparing a group of women who took HRT with those who did not – were completed, investigators discovered HRT actually increased the risk of dying of heart disease (and breast cancer and suffering blood clots and gallbladder disease).

The reason for the initial false conclusion was because women who took HRT were generally better educated women who also took better care of themselves – they ate healthier and exercised – so they had less heart disease. Likewise, the connection between NSAIDs and breast cancer may be similarly incorrect. It may be that women who take pain killers are suffering so much from painful conditions like arthritis or headaches that they do not eat very much food – and as a result they eat less fat, fewer calories, and are thinner – and that is why they have less breast cancer.

Don't Be Sold by the Drug Companies

In the future do not be surprised to see claims splashed across the national media about miracle drugs saving you from common diseases – remember, hundreds of billions of dollars are behind this information. And these messages are also well received, because most people think, "How easy; I don't have to change my diet now – all I have to do is take pills. And these are the same pills that I happen to take for my arthritis and my headaches anyway – how convenient." If the truth be known, your headaches, arthritis and your increased risk of breast cancer are all caused by your high-fat, high-meat, high-dairy, highly-processed diet, and taking pain pills is going to do little or nothing to change your sufferings and your risks.

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Weight Watchers Fail to Shed Pounds

A Reuters Health Story on April 8, 2003 reported that people who followed the Weight Watchers program for two years lost an average of only six pounds. But especially diligent participants -- who attended at least 78 percent of the weekly meetings -- had lost an average of 11 pounds after two years on the program. However, while, on average, participants lost only small amounts of weight, some lost much more, with the maximum amount of weight loss reaching around 50 pounds. People enrolled in Weight Watchers shed more pounds than did people who were simply provided with information about smart eating and exercising -- these people lost, on average, less than one-half of one pound after two years.

I have never been through a Weight Watchers program, nor have I studied it thoroughly, so I rely upon comments made by people with experience who posted on my discussion board (at www.drmcDougall.com) after this story appeared.

Lisa wrote: I read with interest this posting regarding Weight Watchers. I started going to Weight Watchers last June/July and I recently quit Weight Watchers because I got tired of having to worry about counting points. I did lose some weight on Weight Watchers but once I stopped counting the points, the weight started creeping up onto my body again. I went to the Weight Watchers meetings regularly and never got anything from their meetings. I hated their weekly weigh-in's because I felt like I had to starve myself a couple days before I went to the Weight Watchers weight booth just so I could lose a couple more pounds.

Teresa Wrote: The first time it was 65 pounds, the second it was about 60, the third time it was 80....but the problem is I found them again. AND I was always hungry, never truly satisfied.

Zoe wrote: I lost about 50 pounds on Weight Watchers, but...as I was approaching my goal, I could see I was losing control. I was very careful about keeping track of my points, but I was starting to sacrifice "healthier" points so that I could include chocolate and junk in my diet.

Nicki wrote: Weight Watchers may be good for some people. I have reservations about it for two reasons: 1. It allows you to eat unhealthy heart clogging, cancer causing foods. Even with the point system, you still chow down on chicken, dairy etc. 2. Most people I have seen may lose the weight, but gain it back rather quickly since it is mostly just calorie cutting.

Pumpkin wrote: I saw this study first thing this AM and was kind of surprised. Those losses are really tiny. I think that controlled-calorie diets, like WeightWatchers, are almost impossible for most people to follow over the long haul. I know it was for me. I was soooooo hungry, especially in the afternoon and then again after dinner. The amount of willpower required to stay away from food when you are hungry is significant, and if you get into one of the stressful periods that life seems to like to hand out periodically, it's usually impossible to stay with the program... so you end up gaining the weight back.

McDougall's Comments:

The hunger drive was designed to keep you and the whole human race alive -- you will not win against such a powerful force. And you will not fool your hunger drive by "pushing yourself away from the table, putting your fork down between bites, eating from a small plate, or counting points." It will always hurt to be hungry and you will never train yourself to not feel pain even if you practice until you are 90 years old.

If you accept these facts about your hunger drive then I encourage you to give in and stop fighting it. This then leaves you with two options: to eat foods that make people trim (and healthy) or be fat. Look around the world -- where are there billions of trim, active, young-looking people? What do they eat? Hopefully, the rural Asians (Japanese, Chinese, Thai, Korean, Filipinos, etc.), or Africans come to mind. All of these people share in a common diet based around various starches (rice, millet, chickpeas, corn, etc.) with lots of vegetables and very little meat and dairy products. When these people come in contact with "junk" foods by migrating to the cities or to countries in North America and Europe and abandoning their starch-based diets -- eating more meat, dairy and refined foods -- what happens to them? Their hunger drive causes them to eat, but now the foods are wrong -- they are too high in calories and much less satisfying for their appetite -- so they take in too many calories, and especially fat calories -- and they become fat and obese. This should not be a big surprise to you.

Even after you learn these truths and change your diet you do not have to be perfect.

(See page 12)

(Weight Watchers continued from page 11)

Mary wrote: I was really glad to hear you say that you have days when you eat everything in sight. I have days like that as well. It seems like no matter how much I eat, I'm always hungry. But before I started McDougalling, I would try to fill up on junk food. Now, even if I feel like I am eating too much, I don't feel guilty because I am filling up on things like vegetables and whole grains. I no longer have that catch 22 of feeling bad because I overeat and overeating because I feel bad.

Pumpkin wrote: Isn't that the truth! I sure used to get caught up in that self-defeating cycle! I'd be especially hungry one day and then fill up on a fast food burger meal, or ice cream, or chips and cookies. Then feel bad and sooooo guilty, which would make me feel hopeless and guilty, which would lead to more poor eating, to make myself feel better. Now I'll often make a big bowl of popcorn if I've got that "bottomless" feeling. Or make a batch of one quick bread or another.

Pumpkin continues: I'm very excited for you! It's fun reading your posts. Don't worry; you will have days when the bottomless feeling comes back, or various cravings. For most people I don't think these ever leave for good, they just become more infrequent (thank goodness!). But you're learning the tools to deal with them in a "healthy" way, and that's the important thing. Every time you respond to cravings or an unusually hungry day with McDougall food (even a LOT of it) instead of SAD junk food, is a day you've learned something and strengthened the good habits a bit more. (And when you mess up and eat something that isn't good for you, you can make a learning experience from that, and try to figure out WHY you DID that, and what you could do next time to keep yourself on track.)

May I add, it helps to have a household stocked with healthy McDougall-style foods and a few compliant restaurants identified. Nothing foils your diet faster than to open the door to find an empty refrigerator. With a little planning, you will eat until you're fully satisfied, be healthy and trim, and never feel guilty again.

If you're looking for help, spend some time on my discussion board at www.drmcDougall.com. You will meet knowledgeable people who care and will help you get started and through the tough times. In no time you will become a "Star McDougaller" and a person helping others.

Eating Out Mexican Style

One of our favorite places to eat out is in a Mexican restaurant – and this is also the one of easiest place to get closest to McDougall-style food anyplace in the world. Mexican restaurants range from hole-in-the-wall Taquerias to gourmet fine dining. Some of the simplest items are sold in fast food “chains” like Taco Bell, Del Taco, La Salsa, Taco Time, Chipotle, Qdoba, and Baja Fresh. Popular upscale “chain” restaurants are also found worldwide, like Chevy’s, El Torito, Chi Chi’s and El Cholo. Many airports, like Denver and Los Angeles International, have Mexican restaurants where we often eat great food. The Internet will provide you with on-line menus for many of these places, so you can check out what they serve before you arrive.

But you have to be an alert consumer when ordering in a Mexican restaurant. Let’s go through some of your choices, just as you would in the restaurant. What is usually the first thing that you are offered when you sit down in a Mexican restaurant? Chips and salsa, right? The salsa is likely to be a healthy choice, but count on the chips to be swimming in oil. They are corn tortillas, deep-fried to make them crispy. Send the greasy chips back to the kitchen (so you’re not tempted) and ask your waiter for some soft corn tortillas instead. Better yet, plan ahead and take your own non-fat tortilla chips from home. Either way you will have a great appetizer with no-added fat: corn chips or tortillas, and a variety of salsas. You can also order some bean dip and guacamole with your chips – but consider the issues in the following paragraphs.

Next, pore over the menu, looking for the healthy options. Seems like the “fancier” the Mexican restaurant, the more they focus on meat, poultry and seafood – catering to the American palate and those risk-takers on high-protein diets. After passing over the meat and cheese dishes, you’ll finally find the beans, rice, and vegetables. Mexican restaurants usually have some kind of beans on their menu, and they’re often “refried.” Don’t be afraid to ask what’s in the beans.

In a typical Mexican restaurant, the cook starts the day with dry beans, which he boils until soft. Then he mashes the whole, cooked beans in a frying pan and stirs in some kind of fat – usually either vegetable oil (vegetarian) or lard or pig fat. This is most commonly done to the pinto beans – black beans are usually left whole. Now that you understand the cooking process, you know that at some time during the day there were beans in that restaurant just the way you like them – whole, cooked without added fat. Now all you have to do is ask your waiter, “Do you have whole beans?” Most likely there will be a pot of whole, cooked beans simmering back in the kitchen just waiting for your order. If that is not the case, then you should think about finding another restaurant.

The vegetables and rice are your next challenges. The vegetables are usually grilled, so you need to ask them to prepare the vegetables on a dry griddle with little or no oil brushed on top. The rice is often cooked in chicken broth – so ask before you order.

You’ve got the basic ingredients certified “clean,” so now you’re ready to order. Ask them to make you a bean burrito, with whole beans, lettuce, tomatoes and salsa – add some vegetables and/or rice, if they are healthy. Don’t forget to scream at your waiter “no cheese and no sour cream!” (Sour cream does not fit into the “cheese” category for most waiters, so you have to mention it separately.) If necessary, explain that you are allergic to dairy products and if they get into your food you will have a seizure, pass out on the floor, and will need an ambulance called immediately – that gets their attention.

Flour tortillas in almost every Mexican restaurant are going to contain some oil. Face it. So if you want to avoid all added fat, then simply ask for some soft corn tortillas (they are almost always fat-free). Then order as side dishes: whole beans, lettuce, tomatoes, and salsa – and make your own soft taco at your table. You’ll get a check for less than \$8 a person ordering these dishes ala carte. Guacamole is also an option, but remember avocado has quite a bit of natural vegetable fat in it – not so good if you are trying to lose weight or regain lost health.

Some of our favorite Mexican eateries are the simple Taquerias – where real Mexicans eat. The food is usually cheap, clean and fast. Some of our favorite fast food chains are La Salsa, Baja Fresh, Chipotle, and Qdoba – offering both whole pinto and black beans, and lettuce and tomatoes with a variety of salsas. But there are similar chains offering counter service and cafeteria-style ordering popping up all over the world – because people like good, cheap, fast Mexican food. McDougall followers also like it fat-free and lacking animal products.

Recipes for “The Vegetable Haters Cookbook” and Dairy Substitutes

My best friend and neighbor, Sharon, has changed her eating habits for the better over the 15 years we’ve known each other, but she’s still a picky eater and she hates to cook. Last week, while she was eating a plain bean and rice burrito at a local Mexican Taqueria, she suggested I do a cookbook just for her – called “The Vegetable Haters Cookbook.” Not a bad idea, I thought, since she’s not the only person I know that feels this way. Usually when people talk about distasteful vegetables, they are referring to broccoli, cauliflower, asparagus, bell peppers, carrots and Brussels sprouts – foods with strong, distinct flavors. Perhaps this is due to a bad experience, maybe it began with improper cooking or seasoning of these vegetables – or maybe they are just unfamiliar with them because they never tried them as a child. Regardless, they have deep-rooted feelings about certain foods, so they need recipes designed with their preferences in mind. There are many simple ways to help people like Sharon. First, there are plenty of healthy dishes that can be made without these displeasing vegetables. Another approach would be to use them only in very small quantities in the dish. Thorough cooking can also lessen the distinct flavors. One slightly devious method is to grind up the vegetables in a blender so they don’t know they are in the recipe. The right sauce can also make the difference between acceptance and rejection.

Over the next several months I will show you that I can design recipes even the most finicky eaters will enjoy. Before you see these “vegetable haters recipes,” I will have already taste-tested them on Sharon. To get you started, I have looked over recipes from past newsletters and found many you can already put on your “vegetable haters” recipe list. Try these:

Recipes from 2002 newsletters

Potato Boats
Roasted Garlic Bread
Tomato Basil Soup
Creamy Corn Soup
Avocado & Tomato Pasta Salad
Pumpkin Muffins
Tamale Pie
Creamy Bangkok Noodles

Recipes from 2003 newsletters

Bean Soup
Baked Rice Pudding
Soldier Bean Soup

Dairy Substitute Recipes:

The following two recipes are typically made with dairy products. These versions are just as tasty as their counterparts and a whole lot healthier.

CREAMY YOGURT DIP

Heather made this a few days ago and we all loved it. Vegetable haters and children will all like this. This is similar to the famous Greek tzatziki dip, although the name may be enough to scare some people off.

Preparation Time: 15 minutes (start early)

Chilling Time: 2 hours (preferably longer)

Servings: variable (makes 1 ½ cups)

1 cup plain soy yogurt
½ cucumber, peeled, seeded and diced
½ teaspoon salt
¼ cup tofu sour cream
2 tablespoons fresh lemon juice
1 tablespoon minced fresh dill
3 garlic cloves, crushed
freshly ground pepper, to taste

Line a strainer with cheesecloth and place over small bowl. Add soy yogurt, cover and place in refrigerator for several hours or overnight to remove some of the liquid. (See page 15)

(Recipes continued from page 14)

Place the finely diced cucumber and the salt in a small bowl. Mix well, cover and refrigerate for several hours.

When ready to assemble, place the drained yogurt in a medium bowl. Add the tofu sour cream, lemon juice, dill and garlic. Mix well. Transfer the cucumber to a strainer and gently squeeze out any excess liquid. Add to yogurt mixture and mix well. Season with pepper, if desired. Cover and refrigerate for at least 2 hours to allow flavors to blend.

Serve with pita wedges, crackers, bread or fresh, raw vegetables.

Hint: This tastes even better the next day, so plan ahead when you want to serve this. The recipe may easily be doubled to serve more people.

CREAM OF MUSHROOM SOUP

We serve a version of this soup at the McDougall residential program and it is always very popular. If you know a "vegetable hater" who loves mushrooms, as Sharon does, they might also be tempted by this delicious soup.

Preparation Time: 15 minutes

Cooking Time: 30 minutes

Servings: 6-8

1 onion, chopped
4 cups chopped, assorted fresh mushrooms (see hint)
½ cup white wine (or water)
5 cups vegetable broth
2 cups frozen, chopped hash brown potatoes
1-2 tablespoons parsley flakes
¼ teaspoon nutmeg
2 ½ cups soy milk

Place the onions, mushrooms, and wine (or water) in a large pot. Cook, stirring occasionally, for about 5 minutes. Add the broth, frozen potatoes, parsley and nutmeg. Bring to a boil. Reduce heat slightly so soup just boils and cook, stirring occasionally for 30 minutes. Process in the pot with a hand-held blender so mushrooms are finely chopped, but not pureed. (Or remove and process slightly in batches in a food processor.) Add soy milk and heat through. Serve with thick slices of fresh bread.

Hint: Use a variety of fresh mushrooms for the best flavor in this soup. I usually use about ½ pound of button mushrooms, a few shiitake mushrooms, and then an assortment of exotic mushrooms, such as clamshell, oyster and trumpet royale. Most of these will be available at various times of the year in natural food stores or specialty markets. Frozen, chopped hash brown potatoes are sold in bags in the frozen food section of most supermarkets or in the natural food stores. They are very convenient for adding thickness and flavor to soups, but an equal amount of peeled, chopped fresh potatoes may also be used.

SUMMERTIME BREAD SALAD

Heather was traveling recently and enjoyed a delicious bread salad during one of her meals out. She came home craving a good bread salad, but couldn't find one anywhere, so she decided to create her own. This is even better when you have fresh, vine-ripened tomatoes from your garden or the farmer's market.

Preparation Time: 20 minutes

Resting Time: 15 minutes

Servings: 4

1 loaf fat-free French or Italian style bread
1 cucumber
1 bell pepper
3 tomatoes
½ cup chopped fresh basil
¼ cup quartered Kalamata olives
1 cup fat free Balsamic vinaigrette
3 cloves garlic, crushed
2 tablespoons hot water
2 tablespoons vegetable broth
2 teaspoons Balsamic vinegar
(see page 16)

(Recipes continued from page 15)

Preheat oven to 300 degrees.

Cut bread into 1 inch by 1 inch pieces. Place on a baking sheet and bake for 15 minutes. Remove and let cool. Cut cucumber, bell pepper and tomatoes into bite-sized pieces. Place in a large bowl and mix with the basil and olives. Whisk the remaining ingredients together in a separate bowl. Set aside.

15 minutes before serving, add bread to the vegetable mixture and toss to mix. Add the dressing and toss again. Let rest before serving to allow dressing to soak into the bread somewhat.