



Volume 2 Issue 10

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SURVIVING THE COLD AND FLU SEASON

Update for 2003 – 2004

I wish a healthy vegetarian diet would protect you from every known ailment and tragedy – but sad to say it won't. You are still subject to catching the common cold and the flu, which cause fatigue, fever, runny nose and cough. These acute upper respiratory viral infections are among the most common of all human diseases. In the United States, the incidence is 3 to 6 episodes per person per year on average. Children under 6 have the highest rates because of their frequent exposure to many viruses at school, and their lack of immunity (immunity which they would have acquired from previous infections). More than 200 different viruses are known to cause these infections. While rhinovirus is most common, coronavirus, respiratory syncytial virus, adenovirus, parainfluenza, and influenza virus all play important roles. Influenza-like illnesses begin to increase in mid-January and peak during early February.

Treat these viral infections with the most advanced medications known to modern medical science and they will last 2 weeks, but if you do nothing, you will be better in 14 days. In other words, there is no cure for the common cold or flu. However, there are treatments that may shorten the duration of illness and will definitely lessen the symptoms associated with an upper respiratory infection. Most importantly, you can prevent some of these diseases with immunizations – and, I believe, a healthy diet and lifestyle. I can't prove it true, but I have heard a thousand times, see page 2

The South Beach Diet

By Arthur Agatston, MD

The same old low-carbohydrate diet fools the gullible consumer again.

The New York Times #1 best seller is now the *South Beach Diet* – this is a small step in the right direction away from the hazardous Atkins Diet – which means on this diet you are closing your arteries and losing your bones at a slower rate. But like all similar diets – both the low-carbohydrate and the calorie-restricted see page 11

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“Now that I eat a healthy vegan diet (based only on whole plant-foods) I get colds and flu much less often, I’m never as sick, and I recover faster.” There is much indirect evidence that substantiates this common observation.

Better Diet and Lifestyle = Immune Power

Wouldn’t you expect unhealthy people to become ill more often and more severely? Obesity has been shown to diminish the immune response.¹ This is not simply the result of carrying around extra body fat, but more important, because individually the components of the diet that cause obesity harm your immune function. Dietary fats, animal protein, and cholesterol are known to suppress the immune system – in contrast, antioxidants found in plant foods enhance the disease-fighting capabilities of our bodies.² All fats,³ and especially the “good” fats, suppress the immune system. This means the so-called “healthy oils” like olive oil,⁴ corn oil,⁵ flaxseed oil,⁶ and fish oil,⁶⁻⁸ suppress immune function and increase your risk of viral infections. Even eating the whole fish diminishes your defenses.⁹ Therefore, the best diet to follow in order to prevent colds and flu is a low-fat, plant-food-based diet; in other words, starches, vegetables, and fruits.

Is it a cold or flu?

A common cold is a virus infection involving the upper respiratory system and characterized by congestion of the mucosa, watery nasal discharge, and generalized fatigue lasting 4 to 9 days. Influenza (the flu) is similar, but with more intense symptoms including headaches, muscle aches, fevers, chills, and cough, lasting 2 to 6 weeks.

Be careful how you lose that extra body fat. Low-carbohydrate, high-protein liquid diets seriously impair immune function,¹⁰ whereas a low-fat, high-carbohydrate diet enhances the viral-killing machinery of the immune system.¹¹ Too much coffee, alcohol, sunshine, sleep, and exercise can suppress your immune system, too.¹²⁻²³ (See the June 2003 Newsletter (SARS) for more details.)

Hand Washing is Simple and Effective

These viral infections are spread by passing the virus between people. The most common intimate contact people have is with their hands – touching other people and objects, contaminated with viruses, they have touched. From the hands, the viruses are transferred to the mucous membranes of your mouth, nose and eyes, where they infect these tissues. You almost don’t stand a chance of avoiding contact because these viruses can survive on surfaces for several hours.

In medical school I was taught “the solution to pollution is dilution.” In other words, you can wash these villains away, and handwashing is a very effective means of preventing the spread of the virus. This benefit has been documented in seniors and young children.^{24,25} The key to effectiveness is, of course, compliance.²⁶

My Favorite Vitamin-Herbal Potion

Walk into my kitchen and you will find a bottle of concentrated Echinacea extract pills and a bottle of Vitamin C wafers up on an easy-to-reach shelf. There is nothing more I would rather believe than that my potion prevents me from becoming very ill when I start with a few sniffles or a cough – even if the evidence is weak. In 1970 Linus Pauling claimed that Vitamin C prevents and alleviates the episodes of the common cold. Over the past three decades numerous studies have been done to assess the benefits of Vitamin C. One recent analysis of the published literature found see page 3

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a decrease in the duration of illness and severity of disease by 23%.²⁷ However, a review by the Cochrane Committee (a very respected impartial body of scientists) could only substantiate a modest reduction in the duration of cold symptoms.²⁸ The most recent study shows no benefits for either duration or severity of cold symptoms in healthy adult volunteers with doses of Vitamin C in excess of 1 g daily taken shortly after onset of a cold.²⁹ When considering the benefits of Vitamin C, remember fruits and vegetables might be the best source, and realize there is no Vitamin C in meat, poultry, dairy or any other animal product, and refined foods have had much of the Vitamin C removed.

Echinacea purpurea, a plant originally used by Native Americans to treat respiratory infections, has been found to stimulate the production of antiviral factors by human white blood cells.³⁰ Even very small doses (0.012 microgram/ml) had this effect. These results are consistent with the proposed preventive effects of Echinacea on colds and flu. Well-done studies have reported a 10 to 30% reduction in duration and severity of symptoms using concentrated extracts (rather than whole-plant products) of Echinacea.³¹⁻³³ A recent study using whole plants parts showed no benefits.³⁴ My personal approach is that I take my Echinacea and my Vitamin C with the first hint that I might have come into contact with a virus, or the first symptom of a cold or flu. I figure I have done no harm – and maybe some good.

Flu Shots Are Worthwhile for Me

Longer life expectancy seen with modernization has been attributed to better nutrition, improved sanitation, immunization, and to a much smaller extent, medical advances in pharmaceuticals and surgery. Approximately 2500 years ago the first observation was recorded that persons previously exposed to the plague had reduced susceptibility to future disease. Two hundred years ago (1796) the first successful immunization method was developed by infecting humans with cowpox to prevent a similar infection, smallpox (by Edward Jenner). Because of this event we have the word vaccination – derived from *vacca*, the Latin word for cow. The foundation principle of vaccination (commonly called immunization) is: once exposed to a potential enemy, like a virus, the body learns and remembers from that first encounter, and then makes a quicker and more effective future response to a similar exposure. “Memory cells” (white blood cells) are produced by the first encounter, but this memory is not perfect and does not guarantee successful defense against future invaders. Over time, memory cells diminish.

My experience with influenza vaccines was tainted during my early years in practice. Two of my patients became paraplegic (paralyzed from the waist down) as a result of immunization for the swine flu in 1976 (a flu which never appeared). However, since then flu vaccines have not caused such serious adverse reactions. I have also been influenced by a severe bout with the flu I suffered several years ago and I will do anything reasonable to avoid this experience again. I now get an influenza immunization injection annually.

Influenza Vaccines Work and Are Safe

The major public health measure to prevent influenza has been the use of inactivated vaccines. These vaccines are derived from previous influenza A and B viruses which circulated during the previous flu season. Each year's vaccine should contain three virus strains representing the influenza viruses that are likely to circulate in see page 4

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the upcoming winter. This year's vaccine (2003) contains the same A and B strains as last year (2002).³⁵⁻³⁷ About 2

Drugs for Flu Prevention

Your doctor can prescribe four different kinds of drugs to people who are at high risk of complications from influenza when an influenza outbreak occurs before vaccination or less than 2 weeks afterwards.³⁷ Oral amantadine (Symmetrel, and others) or rimantadine (Flumadine, and others) started before exposure and continued throughout the period of exposure (up to 6 to 8 weeks) can prevent illness due to influenza A in 70-90% of adults. Oseltamivir (Tamiflu) and zanamivir (Relenza) are about 60-70% effective for prevention of both influenza A and B in adolescents and adults; only oseltamivir is FDA-approved for this indication. All four have side effects and cost between \$31 and \$266 for a course of therapy depending upon the kind of medication chosen.

weeks are required to produce adequate immunity after vaccination and the response persists for 6 months or longer. If the correct strain of virus is present in this year's vaccine, then the live vaccine will prevent 85% of infections and the inactivated will prevent 71%. Influenza vaccination has been shown to reduce mortality by 41% for all subjects, and by 75% for those who had also been vaccinated several times over previous years – the benefits seem to accumulate with repeated annual vaccinations.³⁸ Overall, there is a reduction in upper respiratory illnesses, lost work days, and antibiotic use for those who have received their “flu shots.”

Currently available vaccines have been highly purified, and therefore, cause few adverse reactions. Up to 5% of people experience fever and mild symptoms. Up to one-third receiving the killed vaccine by injection may have tenderness at the site of vaccination. Since the vaccine (live and killed) is produced in eggs, people who are egg allergic should avoid vaccination or be desensitized. Vaccination is particularly important for those people who

have other serious diseases, such as asthma or heart disease, and for the elderly. The vaccine should be taken in early autumn, before flu season.

There are two types of vaccines available, “live” and “killed” (inactivated) vaccines. Live vaccines (FluMist) are given by inhalation through the nose, rather than an injection, but are expensive (\$50 vs. \$10 for “killed” vaccine).³⁶ Live vaccines should not be used in: people younger than 5 or older than 49, people with serious illnesses or immunodeficiency problems, pregnant women, children receiving aspirin, or people with a history of Guillain-Barré syndrome.

Raising Body Temperature

One of the body's natural responses to infection is a raise in body temperature, commonly known as a fever. Beyond drawing attention to an illness, fever plays a role in killing infectious organisms, such as cold and flu viruses. In the past, fever therapy has been used to treat neurosyphilis and forms of chronic arthritis. This therapy may even be an effective treatment for Lyme disease.³⁹ Many other factors, in addition to a raised body temperature, play a role in fighting an infection; however, simply raising the body's core temperature may augment the immune response. Research centers worldwide are using artificially raised body temperature, called “whole body hyperthermia” to treat cancers,^{40,41} and it has been tried as a treatment for AIDS.⁴²

A warm bath, and dry and steam saunas, have been recommended for centuries to benefit cold and flu sufferers. Therefore, one of the treatments I recommend is to soak in a bath or better yet a hot tub at 108 degrees Fahrenheit in order to raise your core body temperature--possibly as high as 102 degrees F

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(normal temperature being 98.6 degrees F). How long should you bathe at this temperature? An hour would be ideal. However, for most people this treatment is too uncomfortable for that length of treatment. People with heart or other debilitating diseases should not raise their body temperatures.

Symptomatic Treatments for Colds and Flu

Zinc for the Common Cold

Evidence supports use of zinc gluconate lozenges for reducing the symptoms and duration of the common cold, but the side effects, mouth irritation, bad taste, and nausea, might prevent people from using them.⁴³ Zinc may act by preventing the virus from binding to the cells of the respiratory tract, thus preventing the viruses from entering the cells. The benefit appears to be maximal if the lozenges are started immediately after the onset of symptoms.

So What Does Dr. McDougall Do?

I wash my hands frequently throughout the year, but even more vigorously when there is an outbreak of colds or flu, or if I touch someone who is sick. I get an annual flu shot. I take my Vitamin C and Echinacea during cold and flu season, and especially any time I feel like I'm starting to come down with something. After I have passed the point of prevention and am sick, I use my hot tub every evening to raise my body temperature. I treat my cough with a syrup containing dextromethorphan, I gargle with aspirin dissolved in water for a sore throat, and occasionally I take aspirin for body aches. Do any of my efforts prevent a cold or flu or help me get over it faster? I don't know, but I feel better; and I feel like I have at least taken some action to help myself – for whatever that is worth.

Nasal Congestion

Pseudoephedrine (Sudafed)

Pseudoephedrine is a decongestant for relief of stuffy nose and head due to colds and allergies. Side effects include nervousness, dizziness, and sleepiness.

Antihistamines

The nasal symptoms of a cold, such as runny nose, sneezing, and itchy nose, are effectively reduced by antihistamines. A common side effect is sleepiness, which can be a drawback impairing driving and work-related activities, but can also help you sleep when taken at bedtime. Common over the counter antihistamine products include Actifed, Comtrex, Contact, Dimetapp, and Tavist. Many other products are sold with antihistamines as one ingredient in a cold preparation.

Sodium cromoglycate (Nasal crom)

Nasal crom is inhaled through the nose and relieves stuffy and runny nose by stabilizing cells that line the respiratory tract, preventing the release of secretions. This medication can be very effective and is well-worth a try.

Cough Suppressants

Dextromethorphan, often labeled as DM on the bottle or box, is similar to codeine, a powerful doctor-prescribed cough suppressant. The drug acts on the brain to elevate the threshold for coughing. It is almost as effective as codeine for cough, but does not produce the drowsiness or constipation commonly seen with codeine.

Pain and Fever Relief

Tylenol, aspirin, and nonsteroidal anti-inflammatory drugs (NSAID), like Advil and Motrin, can

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be taken to relieve some of the head and body aches and to reduce an uncomfortable fever. Although aspirin and NSAID are usually more effective than Tylenol, they have more side effects, especially irritation of the stomach. If a patient can take plain aspirin, then I recommend it over all other medications. Two to four adult aspirins dissolved in a glass of water and gargled, then swallowed, provide excellent relief from a sore throat. Aspirin should not be taken by children with febrile illness because of the risk of Reye's syndrome.

Your Doctor and Prescription Drugs

There is very little more your doctor can do for you when you get a cold or flu than what you can do for yourself with the above recommendations. If your illness progresses with complications, such as pneumonia, your doctor can be of great help to you by administering antibiotics.

However, with an uncomplicated upper respiratory infection antibiotics should not be used. But that's not the way medicine is practiced. In a recent survey, 21% of all antibiotic prescriptions given to adults were for colds and flu.⁴⁵ Another study found 60% of patients seen in primary care for the common cold received antibiotics.⁴⁶ Every doctor and patient should know antibiotics are completely ineffective against viruses.

A proper indication for the use of an antibiotic might be treatment of a superimposed bacterial infection. An indication for this kind of bacterial infection may be the presence of green and/or yellow mucus from the nasal passages or in the sputum from a cough. Clear drainage would suggest no such bacterial infection has occurred and therefore antibiotics would be useless at best. The side effects of antibiotics are many, including adding the unpleasantness of a vaginal yeast infection to a woman's suffering.

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My Favorite Five for the Past Month

My favorite 5 articles found from my medical journals from this past month are:

1) **Current Concepts – Chronic Constipation** in the October 2, 2003 issue of the *New England Journal of Medicine* places no emphasis on a low-fiber diet nor says anything about dairy products as the cause of constipation. As far as dietary treatment is concerned, the article contains a single sentence suggesting an increase in fruits and vegetables. This nine page article dedicates two pages to drug therapy and the rest to verbiage irrelevant to your practicing doctor's care for his patients. When something as obvious as the connection between the food that enters your body and the "digested food" that leaves your body is neglected by one of the world's most respected medical journals, you can understand why your doctors rarely mention diet in connection with your problems, but prescribe bags full of drugs, and as a result, almost never solve your health problems. For more information on curing constipation see my September 2002 Newsletter article – In Search of the Perfect Bowel Movement.

Lembo A. Chronic constipation. *N Engl J Med*. 2003 Oct 2;349(14):1360-8.

2) **Lifetime Risk for Diabetes Mellitus in the United States** in the October 8, 2003 issue of the *Journal of the American Medical Association* reports that for individuals born in the year 2000, 33% of males and 39% of females will develop diabetes. The risk for minorities is even higher with an estimate of half of Hispanic females developing diabetes. Most of these diabetics will go on to have kidney and/or heart disease. Who is going to pay for all of this? Disease from unhealthy eating is the greatest threat facing the future of developed countries. The solution is simple: type 2 diabetes is due to rich food, lack of exercise, and the resulting obesity – change the obvious.

Narayan K. Lifetime risk for diabetes mellitus in the United States. *JAMA*. 2003 Oct 8;290(14):1884-90.

3) **Azithromycin (an antibiotic) for secondary prevention of coronary heart disease events** in the September 17, 2003 issue of the *Journal of the American Medical Association* reports that a 3 month course of antibiotics given to people with a history of a previous heart attack and bacterial infection produced no reduction in their risk of future heart trouble after 14 months of follow-up. There is a theory that artery disease is due to an infection of the arteries with a bacteria (like *C. pneumoniae*) – if this theory is right then there is no need to give up cheeseburgers and go for a walk – instead, a course of antibiotics will kill the bacteria and stop the progression of artery disease. Unfortunately, there is no easy way out – but that fact is important to know so that proper attention can be given to what really matters.

O'Connor CM. Azithromycin for the secondary prevention of coronary heart disease events: the WIZARD study: a randomized controlled trial. *JAMA*. 2003 Sep 17;290(11):1459-66.

4) **Physical activity and weight loss: does prescribing higher physical activity goals improve outcome?** In the October 2003 issue of the *American Journal of Clinical Nutrition* this study tries to answer the question, "How much exercise do I have to do to lose weight?" Comparing a goal of burning 1000 calories a week with see page 10 con-

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2500 calories a week, the higher exercise goal resulted in about the same weight loss at 6 months (18 vs. 20 pounds), but better loss at 18 months (9 vs. 15 pounds) – they obviously gained some of their lost weight back. To burn 1000 calories a week people have to walk briskly 30 minutes a day; and to burn 2500 calories a week they have to walk 75 minutes a day. These figures tell me it takes a lot of physical activity to burn off calories and that I would save a lot of time and effort if I thought before eating all that high-calorie food. Consider: one McDonald's cheeseburger is 330 calories and a Double Quarterpounder with cheese is 770 calories – you would have to briskly walk more than one hour to burn off the calories in one simple cheeseburger (and two hours for the double cheeseburger). Not that exercise isn't important for fitness – I just want to emphasize how much easier it is to regain lost health and appearance by focusing on the food first.

Jeffery RW. Physical activity and weight loss: does prescribing higher physical activity goals improve outcome? *Am J Clin Nutr.* 2003 Oct;78(4):684-9.

5) **Comparison of screening mammography in the United States and the United Kingdom** in the October 2003 issue of the *Journal of the American Medical Association* reports that twice as many women were subjected to further evaluations and open surgical biopsies (leaving physical and mental scars) in the United States (US), as in the United Kingdom, yet cancer detection rates were similar – in other words, healthy women are unnecessarily frightened and mutilated twice as often in the US. Fear of malpractice suits and inexperience of the US radiologists reading the mammograms were among the reasons given for this discrepancy. My advice for women on both sides of the Atlantic is to avoid all the controversy, stay away from the breast cancer screening business, and refuse mammography, because it fails to detect cancer early enough to make any difference in a woman's chance of survival and results in serious harm to the woman. Also, eat a healthy diet in order to avoid (and possibly treat) breast cancer. Read more in my February 2002 newsletter article "Mammography is Unjustified" and in the [McDougall Program for Women](#) book.

Smith-Bindman R. Comparison of screening mammography in the United States and the United Kingdom. *JAMA* 2003; 290:2129-2137.

You can look up these articles and others at the National Library of Medicine (free) at www.nlm.nih.gov. Most often you will only be provided an abstract. You will need to pay a fee or to go to a medical or university library to obtain the full article.

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diets – you will likely regain all your lost weight before the year is out. What continues to amaze me is that desperate people continue to buy the same low-carbohydrate and/or food-restricted diets simply repackaged in a new best-selling diet book.

The secret to the success of this diet is you will be eating only the “good” carbohydrates and fats, and avoiding the “bad” ones, according to Dr. Agatston. The diet is supposed to cause permanent weight loss, stop cravings, and improve the cardiovascular system. You don’t even have to exercise daily.

The truth is this is a combination of the Atkins diet (phase one) followed by a high-fat, high-protein, semi-starvation diet, like the Zone or Sugar Busters diets (phase two). The text tells the reader, “Our diet is distinguished by the absence of calorie counts; percentage of fats, carbs, and protein; or even portion control” – essentially, “Don’t even think about limiting the amount you eat.” However, the menu plans say otherwise – you *are* severely restricted in your choice of foods in phase one and in the kinds and amounts of foods in phase two in order to lose. If you start to gain weight in phase two or three, the solution is to return to the tried and true very low-carbohydrate, high-protein phase one of the diet. This is the only portion of the diet that has any chance of working at least temporarily – and also the unhealthiest phase of the diet. The foods served are the very ones condemned by heart associations and cancer societies worldwide as causing the deadly and debilitating diseases – like heart attacks, cancer, diabetes, and arthritis – among people living in affluent nations.

The first phase, lasting 2 weeks, is to “change yourself internally,” to stop the physical cravings that rule your eating habits, according to Dr. Agatston. Actually, the effects will be those expected from any low-carbohydrate, high-protein, high-fat (Atkins-type) diet. Following the recipes results in a diet that contains about 50% of the calories from protein (range of 30% to 80%), and about 40% fat; leaving about 10% for carbohydrate. Even the desserts are high in protein (30%) and fat (50%). In actuality, the diet may turn out to be even lower in carbohydrate and dietary fiber because many people fail to eat the green and yellow vegetables allowed – rather focusing on the steak, chicken, and fish portions, containing no carbohydrate or fiber.

Dr. Agatston promises 8 to 13 pounds of weight loss during the first 2 weeks. Why not? – All similar diets accomplish this goal. The lost weight is mostly water, glycogen (stored sugar), and at most 4 pounds of fat the first 2 weeks. Some of the water loss is due to the diuretic effects of all that protein; the remainder of the water is lost while using up stores of sugar mixed with water, known as glycogen.* Although the first phase of the diet does not insist on a state of ketosis (a condition of almost total carbohydrate starvation) for success, like the Atkins diet does, there is a good chance that many followers will restrict their intake of carbohydrate sufficiently to go into this metabolic state – causing even greater water loss, along with suppression of their appetites. Losing that much water weight is a great incentive for believing in the powers of this book and going on to the next phase.

*The body requires glucose (sugar) for certain cells like red blood cells and kidney cells, and the brain prefers glucose. When insufficient amounts of carbohydrate (sugar) are in the diet, the body relies upon its stores, glycogen, found mostly in the muscles and liver. About 2 pounds of sugar are mixed with 4 pounds see page 12

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of water – both are released when glycogen is burned for fuel to nourish these vital tissues during this self-imposed period of deprivation.

Brief Summary of the South Beach Diet

Phase 1 – First 2 weeks (basically a low-carbohydrate, high-protein, high-fat (Atkins-type) diet. You can follow it longer if you choose for faster weight loss after 2 weeks.

Allowed: meat, poultry, fish, eggs, cheese, and vegetables with liberal use of olive oil.

Forbidden: Bread, rice, potatoes, pasta, baked goods, fruit, alcohol (including beer and wine).

Fed as three “balanced” meals

Promise: 8-13 pounds of weight loss

Phase 2 – Followed until you hit your target weight.

Allowed: Add back the foods you love, like the “good” carbohydrates – fruit, whole grain bread, whole grain rice, whole wheat pasta, and sweet potatoes (no white potatoes). Meals are still high in fat, protein, and cholesterol.

Promise: 1-2 pounds lost/week

If phase 2 fails, you then return to phase 1 to get back on track.

Phase Three – for the rest of your life. There is no allowed or forbidden foods list for phase 3 – you can eat whatever you want. If phase 3 fails, you then return to phase 1 to get back on track.

The second phase of the diet works by restricting calories, primarily by restricting some of the more usual junk people eat, like highly refined flours and sugars; and their famous combinations – mixed with fat – like cookies, cakes, pies, candy bars, and donuts. The meal plans also restricts calories by using typical “portion control” methods, allowing “1 poached egg,” “ $\frac{3}{4}$ cup cottage cheese,” “4 whole wheat crackers,” “1 whole English muffin,” “...counting out 15 almonds or cashews...” etc. If phase two fails then the dieter is to return to phase one.

Phase three is essentially anything you want to eat, but hopefully some of the eating habits from phase one and two have stuck. If phase three fails then the dieter is to return to phase one.

High Protein Diets Are a Health Hazard

In common with almost all successful diet books, this one tells you “good news about your bad habits.” You can still eat all the steak, chicken, eggs, and Canadian bacon you desire, and on occasion, chocolate cake. Believe it or not, these are recommendations from a cardiologist. The fact that the author himself takes statin drugs to lower his cholesterol

(like Mevacor, Lipitor, Zocor, etc.), fish oil, and aspirin to prevent a heart attack – penance for all that sinful food? – makes me believe he clearly understands the life-threatening effects of what he is doing. Every cardiologist knows this, and you would think Dr. Agatston’s fellow cardiologists knew all about [The South Beach Diet](#) when they wrote their report on high protein diets two years before the book’s publication.

According to the [Nutrition Committee of the American Heart Association \(AHA\)](#) report in the October 9, 2001 issue of the journal *Circulation*,¹ high protein diets are hazardous to your health and are ineffective. They wrote, “High-protein diets typically offer wide latitude in protein food choices, are restrictive in other food choices (mainly carbohydrates), and provide structured eating plans. They also often promote misconceptions about carbohydrates, insulin resistance, ketosis, and fat burning as mechanisms of action for weight loss ... These diets are generally associated with higher intakes of total fat, saturated fat, and cholesterol because the protein is provided mainly by animal sources. In high-protein diets, weight loss is initially high due to fluid loss related to reduced carbohydrate intake, overall caloric restriction, and ketosis-induced appetite suppression. Beneficial effects on blood lipids and insulin resistance are due to the weight loss, not to the change in caloric composition ... High-protein diets are not recommended because they restrict see page 13

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healthful foods that provide essential nutrients and do not provide the variety of foods needed to adequately meet nutritional needs. Individuals who follow these diets are therefore at risk for compromised vitamin and mineral intake, as well as potential cardiac, renal, bone, and liver abnormalities overall.”...“High-protein diets may also be associated with increased risk for coronary heart disease due to intakes of saturated fat, cholesterol, and other associated dietary factors. Hopefully you have learned that the only eating plan that results in permanent weight control, natural relief of hunger, and great health is the one that was designed through millions of years of evolution – a diet of starches, vegetables and fruits (See my July 2003 newsletter). This is confirmed by the fact that an ongoing study (the National Weight Loss Registry) of successful dieters with an average weight loss of 60 pounds, maintained for more than 5 years, found nearly all of these people follow a low-fat diet and exercise.² Unfortunately, only a few people learn the truth – the masses wait for the next best-selling diet book to regurgitate the same old nonsense to them, and that’s why they continue to fail and remain fat.

Reference:

- 1) St. Jeor, S. Dietary protein and weight reduction: a statement for healthcare professionals from the Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism of the American Heart Association. *Circulation* 2001 Oct 9;104(15):1869-74.
- 2) Wing R. Successful weight loss maintenance. *Annu Rev Nutr.* 2001;21:323-41.

Recipes

During the fall months I like to make hearty, warming meals, so I often prepare soups and stews. I have also included some recipes for your Thanksgiving celebration.

SOUTH AMERICAN STEW

This is a meal in a bowl, very satisfying and filling. It may be served with or without the Avocado sauce. All you need is a good loaf of fresh whole grain bread to complete the meal.

Preparation Time: 45 minutes

Cooking Time: 60 minutes

Servings: 6

1 32 ounce carton vegetable broth
12 ounces boiling onions, cleaned and left whole
2 cloves garlic, minced
2 Roma tomatoes, chopped
1 stalk celery, chopped
1 small sweet potato, peeled and chunked
2 medium red-skinned potatoes, chunked
1 carrot, sliced ¼ inch thick
¼ cup uncooked long grain brown rice
1 jalapeno pepper, seeded and minced
1 teaspoon ground cumin
2 zucchini, sliced ½ inch thick
1 chayote squash, chunked (optional)
¼ to ½ head of cabbage, cut in large pieces
¼ cup chopped fresh cilantro

Place the vegetable broth in a large pot. Add onions, garlic, tomatoes, celery, potatoes, carrot, rice, jalapeno and cumin. Bring to a boil, cover, reduce heat and cook for about 30 minutes, stirring occasionally. Add remaining vegetables, except the cilantro, and cook an additional 30 minutes. Stir in the cilantro. Season with some freshly ground pepper and a dash of salt, if desired. Serve in a bowl and top with Creamy Avocado Sauce if desired.

Hints: Frozen whole boiling onions may also be used to save time. Use about 1 ½ cups. To clean fresh whole boiling onions, drop them into boiling water for a minute, then they will peel easily.

CREAMY AVOCADO SAUCE

Preparation Time: 5 minutes

Servings: 6

1 ripe avocado
3 tablespoons fresh cilantro
1/3 cup water
½ to ¾ teaspoon Tabasco sauce
½ teaspoon vinegar
1 teaspoon soy sauce

Peel and pit the avocado and place in a food processor. Add the remaining ingredients and process until smooth. Place in a bowl and use a small amount as a topping on each bowl of the South American Stew.

BLACK BEAN CHILI

By Sabrina Nelson

John and I attended the Vegsource Conference in Los Angeles in September and I watched Sabrina Nelson make a delicious Black Bean Chili in an electric pressure cooker. It looked so easy and quick that when I returned home I purchased my own electric pressure cooker, and we have since enjoyed that Black Bean Chili in our own home. The great thing about a pressure cooker is that you don't have to plan ahead to make delicious bean dishes see page 15

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from scratch. This pressure cooker chili takes only 11 minutes at high pressure, plus the time it takes to chop the vegetables. This chili may also be prepared in a stovetop pressure cooker, in a regular pot (add approximately 3 hours to the cooking time), or in a slow cooker (add about 10 hours to the cooking time).

Preparation Time: 15 minutes

Cooking Time: variable

Servings: 6-8

2 cups dried black beans (or drained pre-soaked dried beans)
 1-2 onions, coarsely chopped
 1-2 teaspoons minced garlic
 1 large red bell pepper, seeded and chopped
 2 celery stalks, chopped
 1-2 carrots, chopped
 1-2 dried chipotle peppers, seeded and chopped
 2 tablespoons chili powder
 1 28 ounce can diced fire roasted tomatoes
 1 32 ounce carton vegetable broth
 ½ cup dried TVP (textured vegetable protein)

Beans: Several options: Soak beans overnight, quick soak (bring to boil, cook 2 minutes, rest for 1 hour-or use pressure cooker quick soak method) OR do not soak (this is my method and it works just fine).

Place the onions and garlic in the pot with a small amount of water and cook until softened. Add bell pepper, celery, and carrots and cook for a few minutes longer. Add the remaining ingredients, cover, bring to pressure and cook at high pressure for 11 minutes. (Or bring to a boil, cover, reduce heat and cook for about 3 hours.) Use quick or natural pressure release.

Puree about 1 cup of the chili and return to pot. Mix well and serve. Season with a splash of tamari (soy sauce), if desired.

Hints: There are a lot of variations that you can make with this chili. Use more garlic and chipotle peppers (found in natural food stores or Mexican markets) if you like your chili spicy. If you don't have a bell pepper, make the chili without it. Use baby carrots instead of large carrots to save chopping time. Most people recommend soaking dried beans before cooking, however this is a step that I usually omit with no problem in cooking times or in tenderness of the beans.

TVP can be found in the bulk section of most natural food stores.

We really enjoyed this chili and it was great to have it ready to serve only 1 ½ hours after I decided to make it. (This included chopping time and a natural pressure release of 30 minutes.) An electric pressure cooker takes a bit longer to get up to high pressure, but you don't have to watch it or adjust the temperature during the cooking time. It is wonderful for less "delicate" recipes, such as bean dishes. Watch for other pressure cooker recipes in future newsletters.

THANKSGIVING RECIPES HOLIDAY STUFFING

This makes a festive main dish for a holiday meal. Serve with mashed potatoes, gravy, assorted vegetables, salad and bread or rolls.

Preparation Time: 20 minutes

Cooking Time: 45 minutes

Servings: 6-8

1 loaf whole wheat bread, cut into cubes (Santa Rosa Bread Co. 50/50)
 5 cups vegetable broth
 1-2 onions, chopped
 2-4 stalks celery, chopped
 3 ½ tablespoons soy sauce
 1 ½ tablespoon parsley flakes
 2 ½ teaspoons thyme
 2 ½ teaspoons sage see page 16

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1 ¼ teaspoon marjoram
2-3 teaspoons poultry seasoning
½ teaspoon rosemary
several twists of fresh ground pepper to taste

Preheat oven to 300 degrees. Place the bread on a baking sheet and bake for 15 minutes. Place the broth, onions, celery and seasonings in a medium saucepan and cook over medium heat for 20 minutes.

Place the bread cubes in a large bowl, pour the cooked broth over the bread and toss well until bread is saturated with the liquid. Cover the bowl and allow liquid to be absorbed for about 10-15 minutes. Taste and adjust seasonings (adding more poultry seasoning and ground pepper, if needed).

Preheat oven to 350 degrees. Place the stuffing into a medium oblong baking dish that has been lightly oiled. Bake, covered, for 45 minutes.

Hints: To save some time, cube the bread the night before and allow it to sit uncovered in a single layer overnight.

This will eliminate the need to bake the bread cubes in the oven for 15 minutes. For instructions on how to stuff a pumpkin using this bread stuffing, see the Holiday Recipes on our website.

GOLDEN GRAVY

We have a very talented dietitian and cooking teacher at the McDougall Program in Santa Rosa, CA. This is a delicious variation on one of the recipes prepared by Jill Nussinow during one of her cooking demonstrations. This is wonderful served over stuffing and mashed potatoes.

Preparation Time: 10 minutes
Cooking Time: 10 minutes
Servings: makes about 2 cups

¼ cup unbleached white flour
1 ½ cups vegetable broth
½ cup water
2 tablespoons tahini
3 tablespoons tamari or soy sauce
freshly ground pepper to taste

Place the flour in a non-stick frying pan. Cook and stir over medium heat until the flour becomes a golden brown. Do not let it burn! Slowly whisk in the vegetable broth and water. After it is quite smooth, add the tahini and tamari or soy sauce. Continue to whisk until mixture boils and is smooth and thick. Season with freshly ground black pepper.

PUMPKIN PIE

Thanksgiving wouldn't be complete without pumpkin pie. I have been making various versions of pumpkin pie for many years, but have never been really pleased with the results. This one is the best! You can proudly serve this to everyone!

Preparation Time: 45 minutes
Cooking Time: 1 ¼ hours
Servings: makes one 9 ½ inch pie

Crust:

1/3 cup unsalted, roasted cashews
3 tablespoons Sucanat
2 tablespoons Wonderslim Fat Replacer
½ teaspoon vanilla extract
1 cup unbleached white flour
1/8 teaspoon salt

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Filling:

- 1 12.3 ounce package reduced fat silken tofu (firm)
- 1 16 ounce can pumpkin
- $\frac{3}{4}$ cup Sucanat
- 1 teaspoon cinnamon
- $\frac{1}{2}$ teaspoon ginger
- $\frac{1}{4}$ teaspoon ground cloves
- $\frac{1}{4}$ teaspoon pumpkin pie spice
- $\frac{1}{8}$ teaspoon salt
- $\frac{1}{2}$ cup soymilk

Preheat oven to 350 degrees.

Place the cashews in a food processor and grind until they resemble fine meal. Add Sucanat, fat replacer and vanilla. Process until well combined. Mix the flour and salt in a medium bowl. Add the cashew mixture and mix well, beginning with a spoon and ending with your hands. Press this mixture into the bottom of a **lightly** oiled 9 $\frac{1}{2}$ inch pie pan with a high fluted edge. (To lightly oil a pan, place a small amount of oil on a paper towel, then wipe this over the bottom and sides of the pan.) Press the mixture evenly over the bottom and up the sides. Bake for 15 minutes. Remove and set aside.

Meanwhile, place the tofu in a food processor and process until very smooth, scraping the sides often. Remove and place in a large mixing bowl. Add the pumpkin and mix well. Add the Sucanat and the spices and mix until very smooth. Add the soymilk and mix again until well combined. Pour this mixture into the prebaked pie shell. Place in the oven and bake at 350 degrees for 60 minutes. Remove and cool. For best flavor, chill for at least 2 hours before serving. This may be made a day ahead of time and refrigerated until serving. Serve with vanilla soy ice cream or Vanilla Cream Sauce.

VANILLA CREAM SAUCE

Preparation Time: 5 minutes

Chilling Time: 1 hour

Servings: makes 1 $\frac{1}{2}$ cups

- 1 12.3 ounce package low fat silken tofu (firm)
- $\frac{1}{2}$ cup soymilk
- $\frac{1}{3}$ cup Natural Golden Cane Sugar
- 1 tablespoon vanilla extract

Place the tofu in a food processor and process until very smooth. Add remaining ingredients and blend until smooth and creamy. Chill before serving.

This may be prepared ahead and will keep in the refrigerator for at least 5 days.