



Volume 3 Issue 3

A Natural Cure for Depression

Potatoes for Breakfast, Then a Vigorous Very Early Morning Walk in the Sunshine

Aldous Huxley in his (1932) novel, *Brave New World*, and George Orwell in his (1949) classic book, *1984*, predicted a future population of people “high” on mood-enhancing drugs. The future is now. More than \$8 billion annually in the USA, and \$12 billion worldwide, are spent by millions of people trying to improve their unhappy lives with antidepressant medications. In my personal experience I have seen in some of my clinical settings as many as 40% of my middle-aged female patients on these drugs.

Many of us, older than forty, remember a time when our friends and relatives were not under the influence of doctor-prescribed, mind-altering drugs. So what was different then? Some will argue that life is more difficult now than in the past – I doubt that. The Great Depression spanning the 1930s and World War II in Western Europe are two recent examples of times of suffering far greater than most of us have ever experienced. In fact, I cannot think of a time in history when life has been easier and more fulfilling than now for people living in modern countries.

There are tangible reasons for this epidemic of antidepressant-pill-prescribing that are as familiar to you as your comfortable bed, your easy chair, and your neighborhood fast-food restaurant. People now suffer, physically and mentally, from the worst health ever known to our species – due to our diet and lifestyles. And because of improved sanitation, immunizations, and antibiotics, that have virtually eliminated the threat of death from infectious diseases, we now live longer in this miserable state of sickness.

The distinction between pain in the mind and in the body is blurred – people are desperately searching for relief, even when that means changing their minds with medication. Feeding off the misery of the suffering masses are the pharmaceutical companies providing drugs for almost everything except for the elimination of the underlying causes of the sickness. Mental “health” is a heavily-exploited share of their marketplace.

Following the introduction in 1988 of Prozac, intense marketing by drug companies – initially to doctors and now directly to consumers – has convinced millions of people they are mentally ill and “in need” of antidepressant medication. Understating the problem, antidepressants have become too popular and physicians are too casual about prescribing them, especially to people with mild symptoms. But this trend may change as knowledge of serious side effects becomes more widespread.

On Monday, March 22, 2004, the US Food and Drug Administration regulators warned that patients taking antidepressants can become suicidal, especially during the first weeks of therapy, and physicians should monitor patients closely when first giving the drugs or changing dosages. Children seem to be especially affected by the increased tendencies for depression, agitation, and suicide from these drugs. Hopefully, this new

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publicity will cause people to ask about ways to avoid becoming dependent upon these drugs, and most importantly, ways to naturally correct the causes of their depressed mental health.

Life is Difficult

In this article I am not trying to say all of your mental anguishes are so simply solved by behaviors you can control. My position is, just don't compound your mental and emotional (as well as physical) well-being with unwise diet and lifestyle choices. After 30 years as a doctor caring for patients I have come to know thousands of people personally. My conclusion is that most of us have similar problems. We have money worries, unfulfilled goals, and difficulties getting along with others. But we make it through the day by putting one foot in front of the other (as marching soldiers say). In fact, I believe these difficulties are necessary to have a productive and fulfilling life – they provide for challenge and adventure. Unfortunately, too many healthy people misinterpret their normal reactions to daily difficulties as "mental illness" in need of a tranquilizer or antidepressant – and life becomes anesthetized (numbed). You deserve better.

Also, I recognize that there are a relatively small number of people who suffer serious mental illnesses – whose lives are greatly benefited by SSRI antidepressants and other anti-psychotic medications. But, today overprescribing and overuse of mild-altering drugs are doing far more harm than good in our society

SSRI Antidepressants

The commonly prescribed antidepressants are called selective serotonin reuptake inhibitors (SSRI) and include: Prozac, Zoloft, Paxil, Wellbutrin, Luvox, Celexa, Effexor, Serzone, and Remeron. These drugs work by preventing the removal and degradation of the neurochemical, serotonin, from the nervous system – thus higher serotonin activity persists. This natural brain chemical (serotonin) acts to suppress appetite, relieve depression and mute stimulation from outside sources. Common side effects of these drugs also include ejaculatory failure, loss of libido, dry mouth, sweating, diarrhea, nausea, fatigue, and insomnia.

You will soon learn that serotonin activities in your nervous system are effectively and safely enhanced by sleep control, sunlight, diet, and exercise – cost-free, non-toxic therapies.



Overnight Relief of Depression

The best responses are found with people who have large day-to-day variability of mood. People are more likely to respond to sleep deprivation when they have a history of feeling worse in the morning, then gradually becoming freer of their symptoms as evening approaches – as the “depressant effects” of the previous night's sleep wear off through the wakeful hours of the day.

Because sleep causes depression it is referred to as “depressogenic” in the psychology literature. Wakefulness is “antidepressogenic.” The underlying chemical basis for this phenomenon may be serotonin. Serotonin activity is maximum during the awake state and minimum during sleep.³ (Notice this rise in serotonin activity is similar to the one caused by the SSRI medications discussed above.)

Sleep deprivation can be used as a diagnostic tool.⁴ Sometimes depression and dementia are con-fused in elderly people. These older people appear to be losing their intellect when actually their dulled response is a result of depression. Older people tend to sleep more because of lack of outside interests. A common scenario is for an active person to retire from many years of productive employment, and then he finds little else to fill his time except to sleep more often. Depression soon follows with more hours of nighttime sleep and daily naps. Then he is off to the doctor to be put on antidepressants, which can cause him to sleep more, thus worsening one of the underlying causes of his depression. Thus, the despondent elderly are some of the best candidates for "wake-therapy." Getting them back to their "old schedule" can put them quickly back to their "old selves."

Elevation in mood by controlling sleep is not limited to people who are severely depressed – studies have reported elevation of mood in "normal" subjects who sleep less.⁵ With this in mind, manipulation of sleeping behavior has the potential of freeing most people of antidepressant medications and offering them an emotionally more satisfying life – providing personal control- over their frame of mind.

The most serious side effect of sleep deprivation is that the mood swing can become too much – causing mania.⁶ You may recall from your own life a time when you went without sleep for days – during college exams or a demanding project – a time when you probably became giddy, if not outright manic! Thus, avoidance of sleep disturbances and more hours of sleep may be helpful for people who suffer from mania. Sleepiness and tiredness are also expected side effects from "wake therapy." Caution when driving and using dangerous machinery must be exercised.



Safe Serotonin Solution One

How Much Sleep is Enough?

From childhood we are taught that sleep is good for us – the more the better – a minimum of 8 hours a night, even for healthy adults. These assertions are reinforced by the relief from pain and worry, and the refreshment derived from "a good night's sleep."

Young people need more sleep than adults. A newborn baby may spend half to three-fourths of its day asleep. Children may need 8 to 10 hours to replenish themselves. Pregnancy temporarily increases the need for rest; and during times of illness, sleep and rest may be helpful, perhaps required, for recovery. However, in adulthood, 8 hours a night is usually too much sleep for most people. Many of us actually feel and function best on 5, 6, or 7 hours a night. Some people do well on less than 5 hours a night. As we age sleep requirements become less; some seniors may rest comfortably for only three or four hours a night – and that state is normal (not requiring sleeping pills or antidepressants).



Practical Sleep Management

For people in great need of immediate relief from depression, *total sleep deprivation*, accomplished by staying up all night, may be the most effective technique. However, for long-term results *partial deprivation* is more practical and as effective as total sleep deprivation for relieving depression for most people.⁷ Sleep management can be self-tailored to meet the needs of the individual and utilized on an "as needed" basis. The "right amount" of sleep for you will be determined by trial and error – closely observing your own response to sleep.

Find the right balance between fatigue, which needs to be relieved by adequate rest, and your mood, which can be depressed by too much sleep. If you are depressed now, then your first step can be to cut 1 to 2 hours off your allotted time

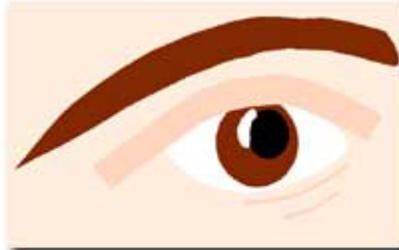
to sleep. You will need to allow time for your body to adjust – expect to feel fatigued for a day or two, but also expect elevation of your mood to start after a night or two of following your new schedule. Add or subtract half hour intervals of sleep based on your mood and your fatigue level.

For some people, improvement after sleep deprivation can last for several weeks. With relapse the treatment is simply repeated. With other people one full night's sleep may result in a complete relapse of symp-toms. Some patients are so sensitive to the depressing effects of sleep that they relapse even after a short, 2 to 15 minute, nap.

Morning may be the best hours to apply “wake therapy,” – in other words, set your alarm to wake up early. These hours are especially beneficial because early rising fits well into our natural sleep-wake cycle set by the movement of the sun (our circadian cycle). Most people sleep away these valuable hours just after dawn, missing the added benefits of ultra-violet light for their mental health.⁸ Exposing your eyes to these additional morning hours of sunlight can cause profound improvements in the chemistry of your brain; curing depression.

Curing Insomnia Too

One of the most common complaints I hear from people is “I can’t sleep.” In addition to causing depression, sleeping more than necessary commonly causes insomnia. For one or two nights you might get the 8 to 10 hours you think you need – then “your batteries” are overcharged and you remain awake for much of the third night – as your body tries to adjust to your efforts to over-rest it. Therefore, as intuitive and simplistic as this solution of sleeping less may sound, this approach will cure insomnia – and give you additional hours to enjoy your life.



The Sun Will Make You Shine



Most of us can identify with the typical winter depression symptoms of fatigue, lowered motivation, sleepiness, fatigue,

increased appetite, weight gain, irritability, and decreased sociability. This common condition is usually referred to as *Seasonal Affective Disorder* (SAD) – punctuated by depressions in winter months with a remission the following spring or summer.⁹ Brain chemicals called neurotransmitters – such as serotonin – may be at the root of this disorder.¹⁰ The natural solution is to get more sunlight exposure by spending more daylight hours outside where you now live – or for some people, relocating out of a wintery, cloudy climate to the desert or a tropical island will do just fine.

There are also artificial sunlight therapies. In classical light therapy, the SAD sufferer sits in front of a light box, and is exposed to 2000-10,000 lux for 30 to 120 minutes daily during the winter.⁹ Light therapy works for both SAD and non-seasonal depression. Light therapy results in a rapid onset of antidepressant action – benefits are noticed within days. Furthermore, it can prevent relapses of depression after “wake therapy.”

Correct Depression-Causing Malnutrition

Twenty percent of your daily caloric intake goes to nourish your brain. The preferred fuel of this thinking organ is carbohydrate – more specifically, glucose is the main metabolic fuel of the brain. The average Westerner is on a carbohydrate deficient diet – with 40% or less of his calories coming from carbohydrates, when 70% or more would be ideal. Matters are made even worse for those unfortunate people following the popular low-carbohydrate diet craze (Atkins, South Beach, Protein Power, etc.) – resulting in intakes of 10% or less of calories from brain-fueling carbohydrates.

No wonder people on the Atkins diet have been found to have impaired brain function, which may be primarily due to the lack of carbohydrate or to the depressed levels of the depression-relieving neurochemical, serotonin, in their brains, caused by this diet.^{11,12} Carbohydrates from your diet raise serotonin levels naturally, and as a result, they effectively act like a natural tranquilizer, relieving depression, and improving mood.^{13,14} High carbohydrate intakes have been found to improve the moods of people, particularly athletes, who are known to eat very high-carbohydrate, near-vegetarian, diets.¹⁵ Notice again the similarity of activity with the popular antidepressant medications discussed above (SSRI) – they work by raising serotonin levels – something that would be unnecessary if people followed a high-carbohydrate diet.

People following a high-carbohydrate diet also report less time spent sleeping, more restful sleep, and an increase in dream activity. (Less sleep means less depression, as discussed above. See how diet and lifestyle changes all work together to enhance each other's effects.) An increase in rapid eye movement (REM) sleep has been observed with an electroencephalogram when subjects are switched to a high-carbohydrate, low-fat diet.¹⁶ REM activity is associated with increased body activity during sleep and dreaming – signs of more effective sleep.

Exercise for a Natural High

More exercise is the commonsense answer for how to fill the extra time you now have from using “wake therapy” and how to satisfy your requirement for exposure to additional sunlight. And no surprise, the high-carbohydrate diet you now follow supplies the ideal fuel for all that extra activity – all serious endurance athletes know the winning benefits from loading up on carbohydrates daily (See my September 2003 Newsletter article “Building Your Own High-Performance Athletic Body.”)

Exercise has been found to increase hormone activities in the body associated with an improved mood and increases the body's sensitivity to serotonin.¹⁷⁻¹⁹ In one recent study of elderly people, after 16 weeks of treatment, exercise was found to be equally as effective as medications in reducing depression among those suffering from major depressive disorders.²⁰



Improved Health and Self-image Complete the Depression Cure



Following a healthy diet and lifestyle with the right amount of sleep, sunshine and exercise leads to the final component necessary for lasting mental health, which is excellent physical health. People who are overweight and physically ill are often mentally ill, as well. To themselves, their condition appears hopeless – a future of increasing pain and progressive immobility; with relentless deterioration until a premature death. Obviously, one look in the mirror and/or the medicine cabinet is enough to depress most people who follow the Western diet. This dilemma is solved by the right diet and lifestyle choices.



The Culminate of the Safe Serotonin Solution

Compounding their problems of physical illness and obesity are the common side effects, including depression, of medications used to treat these dietary diseases (high blood pressure, heart disease, diabetes, etc.). One notorious example is from a frequently prescribed class of blood pressure medication known as calcium channel blockers – they have been found to increase the relative risk of suicide among users by 5.4 times compared to non-users.²¹

Cost-free Relief, Yet Largely Ignored

By now you should have a clear understanding of the central role that neurochemicals, especially serotonin, play in our mood – and that all aspects of a healthy diet and lifestyle safely enhance serotonin activity resulting in a condition of well-being and happiness.²² The pharmaceutical industry has been trying to replicate these benefits with their antidepressant medications – but as with all drug therapies the benefits fall short of the expectations, are expensive, and always have serious side effects.

Wake therapy, light therapy, diet and exercise cannot be patented, and they will not bring profits to the medical or pharmacological industries, but they can help the patient in a shorter time and with fewer side effects than drugs. Considering the psychological suffering that depression inflicts – including ruined lives, destruction of families, homicide, and suicide – and the financial burdens placed on our healthcare systems – it is surprising how little notice is taken of these remarkable non-toxic therapies.

Possibly the adverse side-effects and the exorbitant costs of these antidepressant medications will soon cause more people to take a second look at the alternative – highly effective, rapid-onset, self-controlled, self-prescribed, cost-free, well-tolerated, and non-toxic approaches of diet and lifestyle. Unfortunately, because these tools are also non-profit they are likely to achieve popularity in only a small select segment of the population – those of us interested enough in a good life to put out the effort to discover correct information, and then take proper actions to care for our-selves and our families.

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Recent McDougall Appearances

***Mayo Clinic Proceedings* Publishes McDougall Condemnation of Atkins Diet**

The March 2004 issue of the *Mayo Clinic Proceedings* medical journal published a letter to the editor from me which should help all doctors (and their patients) understand why they should not be recommending the Atkins diet.¹ This letter was in response to an article by James Hays in the November, 2003 issue of the same journal which supported the Atkins diet for losing weight and lowering “risk factors,” like blood cholesterol.

I wrote, “...knowledge of the actual mechanism causing these apparent benefits should discourage doctors from recommending this approach to their patients. Followers of this kind of diet complain of reduced appetite, nausea, and fatigue, all symptoms of illness, which in turn results in a natural reduction in daily food intake. Expected consequences of the adverse effects of a low-carbohydrate diet are that individuals will subsequently eat smaller amounts of red meat, poultry, fish, and cheese, i.e., the basic components of these low-carbohydrate diets. The end effects are that people consume less saturated fat, cholesterol, sodium, animal protein, and fewer calories. Signs of improved health appear to accrue, as measured by changes in a variety of ‘risk factors,’ e.g., cholesterol, triglycerides, uric acid, glucose, blood pressure, and body weight. Hence, the patient is declared healthier. However, this is not necessarily a correct assessment. Similar benefits, for similar reasons, are seen when patients undergo cancer chemotherapy, and physicians do not brag about these results.”

This sickness-induced, semi-starvation mechanism for weight loss and “improved” risk factors is confirmed by research on children with seizures who are treated with a similar ketogenic diet.² In this case, the children are forced to eat enough of these unhealthy foods to meet their caloric needs – and their total cholesterol increased on average by 58 mg/dl and LDL “bad”-cholesterol increased by 50 mg/dl; and their HDL “good” cholesterol decreased.

My conclusion was, “In simplest terms, low-carbohydrate diets exaggerate consumption of the unhealthiest components of the Western diet (animal protein and fat) to a level that makes people sufficiently ill to lose their desire to eat, and expected changes follow. The alternative is to encourage people to eat foods that promote both ideal body weight and health – those from a high-carbohydrate, low-fat diet.”

This article is available from your libraries (local, university and hospital) and may serve to help friends understand why they should not be following this approach – even temporarily.

1) McDougall J. Effects of a low-carbohydrate diet. *Mayo Clin Proc.* 2004 Mar;79(3):431

2) Kwiterovich PO. Effect of a high-fat ketogenic diet on plasma levels of lipids, lipoproteins, and apolipoproteins in children. *JAMA.* 2003 Aug 20;290(7):912-20.

Neal Cavuto – “Cavuto on Business” TV show – Fox News Channel (3-13-04)

A “head to head” debate on the Cheeseburger Bill – a law that exempts the food industry from lawsuits. My position was that even Neil Cavuto cannot keep himself out of trouble (as smart as he claims he is) – so how is the average person to protect himself (herself) and family from lies from the food industry? Neil Cavuto is obviously overweight and suffers from a deadly dietary disease, multiple sclerosis (MS).

This interview follows one he did with me on February 12, 2004 about Atkins medical records (See my February 2004 newsletter for more on this subject). His show treated me very unkindly (even turning off my microphone when I tried to speak) – so you may find my comments about his poor health direct – but they are deserved after his rude conduct. For more information on the dietary connection with MS see my web site article: Interview with **Roy Swank, MD**, founder of the Low Fat Diet treatment for **multiple sclerosis**.

Link to the interview available only until April 13, 2004 (press the picture, then the play button below the picture):
<http://mms.tveyes.com/ExpandGuest.asp?In=23804>.

PS: Neil Cavuto sent me a handwritten note after this show (3/15/04). He thanked me and invited me back and then wrote, "You do know how to light up our airwaves and e-mails! Great exchange."
You can write Neil and tell him what you think at neil.cavuto@foxnews.com.

The New York Times Restates McDougall's Conclusions (without credit given)

Gina Kolata, science writer for the New York *Times*, wrote an article entitled, New Studies Question Value of Opening Arteries, that was published in the *Times* on March 21, 2004. In this article she tells us, "A new and emerging understanding of how heart attacks occur indicates that increasingly popular aggressive treatments may be doing little or nothing to prevent them."... "The old idea was this: Coronary disease is akin to sludge building up in a pipe. Plaque accumulates slowly, over decades, and once it is there it is pretty much there for good. Every year, the narrowing grows more severe until one day no blood can get through and the patient has a heart attack. Bypass surgery or angioplasty — opening arteries by pushing plaque back with a tiny balloon and then, often, holding it there with a stent — can open up a narrowed artery before it closes completely. And so, it was assumed, heart attacks could be averted." ... "Instead, they say, heart attacks occur when an area of plaque bursts, a clot forms over the area and blood flow is abruptly blocked. In 75 to 80 percent of cases, the plaque that erupts was not obstructing an artery and would not be stented or bypassed. The dangerous plaque is soft and fragile, produces no symptoms and would not be seen as an obstruction to blood flow."... "Heart patients may have hundreds of vulnerable plaques, so preventing heart attacks means going after all their arteries, not one narrowed section, by attacking the disease itself."

So am I assuming Gina Kolata copied directly from my 1985 book, McDougall's Medicine – A Challenging Second Opinion, or my 1996 book, The McDougall Program for a Healthy Heart? No. In both books I clearly stated the exact same conclusions (with a lot more detail). I think she finally took the trouble to look at the science, and found, as anyone would discover, that the heart business is off track – and millions of people are suffering unnecessarily. If my work had changed public opinion 20 years ago, then 5 million coronary artery bypass operations and another 6 million angioplasty surgeries in the US alone might have been avoided. And if people had taken my dietary and lifestyle advice seriously two decades ago then 20 million more people in the US could **have delayed or avoided heart disease all together**.

I am pleased that the New York *Times* writer, Gina Kolata, has revealed the truth once again – but don't think for a minute that this will be even a tiny bump in the road for the \$300 billion a year heart disease business.

<http://www.nytimes.com/2004/03/21/health/21HEAR.html>

McDougall MD on TV (TBN) Every Week

The TV show "McDougall, MD" is reaching new markets. This show has played for the last 10 years nationally, and now Trinity Broadcasting Network (TBN) is airing it worldwide on hundreds more stations (covers 95% of the world market). This opportunity may lead to a whole new series with brand new shows – starring, of course, me (John McDougall, MD).

The show plays every Tuesday at 8:30 AM PST (11:30 AM EST, etc.). You can watch it or set your recorder. Look at your station guide to find TBN – for example, Direct TV satellite is station 372.
For us to continue, TBN needs to hear that you are interested in viewing.

Please write to TBN (Trinity Broadcasting Network), Attn: McDougall, PO Box A, Santa Ana, CA 92711 or by e-mail to: comments@tbn.org. Attn: McDougall.

Favorite Five

My Favorite Five Articles Found in Recent Medical Journals

Hypertension Caused by Blood Flow Restriction

Retinal arteriolar diameter and risk for hypertension by Tien Yibn Wong in the February 2004 issue of the *Annals of Internal Medicine* found people with narrowing of their small arteries in the retina of their eyes have a greater risk of high blood pressure. The size of the arteries was determined by taking photographs of the back of the eye (the retina). The risk of developing hypertension over the next 10 years was about 60% higher in those with the most narrowing compared to the least narrowing.

Narrowing and constriction of the small arteries throughout the body causes elevation of blood pressure by increasing the resistance to the flow of blood. The body must compensate for this restriction and resistance by raising the blood pressure in order to deliver adequate oxygen and nutrients to the tissues.

Approximately 50 million people in the US have hypertension – and as many as 42% of people aged 35 to 64 years in Western countries have elevated blood pressure (it is so common it is almost “normal”). Universally, doctors treat the elevated blood pressure as if it were a disease, yet the increase in pressure is actually a response to impairment of blood flow from restricted blood vessels. The restrictions are caused by years of consuming unhealthy foods.

Rather than correct the poor circulation, the accepted response, as taught by the pharmaceutical industries, is to lower the blood pressure by weakening the heart (beta blockers), weakening the arteries (calcium channel blockers), depleting fluids (diuretics), and/or counteracting hormones (ACE inhibitors). In other words, doctors are counteracting the body's own efforts to adjust to the poor circulation. This is why the results of the efforts are so disappointing – for example, treating high blood pressure with the best of intentions does almost nothing to reduce the risk of death from heart disease and all too little to reduce the risk of stroke.

The proper response from your doctor should be to improve your circulation. This would be accomplished by a healthier diet (a plant-based diet), and the elimination of artery-constricting alcohol and coffee. Most of our patients (98%) are off all their medications for treating hypertension with an excellent, or at least, an acceptable blood pressure, within 4 days of following a healthy diet and taking a little daily exercise.

Wong TY. Retinal arteriolar diameter and risk for hypertension. *Ann Intern Med.* 2004 Feb 17;140(4):248-55.

Take Your BP at Home – Get Off Medications

Antihypertensive treatment based on blood pressure measurement at home or in the physician's office: a randomized controlled trial by Jan Staessen in the February 25, 2004 issue of the *Journal of the American Medical Association* reported that making decisions on whether to treat hypertension based on home readings rather than readings obtained in a doctor's office resulted in less aggressive treatment, at lower costs, with no difference in well-being, and no damage to the heart.¹ Plus, checking BP at home led to twice as many people discontinuing their medications.

Many people are treated with blood pressure medications because they become frightened when they visit their doctor and they never get a second chance to be unburdened from daily medications. This can be remedied when you take control by monitoring your BP at home. If you use an automated device (purchased in a drugstore or medical supply store or by the Internet) you also remove “observer bias.” Advantages for home blood pressure monitoring are: identification of people with “white coat syndrome,” and avoiding the false readings from this syndrome; a greater number of blood pressure readings, and daily encouragement to follow a healthy diet and exercise program from these self-taken readings.

Your goal should be to get off blood pressure medications (actually all medications) by becoming a healthier person through diet and exercise. However, measurements obtained in your doctor's office may be a serious barrier to that end. Not only may you get higher readings, but you may also have to deal with your doctor's ego. I have seen too many doctors offended by even the suggestion that a patient reduce or stop his medications – after all it was the doctor's well-educated opinion that recommended the medication in the first place – how could this decision be questioned?

Most of my patients are able to stop all of their BP medications within a few days of beginning a healthier diet – and part of this decision is made from measurements made under comfortable conditions. If you would like to learn more about my approach, then please see my August 2002 Newsletter article, “Take Blood Pressure at Home - Get Off Your Medications.”

The most recent guidelines for treating hypertension with medications are from the British Hypertension Society (2004) and they state, “Initiate antihypertensive drug therapy if sustained systolic blood pressure (top number) of 160 mm Hg or greater or sustained diastolic blood pressure of 100 mm Hg or greater.”² Most people I see have been started on medications for pressures lower than these, after one or two readings in the doctor’s office, and with no evidence that their blood pressure elevation was sustained (such as for months). By understanding all the facts behind this medical issue you can make better decisions and get the benefits.

1) Staessen JA . Antihypertensive treatment based on blood pressure measurement at home or in the physician's office: a randomized controlled trial. *JAMA*. 2004 Feb 25;291(8):955-64.

2) British Hypertension Society guidelines for hypertension management 2004 (BHS-IV): summary. *BMJ*. 2004 Mar 13;328(7440):634-40.

Free access to this article at: <http://bmj.bmjournals.com/cgi/content/full/bmj;328/7440/634>

Natural Hormone Supplements of Questionable Value

Red clover-derived isoflavones and mammographic breast density: a double-blind, randomized, placebo-controlled trial by Charlotte Atkinson in the February 2004 issue of *Breast Cancer Research* found a dietary “phytoestrogen supplement” (26 mg biochanin A, 16 mg formononetin, 1 mg genistein and 0.5 mg daidzein) taken daily for 1 year did not worsen or improve mammographic breast density in women aged 49–65 years.¹ Furthermore, there were no effects of the isoflavone supplement on reproductive hormones, like estrogen (estradiol), FSH or LH in postmenopausal women, or on hot flashes or other menopausal symptoms.

Conventional estrogen replacement therapies (HRT) increase the density of the breasts and a low-fat diet has been shown to decrease (improve) breast density.² Greater density of the breast tissue is related to greater risk of developing breast cancer (because estrogen increases breast tissue and promotes breast cancer). There are many claims that the way to improve the health of women is for them to take supplements that mimic the effects of estrogen. Many of these are derived from plants, like soybeans and clover. The results from these studies are mixed. (See my August 2002 newsletter article, “Phytochemicals and Phytoestrogens” for more information.) The only safe and effective approach women can take is to follow a healthy plant-based diet (and exercise). (See the [McDougall Program for Women](#) book for details.)

1) Atkinson C. Red clover-derived isoflavones and mammographic breast density: a double-blind, randomized, placebo-controlled trial [ISRCTN42940165]. *Breast Cancer Res* 2004, 6:R170-R179.

2) Boyd NF. Effects at two years of a low-fat, high-carbohydrate diet on radiologic features of the breast: results from a randomized trial. Canadian Diet and Breast Cancer Prevention Study Group. *J Natl Cancer Inst*. 1997 Apr 2;89(7):488-96.

Even “Good” Dairy Fat is Bad

Effect of conjugated linoleic acid on body composition and plasma lipids in humans: an overview of the literature by Antonius Terpstra in the March 2004 issue of the *American Journal of Clinical Nutrition* reported that so called “good fat” from dairy products, conjugated linoleic acid (CLA), is of little or no benefit in humans. “Thus, the results of the studies in humans indicate that the effect of CLA on body fat is considerably less than that anticipated from mice studies and that CLA has no major effect on plasma lipids.”

The dairy industry now runs a national advertising campaign trying to convince the public that eating dairy products will help them lose weight – and one of the arguments used for this nonsense has been that this kind of fat from cow’s milk (and meat) causes weight loss. This review of the human studies shows little benefit. Contrary to the hopes of the dairy sellers, CLA does not lower cholesterol or reduce the risk of heart disease. Besides CLA there are loads of other saturated fats in dairy products that promote both heart disease and obesity. Yet the dairy industry is advertising otherwise. (See my May 2003 newsletter article, “Marketing Milk and Disease.”)

Only because people *love to hear good news about their bad habits* can the dairy industry succeed in convincing some gullible people that food (cow's milk) designed to grow a 60-pound calf into a 600-pound cow could be "the long-anticipated weight loss miracle for the 21st century."

Terpstra AH. Effect of conjugated linoleic acid on body composition and plasma lipids in humans: an overview of the literature. *Am J Clin Nutr.* 2004 Mar;79(3):352-61.

Tai Chi Improves Overall Health

The effect of Tai Chi on health outcomes in patients with chronic conditions – a systematic review by Chenchen Wang in the March 8, 2004 issue of the *Archives of Internal Medicine* reported physiological and psychosocial benefits from this traditional Chinese martial arts practice. Tai Chi was found to be safe and effective, promoting balance control, flexibility, and cardiovascular fitness. A total of 743 articles were reviewed in order to come to these conclusions.

Tai Chi combines deep breathing and relaxation with slow, graceful, gentle movements. Proponents claim it enhances good health, memory, concentration, balance, strength, and flexibility. Plus, mental benefits are experienced for anxiety and depression, and for deterioration seen with aging. This form of exercise is recommended for patients who have undergone heart surgery, as well as for those suffering from heart attacks, heart failure, hypertension, arthritis and multiple sclerosis.

Tai Chi instruction in your community can be found by referring to your local phone directory or by checking with your neighborhood health club.

Wang C. The effect of Tai Chi on health outcomes in patients with chronic conditions: a systematic review. *Arch Intern Med.* 2004 Mar 8;164(5):493-501

March 2004 Recipes

MUSHROOM GRAVY

Preparation Time: 10 minutes

Cooking Time: 15 minutes

Servings: Makes 2 ½ cups

1 onion, finely chopped
½ pound mushrooms, sliced
2 ¼ cups cold water
1-2 tablespoons soy sauce
3 tablespoons cornstarch

Place the onions and mushrooms in a pan with ¼ cup water. Cook and stir until very soft, about 5 minutes. Mix the remaining water with the soy sauce and cornstarch. Add to the pan and cook, stirring constantly until mixture boils and thickens.

Hints: Start out with less soy sauce and add more if you desire. Seasonings may also be added, such as parsley flakes, oregano, thyme or basil.

5 LAYER BEAN DIP

by Roberta Joiner

During the March 2004 McDougall Program, our alumni cooking instructor, Roberta Joiner, made this delicious appetizer during her class. Everyone loved it, so I asked her to share it in the newsletter. This can be put together quite quickly using prepared products, or you can make most of the layers yourself and assemble it later. Either way it is bound to be a hit at your next party!

Preparation Time: 30-60 minutes

Servings: variable

The layers are: Mashed Beans, Avocado Salsa, Tofu Sour Cream, Salsa, Olives & Cilantro

Beans:

2 cans black beans, drained and rinsed
¼ cup red onion, chopped
1 clove garlic
1-2 jalapeno peppers, veins & seeds removed
1-2 tablespoons southwest seasoning (see hints)
salsa, to taste and thin as desired
cilantro, to taste

Place all ingredients in a food processor and process until smooth. May be heated, if desired.

Avocado Salsa (recipe in June 2002 newsletter)

Or use packaged Guaca Salsa-guacamole and green salsa mixed (see hints)

Tofu sour cream (recipe in August 2002 newsletter)

Mild, medium or hot salsa as desired

1 small can sliced black olives

Chopped cilantro

Layer the ingredients in the order given. Start with the beans, then spread a layer of the avocado over the beans, then a thin layer of the tofu sour cream, followed by a thin layer of the salsa, some olives, and a sprinkling of cilantro. Serve with baked tortilla chips.

Hints: Any of your favorite bean dips would work in this recipe. Bearitos makes fat free refried beans with green chilies already added. Southwest seasoning can be found in many specialty markets or it may be ordered online from Penzeys Spices. Penzeys is one of the best places to buy spices and seasonings. They have a mail order catalog or they are online at www.penzeys.com. Some people like to heat the bean layer before layering on the other ingredients. You can make your own guacamole salsa by adding salsa to fresh guacamole. Or try the Broccomole or the Garbanzo Guacamole recipes in The New McDougall Cookbook. By using less avocado and more tomatoes and salsa you can reduce

the amount of fat in the guacamole. AvoClassic makes a Guaca Salsa—a mixture of avocado and green salsa with half the fat of regular guacamole. (Available in some Safeway stores in the frozen food department.) There are quite a few tofu sour cream recipes in vegan cookbooks. Most are made with soft silken tofu. Be sure to use the reduced fat variety. Or use the recipe in the 2002 newsletter. Roberta likes to add 1000 mg of crushed vitamin C to her tofu sour cream because it gives it a nice tangy flavor. Most salsas are acceptable, choose according to your tastes. The olives may be omitted, if desired, as well as the cilantro. A sprinkling of grated soy cheese could also be added over the top, if desired. Baked tortilla chips can be difficult to find. Guiltless Gourmet makes some that are low in fat. Tostitos Baked Tortilla Chips are also available in some areas. You can also make your own baked tortilla chips: buy soft corn tortillas, cut into wedges with a scissors and place on a dry baking sheet. Bake at 250 degrees until crisp, about 20-30 minutes. Store in an airtight bag.

CREAMY RANCH-STYLE DRESSING

I have received several requests lately for a ranch dressing, usually questions about whether there is an acceptable one in a bottle. Unfortunately, there is not one I can recommend at this time. However, for those of you who miss having a ranch-style dressing for salads or dips, I think you will be pleased with this recipe. This will keep in the refrigerator for at least a week.

Preparation Time: 10 minutes

Servings: makes about 2 cups

1 12.3 ounce package Mori-Nu Lite silken tofu
1/3 cup tofu sour cream (recipe August 2002 newsletter)
1/2 cup water
2 1/2 tablespoons lemon juice
1 tablespoon parsley flakes
1 tablespoon chives
1 teaspoon dill weed
1/2 teaspoon garlic powder
pinch dry mustard
several twists freshly ground pepper
dash salt

Place the tofu in a blender or food processor and process briefly. Add remaining ingredients and process until very smooth. Transfer to a covered container and refrigerate until use.

Hints: Add a tablespoon or two more water for a thinner consistency, if desired. Add a bit more salt and pepper to taste, if desired. Flavors will intensify during refrigeration so it is best to make this ahead of time.

QUICK TAMALES PIE

The original for this recipe can be found in the December 2002 newsletter. However, it requires fresh corn and a lot of time and effort. I have modified the recipe to use frozen corn, which saves a tremendous amount of time, but doesn't sacrifice any of the delicious taste. Bake this in a covered casserole dish. It may be made ahead of time and refrigerated until baking. It reheats well and is delicious the next day.

Preparation Time: 10 minutes

Cooking Time: 1 hour

Resting Time: 10 minutes

Servings: 4-6

5 cups frozen corn, thawed
1/2 cup masa flour (for tamales)
1/4 cup vegetable broth
1 4 ounce can chopped green chilies
1 to 1 1/2 cups shredded soy cheese
1/4 teaspoon salt (optional)
Preheat oven to 350 degrees.

Place the corn, masa flour and broth in a food processor. (If you have a small processor, do this in batches.) Process until fairly smooth. Scrape into a large bowl. Add chilies, shredded soy cheese and salt. Mix well. Turn into a casserole

dish. (To prevent sticking, *lightly* oil the dish first with a small amount of oil on a paper towel.) Cover and bake for 1 hour. Remove from oven and let rest for about 10 minutes before serving.

Serve with salsa on the side, or make a sausage topping with a package of ground soy meat mixed with a package of taco seasoning (see December 2002 and June 2003 newsletters for more details).