



Volume 3 Issue 4

## People – Not Their Words – Tell “The Carbohydrate Story”

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### *Has the world gone mad condemning carbohydrates?*

\* Over half the US population is either on a low-carb diet, has tried a low-carb diet, or plans to try a low-carb diet in the future according to one recent report.<sup>1</sup> Does this mean carbohydrates have now been proven harmful to our health and waistline?

\* Should the fact that almost every sector of the food industry, from Heinz Ketchup to Michelob Beer, has jumped on the low-carb bandwagon cause us to start shopping in the Atkins-friendly aisles?

\* Does the claim by TGIF Friday’s restaurants that a Sizzling NY Strip (steak) covered with Bleu Cheese and a Bunless Burger (two meat patties covered with cheese), “not only helps you lose weight, but reduces risk factors associated with serious diseases, including diabetes and cardiovascular disease,”<sup>2</sup> cause us to now think that everything we once learned about nutritious eating must have been wrong?

\* Now that W. Atlee Burpee & Co., the seed seller, ranks their veggies according to carbohydrate content in order to help us choose the seeds to plant to grow “low-carb” plants in this year’s garden, should we question the very wisdom of Nature’s design? Maybe plants should have been made low-carb in the first place by our Creator?

With so much contrary information coming from every direction people doubt their own sanity and everything they once knew to be true about good eating. But by taking a moment to make a few simple observations **about people** you will know the truth

### **First Observation: Worldwide, Trim People Eat Carbohydrates**



If I hand you a globe of the Earth and ask you to identify for me the populations of people who looked the healthiest and trimmest, whom will you name? Immediately,

Asians (Japanese, Chinese, Koreans, Thai, Filipinos, etc.) stand out. And what do they eat? Mostly rice! – with some vegetables too, but little meat and no dairy products. Not only are they trim for a lifetime, but they have a healthy and youthful look. When you get to know them better you will discover they have extremely low rates of diabetes, obesity, arthritis, multiple sclerosis, heart disease and cancers of the breast, prostate, and colon.

Rice has been cultivated by the Japanese for over 2000 years as their principle crop. The fundamental importance of rice to the Japanese people is reflected by the facts that rice was once used as a currency, and that the formal Japanese word for cooked rice (gohan) has also the general meaning of “meal.” The literal meaning of breakfast (asa gohan), for example, is “morning rice.” In China the word for rice is also the word for food. The Chinese say “A meal without rice is like a beautiful woman with only one eye.” Instead of saying the typical greeting “How are you?” the Chinese ask “Have you had your rice today?” In India, rice is the first food a new bride offers her husband. In Indonesia, no girl can be considered for marriage until she can skillfully prepare rice.



*Japanese on Rice Based Diet*

Similar observations correlating high carbohydrate consumption with good health can be made for people living in rural Mexico on corn and beans, Africa on millet and beans, Peru on potatoes, New Guinea on sweet potatoes, and in the Middle East on chickpeas and rice.

Confirmation of the importance of carbohydrate is found when people reduce their consumption by migrating to a Western nation, like the USA or the countries of Europe. As they eat less carbohydrate, and more fat and protein, they become fatter and sicker. Similar changes in health are seen within nations, like Japan, as the people become wealthy from industrialization and change to “American” foods.



*Japanese on American Foods*

Scientific documentation of these simple observations was recently reported in a four-nation study from Northwestern University of more than 4,000 men and women ages 40 to 59.<sup>3</sup> Researchers found the thinnest people on Earth eat the most carbohydrates, and the people who eat the most protein were found to be the heaviest.

***There are no exceptions: consumption of foods naturally high in carbohydrate means a trim, healthy appearance.***

**Second Observation: Athletes Fueled by Carbohydrates Win**

All knowledgeable scientists agree that for winning performance during prolonged exercise the best fuel for the body is carbohydrate.<sup>4-6</sup> In practical terms, this means eating starches (rice, corn, potatoes, beans, pasta, bread, etc.), vegetables, and fruits – all of these plant foods contain from 70% to 95+% of their calories as carbohydrate. Unbeatable athletes shun foods devoid of meaningful amounts of carbohydrate – these are meat, poultry, fish, eggs, cheeses, and vegetable oils. No endurance athlete would ever consider competing while following a low-carb diet.



Mary Uhl - See Sept. 2003 Newsletter

**Carbohydrate Content of Selected Foods<sup>7</sup>**

Food	% Carbohydrate
Bananas	95+
Beans	72
Broccoli	71
Carrots	92
Corn	85
Oranges	95+
Potatoes	90
Rice	80
Zucchini	95+
Beef	0
Chicken	0
Fish	0
Lobster	0
Cheese	2
Olive oil	0

*Except for milk and honey, carbohydrates are found in significant amounts only in plant-derived foods. Even these two foods (milk and honey) obtain their simple sugars originally from plant sources (grasses, grains, and pollen).*

***The Southwestern Indians Live and Die by Carbohydrates***

The Tarahumara Indians living in the Sierra Madre Occidental region of northwestern Mexico are an example of the high level of activity an entire population of people can enjoy on high-carb foods.<sup>8</sup> These people are known worldwide as "the running Indians," because their entire culture is based around sprinting from one place to the next, and they have been known to travel between 50 and 80 miles every day at a race-like pace. Their diet is practically meatless, consisting of 90% corn, pinto beans (chili), and vegetables (like squash).<sup>9</sup> This energetic population is free of diabetes, obesity, and heart disease.<sup>10</sup>



However, their genetic relatives, the Pima Indians, reside in Gila River Indian Community in Arizona. These Indians gave up their high-carbohydrate diet over 75 years ago in favor of the high-fat, high-protein, and high-cholesterol American diet. Now, over 80% of these people who are over 55 years of age suffer from type-2 diabetes and obesity; and heart disease and kidney failure are epidemic.<sup>10,11</sup> Needless to say, running is not a part of their daily doings, in part because of the all-too-common amputations of gangrenous legs and feet because of their diabetes.

**Incapacitation of the Canadian Soldier by Lo-Carb Food**

Soldiers in the Canadian Army during World War II followed a diet of dehydrated beef and added suet called *pemmican*

– This diet was used as an emergency ration for the infantry troops.<sup>12,13</sup> Pemmican derives 70% of its calories from fat and 30% from protein – the ration is essentially carbohydrate-free. The performance of the troops deteriorated so rapidly that they were incapacitated within three days. The men complained of nausea and several of them vomited. On the morning of the fourth day of the diet, doctors' examinations found them to be listless, dehydrated, with drawn faces and sunken eyes, and their breath smelled of acetone (ketosis). When carbohydrate was added back to their diet they were again able to perform.



***If carbohydrate is the fuel for peak performance, then why would you choose less for yourself at any time?***

**Third Observation: Human Needs Are Uniquely Satisfied by Carbohydrates**

Notice the tip of your tongue enjoys sweet-tasting foods – the sugars found in starches, vegetables, and fruits. This is not a mistake in the human blueprint. You are designed to be a seeker of sugar. The tongue has taste buds that respond pleurably for only one kind of calorie-giving substance – carbohydrate. The food industry knows this and that is why they dump over 150 pounds of sugar into your foods each year – to make you want to buy them.



There are no taste buds for the other two possible sources of calories: fat or protein. If protein-based (low-carbohydrate) foods, like meat, were important for people, then we would have sensors for amino acids on the tip of our tongues like those on the tongues of true carnivores – cats, for example.<sup>14</sup>

Carbohydrates are the preferred source of energy for our tissues and all of the cells in our bodies can use carbohydrate for energy. The carbohydrate glucose is essential for the brain (about 140 grams a day are utilized). However, under unusual circumstances, such as when someone is starving to death or following a low-carb diet for long periods, the brain can adapt to burn ketones. Not surprisingly, brain function in people has been found to be impaired when the brain burns ketones rather than glucose.<sup>15</sup> There is also concern that long-term adherence to a low-carb (ketone-producing) diet may cause permanent damage to the developing brain.<sup>16</sup> (During strict avoidance of carbohydrates the body turns to fat for fuel. A byproduct of fat-burning is ketones.)

We typically store two pounds of carbohydrate in our muscles and liver

as glycogen (this is branched chains of sugars). These reserves are immediately available to supply the brain and other carbohydrate-dependent tissues during long periods between meals. They also serve to provide a steady supply of fuel for the athlete during endurance events.

Some tissues of our body, such as red blood cells and kidney cells (glomeruli cells) will only burn carbohydrate. If insufficient amounts are consumed, and after our glycogen stores are depleted, our bodies will synthesize carbohydrate from protein. This process of turning protein into glucose is called *gluconeogenesis* and is an undeniable testament to the vital importance for carbohydrates.

#### **Fourth Observation: Carbohydrate Foods Are Complete Human Foods**

As we pleasure our taste buds by eating whole (unprocessed) carbohydrate-rich foods (starches, vegetables and fruits), we take in all our other necessary nutrients at the same time. Plant foods, by no coincidence, contain just the right amount of essential carbohydrate, dietary fiber, and minerals to meet our needs. Plants synthesize eleven of the thirteen known vitamins, and all of our essential fats and essential amino acids (proteins). (The other two vitamins are Vitamin B12, which comes from bacteria, and Vitamin D, which is actually a hormone made by the action of sunlight on the skin.)

#### ***The Potato: Complete Nutrition in a Spud***

If I were given the choice of picking only one food to live on for the rest of my life, I would choose potatoes. After all, potatoes have provided complete nutrition for children and adults throughout history under many circumstances. For example, rural populations of Poland and Russia at the turn of the 19<sup>th</sup> century lived in very good health doing extremely hard work with the white potato serving as their primary source of nutrition.

In 1925 a landmark experiment was carried out on two healthy adults – a man 25 years old and a woman 28 years old.<sup>17</sup> They lived on a diet primarily of white potatoes for 6 months.<sup>7</sup> Upon conclusion of the experiment the researchers reported, “They (the man and woman) did not tire of the uniform potato diet and there was no craving for change.” Even though they were both physically active (especially the man) they were described as, “...in good health on a diet in which the nitrogen (protein) was practically solely derived from the potato.”

#### **Fifth Observation: Low-carb Diets Make People Sick (and Maybe Fat)**

Look at your friends and relatives who are on low-carb diets. My observation is they look like the Canadian soldiers on pemmican rations – they are listless, dehydrated, with drawn faces and sunken eyes, and their breath smells of acetone (ketosis). Watch them long enough and you will notice their weight loss is only temporary – few people can remain that sick for very long.

Anyone considering a low-carb diet should be struck by the poor nutrition that these foods provide. Red meat, poultry, fish, shellfish, eggs, and vegetable oils contain no carbohydrates, and only 2% of the calories from cheese are of this essential nutrient. These low-carb foods contain neither dietary fiber nor vitamin C.<sup>7</sup> **Meat contains no calcium and dairy products contain essentially no iron.**

What should really cause you to pause is what these low-carb, animal foods, *do* contain – generous and harmful amounts of cholesterol, saturated fat, animal protein, microbes (viruses, bacteria, etc.) and environmental chemicals. The negative impact upon health can range from annoying to catastrophic. In the short-term, “low-carb malnutrition” causes constipation, aggravation of hemorrhoids, fatigue, dehydration, acidosis, loss of appetite, and nausea. Over the long haul, a diet heavy in these foods will increase a person’s risks of heart disease, stroke, cancer, kidney failure, kidney stones, and osteoporosis, to name a few dreaded, but common, diseases.

Low-carbohydrate diets have dominated bookstore shelves since 1990 and look what has happened to people’s weight over the last 15 years. In 1991, 12% of the population of the US was obese; by 1998 18% of people reached this super-size,<sup>18</sup> and now reports say as many as 26 to 30%% are corpulent. Enthusiasm for low-carb eating is directly tied to increasing rates of obesity – the more people blame carbohydrates for their troubles the fatter they grow – and now two-thirds of people in Western countries, like the USA, are sufficiently overweight to be a threat to their health.



### The Truth about Good Nutrition Is Obvious

Abraham Lincoln said, "You can fool some of the people all of the time, and all of the people some of the time, but you cannot fool all of the people all of the time." I say, "You can't fool anyone who has his eyes wide open." No matter how much people, in love with bacon and eggs, may wish it were otherwise, there are no meaningful arguments to counter these five observations that I have asked you to make. And there is much more. Libraries are filled with scientific research showing a diet based on high-carbohydrate plant-foods supports human health and a diet based on low-carb animal foods causes serious harm. In subsequent newsletters I will discuss some of that science.

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## How to Prevent and Treat Degenerative (Osteo) Arthritis

The most common form of arthritis afflicting humans is osteoarthritis, often referred to as “degenerative arthritis,” because the joints slowly deteriorate as a result of “normal wear and tear associated with aging.” Doctors commonly advise people to lose weight, especially if they have disease of the joints of the lower extremities, and to avoid prolonged and strenuous use of the affected joints.

Beyond this commonsense advice, if you see a doctor for a painful joint condition you will almost certainly receive a prescription for a “pain-killer.” More specifically, you will be given non-steroidal antiinflammatory drugs (NSAIDs). Common, over-the-counter varieties you may be familiar with are Motrin and Advil. Unfortunately, many of these same drugs have been shown to damage the very joints that they are supposed to help. Obviously, there is a need for better approaches to this common condition.

### A Healthier Diet, First

Osteoarthritis is not an inevitable part of growing older – people can live a lifetime with pain-free, fully-functional joints – actually, I think that is the way it is supposed to be. However, commonly, in developed (Western) countries the joints of people worsen with age. Only 2% of women less than 45 years old in the United States show signs of osteoarthritis; eventually this form of crippling arthritis is seen in x-rays of the hands of over 70% of people age 65 years and older. However, this same disease is comparatively rare in African and Asian countries, where people physically labor to survive.<sup>2</sup> The difference is that the diet of these arthritis-free people is based on unrefined plant foods with few animal products and added fats. In Western societies, joints wear out while doing such usual activities as driving a car past a drive-through window at McDonald’s and lifting a fork full of cheese to the lips.

The typical American diet damages the joints in several ways. Over two-thirds of the people on this high-fat, high-calorie diet are overweight and almost one-third are obese. This extra weight damages the joints of the lower extremities (hips, knees, ankles, and feet) simply through excess stress (the exaggerated effects of gravity). But there are other reasons an unhealthy diet injures joints:

- Malnourishment from the Western diet deprives the bones and joints of the raw materials they need to become strong enough to resist the normal wear and tear of daily activities.
- Circulation to these joints is also compromised by fat floating around in the bloodstream after a typical meal.
- Possibly the most damaging effect is from the components of the Western diet, that cause inflammation which damages the joints, especially the proteins from dairy products – causing arthritis and eventually permanent destruction of these moving parts.

The overall benefits of a healthier diet and weight loss were shown in a recent study published in the *American Journal of Clinical Nutrition*.<sup>3</sup> Three-hundred and sixteen older, overweight or obese, sedentary men and women with x-ray evidence of knee osteoarthritis were randomly assigned to one of four 18-month treatments: healthy lifestyle control, diet-induced weight loss, exercise, and diet plus exercise. Those who lost weight due to an improved diet showed a decrease in inflammation measured by a variety of tests. Exercise did not seem to make a positive difference in this study.

At least 25 studies have been published to date that show the benefits of a low-fat, plant-based diet on inflammatory arthritis (see my home page article “Diet: Only Hope for Arthritis”). Most of this research has been done on people who have been told they have rheumatoid arthritis, which is an arthritis characterized by severe inflammation. In reality, all arthritis conditions have elements of both inflammation and destruction – and the overall condition of the patient can range from one end of this spectrum to the other.

There is hope for people suffering from osteoarthritis, because the inflammation component can be reduced or stopped with corrective measures, such as a healthy diet and accompanying weight loss. I believe a low-fat, pure-vegetarian diet, combined with non-injurious physical activity, provides the best chance to avoid osteoarthritis later in life; and even help those who already suffer with this condition. But there is another “medication” approach that should be used when further benefits are needed.



## A “Natural” Arthritis Medication that Really Works

The joints are the locations in the body where bones make their connections. Cartilage covers the connecting surfaces of two bones where they join, allowing them to effortlessly glide one bone over the other. This articular cartilage is made of two types of large molecules, *proteoglycans and collagen*. Proteoglycans provide elasticity and stiffness on compression; collagen provides the strength. Substrates for the building blocks of joint proteoglycans can be provided in the form of a nutritional supplement made from seashells, called *glucosamine*. Medical benefits for glucosamine have been reported in the scientific literature for more than 35 years.<sup>4</sup> This medication can lead to long-lasting pain reduction and functional improvement by increasing cartilage building activities, reducing enzymatic destruction of the cartilage, and by providing anti-inflammatory effects. Glucosamine also acts to prevent the death of cartilage cells – not only halting joint destruction, but reversing it.

Researchers reporting in the April 2004 issue of the journal *Menopause* found (for the first time in a properly executed study) that the use of this seashell-derived supplement will stop the progression of osteoarthritis (degenerative arthritis) of the knee of postmenopausal women.<sup>5</sup> In fact, there was actually a small improvement, on average, in the joints of the 319 women studied. The placebo group showed a small amount of worsening. Three times as many in the placebo group showed narrowing (evidence of destruction) of their joints compared to the glucosamine group (33 vs. 11). A dosage of 1500 mg was given once daily by mouth. Two other recent and important studies have also shown improvement in pain and halting of progression of the joint deterioration.<sup>6,7</sup>

Glucosamine is very well tolerated by patients of all ages under short- and long-term treatment. At the very most, mild gastrointestinal upset, drowsiness and headache may occur – in most research, this medication has been found to have no more adverse effects than placebo. Glucosamine comes in a sulfate and hydrochloride form – both are equally effective. Cost of this medication is less than \$20 a month for 1500 mg daily. Often you will find glucosamine packaged with chondroitin – a byproduct of cow cartilage. My concern is that this cow material may contain infectious microbes, such as those that have been found to cause mad cow disease.<sup>8</sup> You will also find combinations of glucosamine with calcium, magnesium, boron and other minerals. The effects of these minerals have not been determined and they may cause unwanted imbalances in your system. Therefore, I recommend that you purchase a product that is made only of glucosamine. Finally, people with healthy joints should not be taking glucosamine in order to prevent a future problem that may never occur, since we really do not know for sure whether or not there are any long-term adverse effects from taking daily doses of powdered seashells.

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## Favorite Five

### My Favorite Five Articles Found in Recent Medical Journals

#### Need Potassium? Take Vegetables, Not Pills

**Potassium supplementation, diet vs pills: a randomized trial in postoperative cardiac surgery patients** by Wendi Norris in the February 2004 issue of the journal *Chest* found that a diet high in potassium – that is, a diet high in fruits and vegetables – was equally effective at maintaining potassium levels as were supplements (pills) in patients on powerful diuretics (in this case, an average dose of 84 mg/day of Lasix). This is the first study where diet is compared to pills for the replacement of potassium. Furthermore, this study of 48 patients, who had just undergone cardiac surgery, found that those on a high plant-food diet required less hospitalization (5 vs. 6.3 days); and 79% of those tested preferred the diet over the pills for replacing lost potassium.

Patients with high blood pressure and heart failure, and people who have swelling (edema) are commonly treated with diuretics, such as Lasix (furosemide) or HCTZ (hydrochlorothiazide). The intended purpose of these drugs is to remove sodium and water from the body; however, they also cause potassium to be lost through the kidneys. If the potassium level in the body becomes too low, then the patients can have irregular heart rhythms, and if the level goes even lower, patients can sometimes die. Thus, this replacement can be lifesaving, and is routine medical practice. The usual method employed by almost every doctor is to use potassium supplements given by mouth as potassium chloride. These pills are inconvenient: they are sometimes large in size and may have to be taken often. The common side effects are nausea and vomiting.

The McDougall Diet, which is based on high-potassium fruits and vegetables, provides more than twice the potassium as does the American diet (5000 vs. 2000 mEq/day). In addition, this kind of diet is patient-friendly, because it is high in dietary fiber (relieves constipation), low-cholesterol (prevents heart disease), low-sodium (prevents fluid accumulation), and low-fat (encourages better circulation). These healthy qualities of a fruit and vegetable diet were, most likely, the reasons for the reduced hospitalization seen in this study. You would think feeding sick and dying patients a high quality diet would be standard practice in hospitals – sad to say, not so! They are fed the very foods that brought them to the hospital in the first place. It is called “job security.”

#### Examples of Potassium Supplements:

(Costs can be as high as \$100 to \$200 a month for supplementation)

- \* Kaochlor
- \* Kaon
- \* Kaylixir
- \* K-Lor
- \* Klor-Con
- \* Klorvess
- \* Klotrix
- \* K-Lyte
- \* K-Tab
- \* Micro-K
- \* Slow-K

Norris W, Kunzelman KS, Bussell S, Rohweder L, Cochran RP. Potassium supplementation, diet vs pills: a randomized trial in postoperative cardiac surgery patients. *Chest*. 2004 Feb;125(2):404-9.

#### More Sex, Less Cancer.

**Ejaculation frequency and subsequent risk of prostate cancer** by Michael Leitzmann in the April 7, 2004 issue of the *Journal of the American Medical Association* found that men who had a greater frequency of ejaculations had a lower risk for development of prostate cancer later in life. This benefit was only observed for those men at the extremes of

sexual release – young men who claimed 21 or more ejaculations per month had about 1/3 less risk of prostate cancer over a lifetime, compared with men of the same ages reporting 4 to 7 ejaculations per month.

One possible reason for this study's findings was an association between an active sex life and a healthy diet. Men who feel more physically energetic would be expected to have more sexual experiences. The same diet that causes men to be more physically vigorous – a diet high in plant foods, and low in meat and dairy products – also reduces the risk of prostate cancer. (Remember, the diet of endurance athletes is high carbohydrate and is based on starches – see my September 2003 newsletter article "Building Your Own High-Performance Athletic Body." Also see my February 2003 Newsletter article "Saving Yourself from Cancer - the Prostate (case in point)."

Side Note: I had always hoped there was a health advantage to an energetic sex drive.

Leitzmann MF, Platz EA, Stampfer MJ, Willett WC, Giovannucci E. Ejaculation frequency and subsequent risk of prostate cancer. *JAMA*. 2004 Apr 7;291(13):1578-86.

### **Mammography Over-Diagnoses Millions of Women with Breast Cancer**

**Incidence of breast cancer in Norway and Sweden during introduction of nationwide screening: prospective cohort study** by Per-Henrik Zahl in the April 17, 2004 issue of the *British Medical Journal* found one-third of all invasive breast cancers in the age group of 50-69 would not have been detected in the patients' lifetimes without this x-ray examination. In other words, these women, diagnosed with invasive cancer of the breast, would have lived their entire lives without ever knowing they had cancer except for meddling doctors insisting on mammograms. This study of 1.4 and 2.9 million women in Norway and Sweden, respectively, above 30 years of age, looked at real cases of cancer (invasive breast cancer). The reason one-third of the women would have lived without knowing they had cancer is because this is a slow growing disease – often taking 20 to 30 years, and more, after diagnosis until it becomes life-threatening. Yet the fear and pain of knowing you have the disease, and the treatments for it, are immediate.

You may be thinking that all this suffering caused by the awareness of cancer and the treatments that follow diagnosis might be justified if a substantial number of women's lives were saved by present day treatments. Unfortunately, this is not the case – surgery, radiation, and chemotherapy have little impact on saving lives. For further information on mammography and breast cancer treatments please see *The McDougall Program for Women* book. For the past 30 years I have recommended that women avoid screening mammography, and if they are diagnosed with breast cancer, that they should choose very conservative therapy – like a lumpectomy. (See also my February 2002 newsletter article "Mammography is Unjustified--A Letter Few Newspapers Will Print;" and my January 2004 newsletter article "Mammography Is Fraud Promoted by Industry and Governments.")

So what is your option? Your defense against this disease should be to be fully armed with a healthy plant-based diet, exercise, and clean habits (no smoking and minimal alcohol). Don't let your guard down by thinking you are going to be saved with early detection and treatments.

Zahl PH, Strand BH, Maehlen J. Incidence of breast cancer in Norway and Sweden during introduction of nationwide screening: prospective cohort study. *BMJ*. 2004 Apr 17;328(7445):921-4.

### **US Preventative Task Force Says "No" to Heart Tests**

#### **Screening for coronary heart disease: recommendation statement by the**

U.S. Preventive Services Task Force published in the April 6, 2004 issue of the *Annals of Internal Medicine* concluded that doctors should not be looking for heart disease with a resting electrocardiogram (EKG), an exercise treadmill test (ETT), or a heart scan (electron-beam computerized tomography – EBCT). In other words, if you are otherwise healthy, you should not have tests to find out whether or not your arteries are plugged up. The reason is these tests lead to treatments – like heart surgery – that will not help you live longer and healthier.

Their exact words are: "In the absence of evidence that such detection by ECG, ETT, or EBCT among adults at low risk for CHD events ultimately results in improved health outcomes, and because false-positive tests are likely to cause harm, including unnecessary invasive procedures, overtreatment, and labeling, the USPSTF concluded that the potential harms of routine screening for CHD in this population exceed the potential benefits."

The reason these tests don't help and do cause harm is because the treatments that can be expected to follow – angioplasty and bypass surgery – do not save lives.\* The reason they do not save lives is because the operation is directed toward diseased parts of the arteries that rarely kill – these surgeries bypass or open up stable restrictions (large hard plaques) caused by chronic disease (atherosclerosis). The artery disease which actually kills the patient is very tiny volatile plaques – these rupture, causing the blood to clot (forming a thrombus). This clot suddenly occludes the artery and kills the heart muscle, and often the patient.

A person's risk for future heart attacks can be estimated by older age, male gender, high blood pressure, smoking, abnormal lipid levels, unhealthy diet, diabetes, obesity, and sedentary lifestyle. Gathering this information is of low risk to the patient – but also low-profit for the medical business – so this approach is belittled when compared to high-tech, high-profit tests and treatments. The greatest benefit from learning more about your heart health is that this information should serve as great motivation for long-overdue changes in your diet, exercise and habits (smoking).

\* Bypass surgery provides a small survival benefit for those patients with poor function of their heart muscle (left ventricle) before surgery. No improvement in survival has been documented from angioplasty. Aspirin and cholesterol-lowering medications (statins) reduce the risk of heart disease and death, a little. Learn more about heart health and disease treatments from the book, *The McDougall Program for a Healthy Heart*.

U.S. Preventive Services Task Force. Screening for coronary heart disease: recommendation statement. *Ann Intern Med*. 2004 Apr 6;140(7):569-72.

## HDL "Good" Cholesterol is Not Worth Your Attention

**Effect of intensive compared with moderate lipid-lowering therapy on progression of coronary atherosclerosis: a randomized controlled trial** by Steven Nissen in the March 3, 2004 issue of the *Journal of the American Medical Association*, found that HDL "good" cholesterol played no role in predicting the chance of worsening artery disease (growth of plaques). Hopefully, this will be the study that finally changes doctors' practices of recommending treatments for their patients based on this fraction of cholesterol.

Patients are often confused about the many different fractions of cholesterol – VLDL, LDL, MDL, HDL, etc. – and which ones they should take seriously. High-density lipoprotein cholesterol (HDL, often called "good" cholesterol) has been the most controversial, and therefore, surprisingly, the one that many doctors place the greatest emphasis upon when counseling their patients. This fraction has been termed "good" because cholesterol appears in this condensed form during the final stages of cholesterol metabolism, when cholesterol leaves the body by way of the liver.

In addition to lack of relevance to the nature of this killing disease, two common problems occur during everyday doctor-patient relationships when discussing HDL results:

First, a patient with high total cholesterol is often told not to be concerned because his or her HDL is also high. This is harmful advice because the total and LDL cholesterol best reflect the future health of the patient – not the HDL. Thus, the patient is often falsely reassured and does not make the changes in diet and lifestyle that would really make a difference.

Second, people following a healthy, no-cholesterol, low-fat diet usually experience a dramatic drop in total and LDL cholesterol, but the HDL cholesterol also decreases because when lowering cholesterol through a healthy diet, all fractions of cholesterol decrease. Their doctors may tell them this decrease is harmful and they should make the HDL level go up at any cost – even by eating more cholesterol (meat, poultry, fish, and cheese).

For more information on this subject see my September 2003 Newsletter article, "Good Cholesterol 'Worsens' with McDougall?"

During the Nissen study, 502 patients were treated for 18 months with powerful cholesterol-lowering medications, and investigators discovered that decreases in total and LDL “bad” cholesterol were strongly related to reductions in the progression of atherosclerosis. In fact, when the intensive treatment lowered total cholesterol to 151.3 mg/dl and LDL cholesterol to 78.9 mg/dl the progression of atherosclerosis was halted, and in many cases plaque disease was reversed. For each 10% reduction of LDL cholesterol there was a 1% reduction in amount of disease over the 18 months of treatment. Most importantly, the rate of progression of plaque disease is directly tied to the future risk of heart attacks and death.

For further discussions on how to lower cholesterol and improve the health of your arteries see the McDougall Newsletter articles: September 2002, “Cholesterol - When and How to Treat,” and June 2003, “Cleaning Out Your Arteries,” at [www.drmcDougall.com](http://www.drmcDougall.com).

Nissen SE, Tuzcu EM, Schoenhagen P, Brown BG, Ganz P, Vogel RA, Crowe T, Howard G, Cooper CJ, Brodie B, Grines CL, DeMaria AN; REVERSAL Investigators. Effect of intensive compared with moderate lipid-lowering therapy on progression of coronary atherosclerosis: a randomized controlled trial. *JAMA*. 2004 Mar 3;291(9):1071-80.



## APRIL 2004 RECIPES

### QUICK BLACK BEAN SOUP

This is one of those recipes that you can put together in 5 minutes, yet it always is a favorite with everyone. Even kids like it-and vegetable haters too, although you may want to use a bit less hot sauce for those people.

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: 2-4

3 15 ounce cans black beans, drained and rinsed  
1  $\frac{3}{4}$  cups vegetable broth  
1 cup fresh salsa  
 $\frac{1}{4}$  teaspoon ground oregano  
 $\frac{1}{4}$  teaspoon chili powder (or more to taste)  
 $\frac{1}{8}$  teaspoon smoked chipotle chili powder (optional)  
several dashes hot sauce (optional)

Reserve 1 cup of the beans in a separate bowl, place the remaining beans, the vegetable broth and the salsa in a blender jar. Process until fairly smooth, then pour into a saucepan. Mash the reserved beans slightly with a fork or bean/potato masher. Add to the saucepan with the remaining ingredients. Cook over medium heat for 10 minutes to blend flavors. Adjust seasoning to taste before serving.

Hints: This is great to make ahead of time and then heat just before serving. Make a double batch so you can enjoy a quick bowl of soup when you are hungry.

### TOFU LOAF

This is an excellent, firm loaf to serve with mashed potatoes and gravy. The leftovers also make a great sandwich filling.

Preparation Time: 15 minutes

Cooking Time: 45 to 60 minutes

Servings: 6-8

30 ounces water-packed firm tofu (reduced fat)  
1  $\frac{2}{3}$  cups quick oats  
 $\frac{3}{4}$  cup whole wheat bread crumbs  
 $\frac{1}{2}$  cup ketchup or barbecue sauce  
 $\frac{1}{3}$  cup soy sauce  
2 tablespoons Dijon-style mustard  
2 tablespoons Worcestershire sauce  
 $\frac{1}{4}$  teaspoon garlic powder  
 $\frac{1}{4}$  teaspoon ground black pepper

Preheat oven to 350 degrees.

Drain the tofu well and mash finely, using a bean/potato masher and your fingers. Place in a large bowl and add the remaining ingredients. Mix well, again using your fingers. Turn the mixture into either a square baking pan or a loaf pan. (If you don't have a non-stick pan you will need to *lightly* oil the pan first.) Bake the square pan for 45 minutes or the loaf pan for 60 minutes, until the top and edges are golden brown. Remove from oven and let rest for 5 minutes. Loosen sides and invert over a platter to remove from baking pan.

Hints: The quick cooking oats work best in this recipe. To make bread crumbs, process 1 slice of bread in a food processor. (Do this when you have extra older bread and store the crumbs in a sealed bag in the freezer.) Serve with a sauce or gravy to pour over the loaf-or serve plain with a barbecue sauce on the side. Vegetarian Worcestershire sauce is available in most natural food stores. Low sodium soy sauce is also available in most supermarkets for those of you

who are trying to reduce your salt intake.

## **MEXICAN STUFFED PEPPERS**

My family always enjoys Mexican food, but sometimes we want something other than burritos or enchiladas. This has the familiar flavors, but adds some variety to our Mexican dinners.

Preparation Time: 45 minutes

Cooking Time: 1 hour

Servings: 8

8 bell peppers  
1 onion, chopped  
½ teaspoon minced garlic  
½ cup water  
1 - 4 ounce can chopped green chilies  
1 tablespoon chili powder  
1 teaspoon ground cumin  
1 tomato, chopped  
2 cups frozen corn kernels  
1 - 15 ounce can black beans, drained and rinsed  
2-3 tablespoons chopped fresh cilantro  
6 cups cooked couscous  
several dashes of Tabasco sauce  
2 - 15 ounce cans Mexican-style stewed tomatoes

Wash peppers, cut in half lengthwise and clean out seeds and membranes. Steam over boiling water for about 5 minutes. (See hints below.) Set aside.

Preheat oven to 375 degrees.

Place the onion, garlic and water in a large saucepan and cook, stirring occasionally, for 5 minutes. Add green chilies, chili powder and cumin. Cook and stir for 1 minute. Add tomato and corn, cook, stirring occasionally, for 5 minutes. Add beans and cilantro. Mix well and remove from heat. Stir in cooked couscous. Season to taste with Tabasco sauce.

Puree the stewed tomatoes in a blender. Distribute evenly over the bottom of 1 large or 2 smaller baking dishes. Stuff the pepper halves with the couscous mixture. Place in the baking dish. Cover with parchment paper, then cover tightly with aluminum foil. Bake for 45-50 minutes.

Serve with Spicy Mexican Sauce to ladle over the top. (See recipe below.)

Hints: This made be made with many different kinds of peppers. Try red, yellow or orange for variety. The peppers are best if they are roasted or steamed before filling. Make this with poblano peppers for a more authentic Mexican flavor. To steam the peppers, clean and remove seeds, then steam over boiling water for about 5-8 minutes. To roast peppers, place on a baking sheet under a preheated broiler until skin is blackened on all sides (turn occasionally as necessary). Place the charred peppers in a paper bag and let stand for about 5 minutes. Remove from bag and peel off the skin. Then cut in half and remove the seeds.

## **SPICY MEXICAN SAUCE**

Preparation Time: 10 minutes

Cooking Time: 20 minutes

Servings: makes about 4 cups

1/3 cup vegetable broth  
1 onion, chopped  
½ teaspoon minced garlic  
1 28 ounce can crushed tomatoes

1 4 ounce can chopped green chilies  
3 tablespoons chili powder  
½ teaspoon ground cumin  
1 ½ cups water  
1 tablespoon soy sauce  
3 tablespoons cornstarch

Place the vegetable broth, onion, and garlic in a saucepan. Cook, stirring occasionally, for 3 minutes. Add tomatoes, chilies, chili powder and cumin. Mix well, cover and cook for 10 minutes. Add 1 cup of water and the soy sauce. Mix the cornstarch in the remaining ½ cup of water. Add to the sauce, stirring constantly until mixture boils and thickens.

### **FIESTA MEXICAN SALAD**

This is great picnic food. It keeps well in a cooler and almost everyone loves it!

Preparation Time: 10 minutes

Servings: 4-6

2 ½ cups cooked brown rice  
1 15 ounce can black beans, drained and rinsed  
1 cup frozen corn kernels, thawed  
1 medium tomato, chopped  
4 green onions, chopped  
½ cup fresh salsa  
¼ cup tofu sour cream (see August 2002 newsletter)

Combine rice, beans, corn, tomatoes and green onions in a bowl. In a separate bowl, combine salsa and tofu sour cream. Pour over rice mixture and toss well. Serve at once, or chill before serving.

Hints: This may also be made with a tofu mayonnaise instead of the sour cream. There is a recipe for tofu mayonnaise in the Quick & Easy Cookbook, page 253. Try making this with kidney or pinto beans instead of the black beans.