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### What Next, Bill Clinton?

Former President William Jefferson Clinton underwent quadruple coronary artery bypass surgery on Monday, September 6, 2004 – Labor Day – a holiday – three days after suffering from chest pains and shortness of breath. The day after he reported these symptoms, and two days before his surgery, I wrote him a letter encouraging him to take some time to think carefully about his decision before he committed to that life-changing experience. [Letter to Bill Clinton](#). Obviously, my message did nothing to slow the conveyor belt to the operating room.

Fortunately, he survived, as do 96% to 98% of patients. If you were to believe some of the stories in the newspapers, you might think he is now cured of his heart disease with his new “detour arteries” in place. The truth is they have done nothing to affect the “killing part of the disease” – the small volatile lesions lining ALL his arteries, not just the ones that were repaired. These are the red-hot, angry, pustules that burst and then form an occluding blood clot – they are below the detection threshold of an angiogram; and elude the efforts of the highly trained, well-intentioned surgeons.¹⁻³

So, nothing has really changed for Bill Clinton – he is at the same risk of dying of heart disease as he was before his operation – and that is exactly what all three major studies comparing bypass surgery with simple medical care (no surgery) show. ⁴⁻⁸ There are no future studies planned; therefore, nothing on the horizon will change the well-established fact that bypass surgery is a life-prolonging disappointment.

Over the next 10 years Mr. Clinton faces a 31% chance of a serious cardiac-related event, and about a 20% chance of dying.⁹⁻¹⁰ He is likely to have suffered a decrease in mental capacity, although his doctors made every effort to minimize the discussion, and thus avoid media attention, of this common complication. His family may notice disturbing personality changes caused by him having been on the heart-lung machine.

Patients after bypass surgery awake with pain and fear – and a strong desire to never again repeat that experience. I have heard people say ”I would eat cardboard in order to avoid another bypass.” At this moment they are most willing to listen to “the good news” about a healthy diet, but they rarely get a chance to hear it. Although Mr. Clinton’s first meal after surgery was not described, his hospital, New York-Presbyterian, does boast of having a gourmet chef and a concierge service. The first food after bypass surgery is often “a reward meal” for surviving the operation – most likely the very foods that brought the heart victim to the brink of death in the first place – possibly poached eggs with a side of bacon or a juicy steak. This indulgent message says to the patient, “High-fat, high-cholesterol, animal-based foods had nothing to do with your past hours of physical, mental, and emotional torment. Eat up; we can solve all your future problems with pills and more surgery.”

### Proper Post-operative Care for Mr. Clinton

Although “You have to watch your diet now” is commonly recommended as the patient leaves the hospital, worthwhile education is rarely given. Instead, patients receive...
Brain Damage from Bypass Surgery – The Untold Story

During the typical coronary artery bypass operation (like Mr. Clinton’s) the patient’s heart must be stopped in order to sew the new vessels around the large, “rock-hard,” blockages (the ones that rarely kill, as you learned above, but drive the profits of the bypass business). During these death-like minutes to hours, a marvelous “cardiopulmonary bypass machine” takes over the function of the heart and lungs and keeps the patient’s vital tissues alive. Blood is pumped through the plastic tubes and membranes of this heart-lung machine, where carbon dioxide is removed and oxygen is added. However, this machine is far from perfect.

Tiny fragments of plastic break off the tubes and membranes, blood cells and platelets are injured (causing them to form clumps), fat particles are sucked into the patient’s circulatory system, and gas (air) bubbles enter the bloodstream. All of this matter is then dumped back into the patient causing diffuse microembolization (delivery of tiny, occluding particles) throughout the person’s body. When this debris enters the small vessels it stops the flow of blood to the patient’s tissues – causing them injury and often death. Most tissues can regenerate themselves after such injury, but the brain cannot; therefore, permanent damage, with its subsequent deficits, results.¹⁰⁻¹³

After surgery employing the heart-lung machine, nearly all patients show evidence of brain damage based on the release of products of brain tissue injury into the patient’s spinal fluid and bloodstream, and other changes in brain physiology.¹⁴⁻¹⁹ Decline in mental function is most severe right after surgery. At the time of discharge from the hospital, between 50% and 80% of patients are having troubles.¹³ Five years after surgery a 20% decline in mental function has been found in 42% of patients.¹³ Most of the difficulty perceived by the patient is with subtle tasks, like remembering names and numbers. Family members commonly notice personality changes, like “Dad used to be so kind and understanding, and now the slightest irritation sends him into a rage.”

All this loss of mental function might be worthwhile for the one million people worldwide (300,000 in the USA) who have bypass surgery annually if not for two undeniable facts:
1) Bypass surgery does not save lives in the vast majority of cases;
2) The patient and family are almost never informed about the true impact of this common consequence of surgery.

bottles full of prescribed pills and capsules – beta-blockers (Toprol XL), ACE inhibitors (Zestril), statins (Lipitor), and blood-thinners (Plavix). – costing hundreds of dollars a month. You might come to believe your heart trouble originated from a “pill deficiency.” A profitable, but wrong, communication. The right message from educators who are dedicated to your never needing to visit a hospital again is for you to eliminate the cause of your artery closure – the American Diet.

The damage to a person’s arteries – both the original ones and the new ones inserted during the surgery – continues unchecked. The rate of closure is directly related to the patient’s blood cholesterol level.²⁰⁻²¹ Of course, diet is the safest, cheapest, and most effective way to lower blood cholesterol – and the right diet will keep the arteries open and actually reverse the disease (atherosclerosis).²² Furthermore, the same diet safely thins the blood, preventing future blood clots, and heals other conditions common to heart patients, like obesity, high blood pressure, diabetes, high triglycerides, uric acid, constipation and indigestion – cost-free – a deal too good to bypass up.²²

A “Teaching Moment” Missed

Recent research shows that a healthy diet (10% fat), and enough cholesterol-lowering medication to lower the total cholesterol below 140 mg/dl (LDL-cholesterol below 75 mg/dl), reduces the risk of future cardiac (heart) events from 31% to 7% over the next 5 years.²³ Although most doctors routinely use statins to prevent future heart problems, serious diet improvement is not part of their prescription.²⁴ (You can learn much more about how to reverse heart disease and avoid the fate of Bill Clinton by reading my June 2003 newsletter article: Cleaning out Your Arteries,” found at www.drmcdougall.com.)

My Full Dose Prescription for Bill Clinton

When it comes to your life, Mr. Clinton, there is no room for moderation – you are worthy of a full dose of medication – the amount that will cure you. The time has come for you to declare to yourself and the world that, “I have feasted enough for a lifetime. I have had more rich food than 99.9999% of people who have ever walked this earth – one more cheeseburger is not worth dying for.” Your new diet will consist of delicious and nutritious starch-based meals –
like oatmeal and pancakes for breakfast, minestrone soup and vegetable burgers for lunch, and for dinner: bean burritos, spaghetti and marinara sauce and mu shu vegetables over rice. My wife Mary has designed and published over 2000 healthy recipes for you and Hillary to enjoy.

You will also walk daily and give up those famous cigars. Your medications will be one baby aspirin a day, and if necessary, sufficient cholesterol-lowering medication (statins) to lower your total cholesterol below 150 mg/dl and your “bad” LDL-cholesterol below 80 mg/dl. You deserve no less and to do otherwise could deprive the world of a great leader. Write or call me anytime that I can be of further help.

(A more thorough discussion of information on your heart and arteries is found in “The McDougall Program for a Healthy Heart” book, which can be found in bookstores and libraries, or ordered from our web site at www.drmcdougall.com.)

References:
Favorite Five

My Favorite Five Articles Found in Recent Medical Journals

Vioxx and Celebrex May Give You a Heart Attack and More

A coxib a day won't keep the doctor away by Eric J Topol in the August 21, 2004 issue of the Lancet explains the true risks and lack of benefits of the new generations of pain relievers.* The issue’s cover headline summarizes the researcher’s findings by stating, “It is hard to imagine the justification for this extraordinary adoption of coxibs (like Vioxx, Celebrex, and newer versions) in light of marginal efficacy, heightened risk, and excessive cost, compared with traditional NSAIDs (like Motrin, Advil and plain aspirin).”

**Common Drug Names:**

- **Coxib** is a general reference to these kinds of anti-inflammatory pain killers (NSAIDs)
- **NSAID** is an abbreviation for nonsteroidal anti-inflammatory drug(s)
- **Aleve, Anaprox, and Naprosyn** are naproxen
- **Motrin and Advil** are ibuprofen
- **Vioxx** is rofecoxib
- **Celebrex** is celecoxib
- **Prexige** is lumiracoxib (available in Australia, Mexico, Brazil and UK; not yet in USA)

**Comment:** In the USA alone $7 billion dollars a year are spent on these “high-tech” anti-inflammatory, prescription painkillers – since these new “improved” drugs are able to be protected by patented laws, they are highly profitable. Vioxx and Celebrex will cost you $4 a tablet, whereas you can buy generic Motrin or Advil for 10 cents a piece and plain aspirin tablets – which are as effective and safer – cost much less than a penny each.

Unless there is some reason to act otherwise, I suggest my patients use simple, time-tested medications to relieve pain, such as aspirin and Tylenol (acetaminophen). Aspirin is a nonsteroidal anti-inflammatory drug (NSAID) and it has added benefits over other NSAIDs, like protection from heart disease. If you prefer a next generation NSAID, then choose something over-the-counter and inexpensive, like ibuprofen (Motrin or Advil). Remember all drugs have potentially serious side effects and you should become familiar with these before you use any medication. Better yet, you should relieve the cause of your suffering through a better diet. For example, most cases of arthritis, even serious rheumatoid arthritis, can be dramatically benefited (often cured) with a low-fat, pure vegetarian diet. (See my home page article: “Diet: Only Hope for Arthritis,” and read the Star McDougallers’ articles – Jean Brown, Vanessa, Sabrina, Mayra, and Rolling Back Dermatitis... These are all found on my web site at www.drmcdougall.com.)

* A coxib a day won't keep the doctor away. **Lancet. 2004 Aug 21;364(9435):639-40.**
Conservative Breast Cancer Treatment Best – No Mastectomy, No Radiation

Lumpectomy plus tamoxifen with or without irradiation in women 70 years of age or older with early breast cancer, in a study by Kevin S. Hughes in the September 2, 2004 issue of the New England Journal of Medicine found lumpectomy plus hormone therapy with tamoxifen alone is a realistic choice for the treatment of women 70 years of age or older who have early, estrogen-receptor-positive breast cancer.* Radiation added nothing to the chances for living longer. The risk of recurrence in the breast area increased from 1% to only 4% over five years when radiation was not used and those who had a recurrence were easily treated at that time with a little more surgery – but even then they avoided a mastectomy in almost all cases (98% of the time mastectomy was not needed).

Comment: More than 20 years ago I began writing about and recommending the kind of conservative treatment reported here by Dr. Hughes. Since then I estimate in the USA alone more than 2 million women have been mutilated by unnecessary mastectomy, and more than one million have undergone radiation, believing incorrectly that these treatments would prolong their lives. The reason for the failure of these treatments has been known for more than 50 years – breast cancer is usually a slow growing disease – taking about 14 years to kill half of its victims, but some women live 35 years and more with active disease.

Unfortunately, by the time it is discovered, if it is the aggressive kind, the cancer has already spread beyond the reach of these local treatments – surgery and radiation. Many breast cancers are, however, not aggressive and would not threaten a woman’s life even if left untreated. By understanding this natural history of the disease, you will
understand why conservative therapy is almost always best. This article limits the findings to women 70 years of age and older. However, the same principles apply to women of all ages with breast cancer. Furthermore, this study was limited to women with “estrogen-receptor-positive tumors,” but the fact is that “estrogen-receptor-negative tumors” also respond to Tamoxifen.

This article by Dr. Hughes and his associates suggests that at least a few doctors understand why most women do not need aggressive therapy. However, don’t count on the rest of the profession to catch up any time soon – doctors are very slow to change, and the fact that mastectomy, radiation, and chemotherapy are high-profit procedures doesn’t help the medical profession move into the 21st century any faster.

Tamoxifen is an anti-estrogen medication that will prolong survival and seems to reduce local recurrences. For the past thirty years I have been treating my patients with breast cancer with a simple surgical removal of the obvious tumor (lumpectomy) and Tamoxifen – no routine radiation, no lymph node dissection, and no chemotherapy. I always encourage them to take advantage of a low-fat, pure vegetarian diet – in other words, improving the quality and quantity of their life by removing the cause of their breast cancers. You can read about two of my patients who have elected diet-therapy and have done well for more than 20 years – see Star McDougallers Anneliese Moore and Ruth Heidrich at www.drmcdougall.com. Also read my book, the McDougall Program for Women, with four chapters on breast cancer.


Time to Quit Using the PSA says Stanford University

The prostate specific antigen (PSA) era in the United States is over for prostate cancer: What happened in the last 20 years by Thomas Stamey from Department of Urology, Stanford University School of Medicine, in the October 2004 issue of the Journal of Urology concludes: the use of PSA tests has led to overly zealous treatment of men with prostate enlargement (hyperplasia) – men who do not have actual cancer.* Prostate cancer is being over-diagnosed and over-treated, and the current extensive use of PSA screening is unwarranted.

Comment: Please refer to my February and March 2003 newsletter lead articles (see the archives at www.drmcdougall.com) for a thorough discussion of the harms caused to men by the use of the PSA test, and the proper approach to prevention and treatment of this common disease.

The PSA test is inaccurate and fails to catch the cancer at a stage early enough to be treated effectively by surgery or radiation. Prostate cancer begins in men in their twenties and steadily increases in incidence as they age until by their seventies, about 80% of men are found to have this cancer. With prostate cancer this common, any excuse to perform a biopsy is likely to find cancer in men over the age of fifty. This research shows (again) that the PSA tests do not increase the odds of finding prostate cancer over chance alone (by serendipity), and does not help the doctor determine which men need to be treated. PSA levels reflect mostly the size of the prostate as it enlarges with benign (non-cancerous) hyperplasia.

Even though prostate cancer occurs in most men, it has an extraordinarily small risk of killing the patient: the death rate is 226 per 100,000 men older than 65 years old. Yet if all men were biopsied, at this age about 80,000 men out of 100,000 would be told they have prostate cancer, and would be treated aggressively with surgery, and/or radiation. Sadly, 79,774 men would only be harmed by this testing because they were at no risk of dying from this disease. Even the 226 who died of prostate cancer failed to receive benefit, because in these cases the cancer had obviously already spread beyond the reaches of surgery and radiation (they were not cured). Yet all this truth published in the world’s best scientific-medical journals will not change the practice of your doctors – you are left to protect yourself from this dishonesty.

My advice has been for men to not get a routine PSA blood test or digital rectal examination. If a man has already been found to have prostate cancer, then in most cases he is better off doing nothing medically, often referred to as “watchful waiting.” Prostate cancer is caused by the rich Western diet. Therefore, common sense would dictate that victims of this disease “stop throwing gasoline on the fire,” and change their diet. The diet for preventing and treating prostate cancer (like breast cancer) is a low-fat, plant-food-based diet. The benefits of hormone therapy (analogous to the anti-estrogen drug, Tamoxifen, used for breast cancer) are yet to be determined. My guess is that these anti-testosterone medications will be found to be only minimally beneficial for men who have prostate cancer.
Vaginal Yeast Not Helped By Lactobacillus Pills or Inserts

Effect of lactobacillus in preventing post-antibiotic vulvovaginal candidiasis: a randomized controlled trial by Marie Pirotta in the September 4, 2004 issue of the British Medical Journal found that the use of oral or vaginal lactobacillus preparations had no effect on vaginal infections caused by a course of antibiotics.1 Women were instructed to use one or both preparations during the entire course of antibiotic therapy and to continue four days after the antibiotic was stopped. Of the 235 women treated with lactobacillus preparation or a placebo, 55 developed a vaginal infection, with yeast called candida. There was no difference in the infection rates between the two treatment groups. The authors were so confident with their findings that they said, “Further research on this subject is unlikely to be fruitful…” and that they (women) should use proven antifungal treatments if they developed yeast infections.

Comment: Inflammation of the vagina with itching and discharge can be caused by infections with microbes, such as parasites, bacteria, or yeast. Transmission by sexual relations is the usual means of contracting parasites and bacteria. Yeast (candida) naturally occurs all around us but its infectious potential is usually kept in balance, preventing an overgrowth that would cause vaginitis. Sometimes conditions tip this balance in favor of the yeast and it is allowed to grow out of control; for example, when the excess sugars from diabetes feed the yeast, or when antibiotics kill the “friendly” vaginal bacteria – which usually keep the yeast in check.

The theory behind using lactobacillus bacteria pills and vaginal inserts is that they are supposed to return the natural balances in the bacteria in the vagina and prevent or cure yeast infections. For years women have used yogurt (which contains lactobacillus), orally and vaginally, and recently this bacteria has been available in natural food stores sold as pills called “probiotics.” A recent thorough review of the literature failed to find convincing evidence for benefits.2 This article and the review should quell some of the enthusiasm for this “natural” approach to vaginitis. My experience has been that women who follow a healthy diet, exercise, and as a result become fit and trim, have very little trouble with yeast infections. Most likely, the benefits are a direct result of an enhanced immune system and lower blood sugars (even if women are not truly diabetic, their blood sugar decreases to a healthier level). Furthermore, the best means for you to grow healthful bacteria in your bowel and vagina, thus inhibiting the growth of yeast, is for you to eat vegetables and fruits. These healthful bacteria thrive off the partially digested remnants of healthy plant foods. I also recommend women with vaginal yeast infections use over-the-counter creams, such as miconazole (Monistat) or clotrimazole (Gyne-Lotrimin), when they have obvious discharge due to candida.


Echinacea Fails Again – What Am I Going to Do during Cold Season?

Echinacea purpurea therapy for the treatment of the common cold: a randomized, double-blind, placebo-controlled clinical trial by Steven Yale in the June 14, 2004 issue of the Archives of Internal Medicine found that Echinacea did not effectively reduce the symptoms and duration of the common cold. This conclusion was reached after studying 128 patients enrolled within 24 hours of cold symptom onset who were treated with 100 mg of an Echinacea preparation of freeze-dried pressed juice from the aerial portion of the plant, and compared with a placebo.1

Comment: This is the third major study in the past five years that has failed to find benefits from this supposedly immune-system-enhancing herb.2,3 (But I still have a bottle on my medicine shelf next to my Vitamin C for use when I think I am getting a cold – I am hoping for placebo effect at least.)

So with cold and flu season approaching what can you do?

Prevention is the best approach, like avoiding sick people. Hand washing is highly effective – do this whenever you have a chance. Too much exercise suppresses your immune system and increases colds and flu. Fish/flaxseed (omega-3), and other vegetable oils, can reduce your immune function and encourage infectious illnesses (and probably cancer). Animal foods, including fish, also impair your disease-fighting abilities. A healthy, low-fat, plant-based diet enhances immune function. You also might consider a flu shot (vaccination) – although there is much controversy about the benefits and risks, I usually get one.
Once you are ill, raising your body temperature by submersion in a hot bath may help. During your illness, you can benefit from medications that relieve the symptoms, such as cough syrups with dextromethorphan, nasal sprays for congestion and sneezing, and aspirin. (See my October 2003 Newsletter article: “Surviving the Cold Season” for more information and references for the above statements.)


McDougall Weekend Report

Eighty people enjoyed and profited from this past weekend at the McDougall Clinic in Santa Rosa, California. The food was fabulous, as usual (see the menus and recipe guide below) and all of the McDougall Staff – John, Mary, Doug and Jill gave outstanding performances, which were successfully recorded for our new DVD series (4 DVDs, 3 units).

Our next weekend will be an "Advanced Study Weekend" with guest lecturers on January 28 to 30, 2005.

Our next 10-day McDougall Program (live-in) will be held November 11-21, 2004.

A Special 10-day Maximum Weight Loss Program will be held January 14-23, 2005

THE NEW DVDS FOR SALE NOW

These educational DVDs will be available by Christmas of 2004 – they will make treasured gifts for you and your health-deprived friends. Plus, order now and take advantage of the preproduction prices.

This is an fabulous offer because these are the exact lectures that have been given at the 10-day live-in McDougall Program in Santa Rosa, California over the past 2 ½ years (Jill’s are slightly revised for her DVD).

These are not the same lectures found in the basic McDougall educational program: Dr. McDougall’s Total Health Solution for the 21st Century. Even though I would recommend that you watch this basic course first, the new DVDs stand on their own, and provide an exceptional education for the novice trying to change his or her personal diet, as well as for the professional wishing to enhance his or her basic knowledge of nutrition.
You can receive a preproduction sale price on all or any of these DVDs by ordering now – the offer is good until the release of the DVDs which is expected at the end of November.

NEW MCDougALL VIDEO

McDougall’s Medicine: Simple Steps for Regaining Lost Health and Appearance (Tentative Title) by John and Mary McDougall, Regular price $99.95 (preproduction price $79.95)
Save $20.

John McDougall, MD (Approximately 8 hours)

“Diet vs. Drugs”
“Molecules of Life”
“Marketing Milk and Disease” Part I & II
“Meat in the Human Diet”
“More Than You Ever Wanted To Know About Your Intestines”
“The Low Carb Craze”

Mary McDougall (Approximately 2.5 hours)

“Reading Between the Lines – Smart Label Reading”
“Fail-safe Beginning: Planning Your Healthy Kitchen”

NEW LISLE VIDEO

The Pleasure Trap by Doug Lisle, PhD, $49.95 (preproduction price $39.95) Save $10.

Dr. Doug Lisle PhD: (Approximately 3.5 hours)

“Avoiding the Pleasure Trap”
“The Path of Least Resistance”
“Making Lifelong Changes that Count”

NEW NUSSINOW VIDEO

Creative But Simple Low-fat Vegan Cooking (Tentative Title) with Jill Nussinow, RD, $49.95 (preproduction price $39.95). Save $10.

Jill Nussinow RD, chef (Approximately 4.0 hours)

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Menus for McDougall Weekend  
September 24-26, 2004

**Friday Dinner:**

Minestrone Soup (McDougall Newsletter, January ‘04 )

Potato Chowder (Quick & Easy, page 65)

Mixed Green Salad with Fat-Free Dressing (Dressings, New McDougall Cookbook)

   - Honey Vinegar, Creamy Garlic, Strawberry Vinaigrette
   - Baked Yams
   - Steamed Green Beans
   - Lasagna (McDougall Newsletter, June 2003)
   - Polenta with Meaty Mushroom Stroganoff (Quick & Easy, page 154)
   - Brownies with Cashews (Quick & Easy, page 272)
   - Fresh Fruit Cobbler (McDougall Newsletter, May ‘04)
   - Vanilla Soy Ice Cream

**Saturday Breakfast:**

Nutty French Toast (Quick & Easy, page 9)

East West Breakfast (McDougall Newsletter, May ‘04)

Sliced fresh fruit

Whole wheat bagels

Soy milk & rice milk

Oatmeal

Low fat muffins

Low sugar cereals

Condiments: raisins, prunes, dried cranberries, raw cane sugar, honey, jams, jelly

**Saturday Lunch:**

Quick Black Bean Soup (McDougall Newsletter, April ‘04)

Cream of Mushroom Soup (Quick and Easy, Page. 71)

Garden Pizzas (Quick & Easy, page 189)
San Antonio Quinoa (Quick & Easy, page 29)

Thai Noodle Salad (McDougall Newsletter, May ’04)

Potato Salad (Quick & Easy, page 20)

Whole Fruit in Basket: Apples, Pears, Bananas, Oranges, Plums, Peaches, etc.

**Saturday Dinner:**

Summer Vegetable Bisque (Quick & Easy, page 67)

Broccoli Bisque (McDougall Program for Women, page 267)

Stuffed Mushrooms (McDougall Program for Women, page 311)

Steamed Green Beans

Tofu Loaf (McDougall Newsletter, April ’04)

Grilled, Sliced Portobello Mushrooms (Quick & Easy, page 206)

Mashed Potatoes (Quick & Easy, page 223)

Golden Gravy (McDougall Newsletter, October ’03)

Raisin Carrot Cake (McDougall Program for Women, page 323)

Apple Crisp (New McDougall Cookbook, page 356)

Desserts topped with Vanilla Cream Topping (McDougall Newsletter, November ’03)

**Sunday Breakfast:**

Veggie Benedict w/Extra Sauce (Quick & Easy, pages 9 & 234)

Potato Pancakes (New McDougall Cookbook, page 313)

Salsa

Ketchup

Sliced fresh fruit

Whole wheat bagels

Soy milk & rice milk

Oatmeal

Low fat muffins

Low sugar cereals

Condiments: raisins, prunes, dried cranberries, raw cane sugar, honey, jams, jelly
Sunday Lunch:

Gazpacho (McDougall Newsletter, May '04)

Tortilla Soup (McDougall Newsletter, March '04)

Green Salad w/ Caesar Dressing and oil-free dressings

Tamale Pie (McDougall Newsletter, March '04)

Asian Cous Cous Salad

Rainbow Salad (McDougall Newsletter, May '04)

Veggie Tofu Burgers (Quick & Easy, page 203) with condiments: sliced tomatoes, lettuce, onions, ketchup, mustard, sliced pickles, tofu mayonnaise

Whole Wheat Buns from Alvarado Street Bakery

Whole Fruit in Basket: Apples, Pears, Bananas, Oranges, Plums, Peaches, etc.
RECIPES

MEXICAN PASTA SURPRISE
By Heather McDougall

We don’t very often think of pasta as a Mexican meal, but this combination of beans, pasta and sauce has a wonderful flavor. It is also very quick to make and almost everyone loves it. The shape of the pasta may be changed for variety.

Preparation Time: 20 minutes
Cooking Time: 45 minutes
Servings: 6

8 ounces uncooked bow-tie pasta
¼ cup vegetable broth
1 onion, chopped
2 jalapeno peppers, seeded and minced
1 ½ teaspoons minced fresh garlic
½ teaspoon chipotle chili powder
1 14.5 ounce can stewed tomatoes
1 15 ounce can pinto beans, drained and rinsed
1 ¼ cups enchilada sauce
1/3 cup shredded soy cheese
¼ cup chopped fresh cilantro
½ cup tofu sour cream

Place a large pot of water on to boil and cook pasta according to package directions. Drain and set aside.

Preheat oven to 350 degrees.

Place the broth in a large non-stick pan. Add the onion, jalapenos and garlic. Cook, stirring occasionally until softened, about 5 minutes. Stir in the chipotle powder. Add the tomatoes, beans and enchilada sauce. Mix well, breaking up the tomatoes slightly. Cook, stirring occasionally, for 10 minutes. Add the cooked pasta and mix well. Ladle mixture into a covered casserole dish. Sprinkle with the soy cheese. Bake covered for 25 minutes. Uncover and bake for 5 minutes longer.

Serve with the cilantro and sour cream to spoon over each individual serving.

Hints: Cook the pasta until it is just tender. Do not overcook. This may be prepared ahead of time and refrigerated until baking. You will need to add about 10-15 minutes to the baking time. Chipotle chile powder is quite spicy. If you can’t find it or would like a less spicy version, use regular chili powder instead. Recipes for enchilada sauce and sour cream may be found in the May 2003 and the June 2002 newsletters or in The Quick & Easy Cookbook. If you have any leftovers, this is great reheated for lunch the following day.

CORNBREAD

Preparation Time: 15 minutes
Cooking Time: 20 minutes
Servings: 9

1 cup cornmeal
½ cup whole wheat pastry flour
½ cup unbleached white flour
2 tablespoons organic sugar
2 teaspoons baking powder
¼ teaspoon salt
1 cup soy milk
½ cup frozen corn kernels, thawed
½ cup Wonderslim fat replacer
1 tablespoon egg replacer mixed in 4 tablespoons water
2 tablespoons chopped green chilies (optional)

Preheat oven to 400 degrees.

Mix the dry ingredients together in a large bowl.

Mix the soy milk, corn kernels and fat replacer together in another bowl. Combine the egg replacer and water and mix with a whisk until frothy. Add to wet ingredients and mix. Stir in the chilies, if desired. Pour the wet ingredients into the dry ingredients and stir until just moistened. Do not over-mix. Pour into a non-stick square baking pan and bake for 20 minutes, until toothpick comes out clean.

POLENTA WITH BLACK BEANS AND MANGO SALSA

Preparation Time: 15 minutes
Cooking Time: 20 minutes
Servings: 6-8

1 24 ounce package San Gennaro precooked polenta
½ cup vegetable broth
1 onion, chopped
1 red bell pepper, chopped
1 orange or yellow bell pepper, chopped
1 teaspoon minced fresh garlic
2 15 ounce cans black beans, drained and rinsed
1 15 ounce can chopped green chilies
1 15 ounce can crushed tomatoes
dash or two Tabasco sauce
freshly ground pepper to taste
¼ cup chopped fresh cilantro

Preheat oven to 375 degrees.

Slice polenta ½ inch thick. Place on a nonstick baking sheet and bake for 15 minutes.

Meanwhile, place the broth, onion, bell peppers and garlic in a large saucepan. Cook, stirring occasionally, for 10 minutes. Add remaining ingredients, except cilantro, and cook an additional 10 minutes. Stir in cilantro and remove from heat.

Serve over the polenta and top with Mango salsa (recipe follows).

MANGO SALSA

Preparation Time: 10 minutes
Servings: makes 2 cups

2 cups peeled, chopped, ripe mango
½ cup finely chopped onion
½ cup finely chopped red bell pepper
1 fresh jalapeno, seeded and finely chopped
1 tablespoon minced fresh garlic
dash of vinegar
1 tablespoon warm water
several twists freshly ground black pepper
dash salt

Combine all ingredients in a bowl and mix well. Cover and chill at least 1 hour before serving. This will keep in the refrigerator for about a week.

Hint: Prepared Mango salsa is available in some markets and will cut down on the preparation time.

EASY TACO CASSEROLE
As I have mentioned many times before, my family really likes spicy, Mexican flavored foods. We like to come up with variations, such as the previous recipes for Mexican Pasta Surprise and Polenta with Black Beans, and this is another one that is so simple anyone can prepare it in almost no time at all. We like to roll this up in a tortilla, but it can also be served over rice or a baked potato.

Preparation Time: 10 minutes
Cooking Time: 45 minutes
Servings: 4-6

1 onion, chopped
1 bell pepper, chopped
1 15 ounce can black beans, drained and rinsed
1 15 ounce can pinto beans, drained and rinsed
2 cups frozen corn kernels
1 ½ cups salsa, mild, medium or hot
1 package Bearitos Taco Seasoning

Preheat oven to 350 degrees.

Combine all ingredients in a casserole dish. Cover and bake for 30 minutes, uncover and bake for an additional 15 minutes.

Hints: Some grated soy cheese may be sprinkled over the top of the casserole for the final 15 minutes of baking, if desired.