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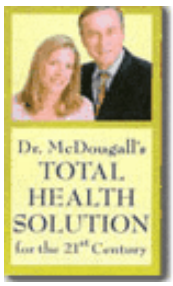

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March, 2002 Vol. 1 No. 3

Heather's Report
Guatemala -- The Undiscovered Jewel of Central America

I'm back from a great week in Guatemala. Surprisingly, I did not meet any tourists from the USA, but there were many from Europe and Asia – here's another undiscovered fabulous destination.

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Don't Burn Holes in Your Stomach

This article continues a series exploring the health of your intestinal tract. Consider the strongest contact with the world around you is through your food, processed and absorbed by your intestine.

The lining of the stomach and first part of the small intestine, known as the duodenum, has a protective *barrier lining* that keeps the powerful stomach acids and enzymes from eating into its tissues. An ulcer develops when the defense mechanisms of the stomach lining break down, making a "sore" or "crater" in the stomach wall.

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Diet and Diabetes: The Meat of the Matter
Too Much Fat Causes Diabetes

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Featured Recipes

Thai Noodle Stir-up
Tortilla Soup
Mexican Rice Casserole
Garbanzo Salad

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Heather McDougall with a degree in English and a love for cooking, especially with her mother, will be a frequent contributor to the newsletter. We invite you to contribute your thoughts and recipes to the McDougall Newsletter also. Write heather@drmcdougall.com.

We encourage you to pass this newsletter along to friends, however please leave the copyright information below intact.

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March, 2002 Vol. 1 No.3

Heather's Report

Guatemala -- The Undiscovered Jewel of Central America

I'm back from a great week in Guatemala. Surprisingly, I did not meet any tourists from the USA, but there were many from Europe and Asia – here's another undiscovered fabulous destination. You had better bring along an extra bag for all the unique artwork you are going to find. My first experiences were walking through the cobblestone streets of colonial Antigua and shopping for textiles in San Antonio Aguas. I've never bought so much on a trip before. These people have unsurpassed talents with their styles varying from region to region. Unfortunately, I could only buy what would fit in my suitcase. But I did OK and needless to say, all of my friends are going to be happy with my purchases. I saw a few flower processions. People spent days arranging flowers into storybook pictures in the middle of the streets. This was only a small glimpse of what will be seen during your Easter week in Antigua.

My next stop was a short drive to the volcano-surrounded lake, Atitlan, with water so clear you can see the bottom at 60 feet. At the lakeside traditional village of Santiago Atitlan I learned how much each place treasures its own culture The people of every village wear distinguishing different patterns and colors. My guide, Ruben, could identify the people of each of the 140 villages of this region by the designs on their clothing.

Tikal was much bigger than Machu Picchu in Peru. These Mayan ruins are a must see with acres of huge, mysterious, breathtaking buildings. No words can describe what I felt when I sat on top of temple number 4, built over a thousand years ago. Here I was looking out over the tree line, seeing three similarly magnificent temples towering proudly in the distance. I tried to imagine the lives of the Mayans living here long ago.

One of my last unforgettable stops was the Sunday market at Chichicastenango. As far as I could see there were bags overflowing with colorful vegetables, fruits, beans, dried chiles, and rice – and hardly any meat. I got hungry just walking through there. The next aisle over were rows of stalls filled with beautiful woven tapestries, carvings, and pottery -- I had to restrain myself from buying it all. The market was so immense I had to walk around the whole place again just to take in all of the sights and sounds.

I had a great time. Guatemala had much more to offer in culture, shopping, and beautiful

countryside than I ever expected. Not only did I see and buy many beautiful things, I also learned a lot about the Guatemalan and Mayan people and their traditions, that are fortunately still preserved in their original form to this day

I hope you will join us on this next McDougall Adventure, scheduled to leave March 28, 2002.

Best wishes,
Heather McDougall
Adventure Director
McDougall Adventures Inc.
CST #2049430-50

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Don't Burn Holes in Your Stomach

The lining of the stomach and first part of the small intestine, known as the duodenum, has a protective *barrier lining* that keeps the powerful stomach acids and enzymes from eating into its tissues. An ulcer develops when the defense mechanisms of the stomach lining break down, making a "sore" or "crater" in the stomach wall. Healing and injury are dynamic forces that are constantly acting in the stomach. Ulcers persist when the damage exceeds the stomach's ability to prevent and repair the injury. Therefore, your therapeutic goals are to minimize putting caustic substances into your stomach and to improve the capacity of the protective barrier.

In medical school I learned that ulcers of the stomach and duodenum, also known as peptic ulcer disease, were due to "hurry, worry, and curry." But current scientific evidence says this is not the case and that the three real culprits are: acid production, drugs (NSAIDs), and/or bacteria (H. pylori). As far as curry is concerned, the stomach has no serious trouble from that kind of burn.

Spicy Foods Are Safe, but Hot

Spices, in particular black pepper, red pepper, and chili powder, may produce indigestion, but they do not seem to seriously injure the stomach. This is good news for all of us who like spice in our foods. A study of eight men and four women on the effects of spicy food on the stomach lining found no injury.[1] The test subjects were fed four different test meals and then an endoscopic examination was performed 12 hours later. (Endoscopy is a direct examination of the stomach lining by a doctor through a fiberoptic scope.) A bland meal with aspirin showed injury in 11 of the 12 subjects. In contrast, only one case of injury each was seen with a spicy Mexican meal with an ounce of jalapeno peppers and a meal of pepperoni pizza. No injury was seen with the control bland meal. In a follow up test, one ounce of fresh ground jalapeno pepper was placed directly into the stomach and yet no visible damage was seen 24 hours later.[1] Other investigations have found no difference in rates of inflammation of the stomach in heavy consumers of spice and no difference in the rate of ulcer healing in those patients consuming large amounts of red pepper daily.[2-3] In experiments on rats, the active ingredient in pepper, capsaicin, was found to protect the stomach mucosa from damage caused by alcohol or aspirin.[4-5]

This doesn't mean that spicy foods don't cause a burning sensation. In my early days as a doctor on a sugar plantation on the Big Island of Hawaii, I saw the effects of spicy foods every day. My Korean patients came to my office fanning their bottoms trying to cool the burning effects of the Kim Chee they had made with cabbage and hot chili peppers. Yes, spicy foods do burn from one end of the intestinal tract to the other – and only time and more bland meals wash away the uncomfortable feelings.

Three Real Causes of Ulcers: Acid, NSAIDs, and H. pylori

Until recently the cause of peptic ulcer disease was largely a mystery and ineffectively treated with major, often debilitating, surgeries designed to remove acid from the stomach. Doctors believed the excess acid was the result of emotional disturbances, like the stresses of a busy life. Tranquilizers and special bland diets were often prescribed. One of the popular treatments I was trained to use during my medical residency in the early 1970s was the *Sippy diet*. This regime consisted of antacids and half & half dairy creamer given alternately every other hour. However, studies showed no improvement in ulcer healing and some very serious drawbacks.[6] As surprising as it may be, stomach acid production is actually increased when milk is fed to ulcer and non-ulcer patients.[6] This is because both protein and calcium stimulate stomach acid production. Furthermore, British and American patients treated for ulcer disease with the Sippy diet developed two to six times more heart attacks at the end of a year compared to those treated with a non-dairy diet.[7] The saturated fat and cholesterol in the half & half were the most important factors causing those results.

Now, at the beginning of the 21st century, doctors do have a good idea about the cause of ulcer disease and ways to temporarily heal it. The three main focuses are the acid production, drugs the (NSAIDs), and the bacteria (H. pylori). However, to really solve the ulcer problem, doctors need to focus more on the foods we place into our stomachs and the general health of our bodies, so we can avoid some of the toxic medications that cause ulcers.

Acid Production from Foods and Beverages:

Protein causes acid secretion, and animal protein is more acid-producing than plant protein.[8] Acid secretion measured in people was found to be 30%-40% less with soy protein rather than with beef protein.[9] Over 80 years ago scientists reported that milk was a strong acid-producing stimulant and was slowly emptied out of the stomach. The combination of eggs and milk was found to be an even more powerful stimulant for stomach secretion, producing hyperacidity and delaying emptying of the stomach.[10] One large population study found peptic ulcers to be more common with milk, meat, and bread, and also total fat, monounsaturated fats (like olive oil) and vegetable fats (linolenic acid).[11] Fermented milk products and vegetables were associated with lower incidence.

In the 1970s the effect of various forms of milk on gastric-acid secretion was studied in

five patients with duodenal ulcer during a period of remission and in five normal subjects. A significant increase in acid secretion in both groups was produced by 240 ml of whole, low-fat, and nonfat milk.[6] The authors concluded, "Because milk contains both protein and calcium, and each are stimulants of gastric-acid secretion, there is reason to question its frequent ingestion by patients with peptic ulcer."

Some alcoholic beverages cause indigestion and increased acid production. Champagne has been found to be the most upsetting followed by wine, sherry, and beer, and least distressing is brandy and other hard spirits, such as whiskey and gin. Substances (maleic acid and succinic acid) produced during the fermentation upset the stomach by increasing acid production.[12] These substances are removed during distilling, therefore, pure alcohol has little effect on the stomach. Thus, nonalcoholic ingredients in beer or wine are responsible for the distress caused by alcoholic beverages.[12]

In the February 2002 issue of the McDougall Newsletter I discussed the effect of coffee and decaffeinated coffee on stomach acid production. Both, decaf and regular, increase production of the stomach acids by a similar amount because it is substances in the coffee bean other than the caffeine that cause increased acid production.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

NSAIDs are taken by millions of people for relief of pain. About 15% of people who frequently take NSAIDs, like Motrin and Advil, or aspirin, have gastric or duodenal ulcers.[13] Within 90 minutes of taking 300 mg or 600 mg of aspirin, nearly everyone develops acute injury consisting of bleeding (intramucosal petechiae) and erosions. Many patients who start NSAIDs will not be able to continue because of drug-associated pain. The damage is due to impairment of the defenses of the stomach lining (mucosal defenses are hindered because of the inhibition of prostaglandin synthesis). Once injured, the stomach acid eats into the tissues. People who take NSAIDs and are infected with H. pylori are at least 61 times more likely to have ulcers of the stomach and/or duodenum than non-takers and noninfected people. [14]

H. Pylori

In 1982 two physicians isolated bacteria in the stomach tissues of patients with gastritis (chronic inflammation of the stomach linings). Subsequently, these bacteria, known as Helicobacter pylori or H. pylori, has been found to be involved in most patients with stomach and duodenal ulcer disease. H. pylori can be found in the stomachs of 70% to 90% of people in developing countries.[15] In developed countries, like the USA, 25% to 50% of people are infected. Most infections begin in childhood and spread appears to be from feces of infected persons. The common housefly may also be an important vector. All chronically infected persons show signs of gastritis on endoscopy examination, but most people have no symptoms.

Despite the fact that the main cause of duodenal ulcer incidence and recurrence is the

Helicobacter pylori bacterium, more than 80% of Helicobacter pylori-infected people never develop an ulcer. H. pylori is probably an "innocent bystander" for most patients, but the bacteria may sufficiently impair the defenses of the antral and duodenal mucosa to facilitate the development and relapse of ulcer disease in subsets of patients.[16,17] Adequate nutrition, especially frequent consumption of fruits and vegetables and of vitamin C, appears to protect against infection with H. pylori.[18,19] Of interest, extracts of a variety of plants, such as garlic, thyme, and East African herbal plants, inhibit the growth of H. pylori in the test tube.[20-23] Whether such extracts will prove useful in the treatment of infected patients remains to be demonstrated.

Eradication with Antibiotics Clears the Gastritis.

Eradication with a triple therapy including 2 powerful antibiotics and a powerful antacid or a bismuth compound accelerates the healing of these ulcers. For example, triple therapy dispensed in a blister pack consisting of bismuth subsalicylate (two tablets; 262 mg), metronidazole (250 mg), and tetracycline (500 mg), all taken four times daily for 14 days. The cure rate for the bacteria is 85% to 90%. For the present time, because there are risks and costs with antibiotics, I recommend not using them unless there is a clear indication of benefit, such as with ulcer disease.

The Bottom Line

There is a lot of talk about antacid medications, NSAIDs, and drugs to treat bacteria. Why? Because pharmaceuticals are highly profitable businesses. Money drives the information. Unfortunately, other than avoiding NSAIDs, none of the medications offers a permanent solution. The permanent solution is to put good foods into your stomach – and these foods are starches, vegetables and fruits. Right! A nonprofit approach, but it is the truth.

1) Fill your stomach with a plant based diet

2) Avoid high protein foods including meat and dairy products

3) Use garlic and thyme for spices

4) Use pepper spices with caution – they burn, but do not cause injury

5) Avoid beer, wine, and champagne

6) Avoid coffee and decaffeinated coffee

7) Keep your body healthy to avoid stomach damaging drugs

8) Take Tylenol rather than aspirin or NSAIDs if prone to stomach trouble

9) Take liquid or tablet antacids initially, then antacid pills for unresolved problems

10) As a last resort, investigate and treat an H. pylori infection

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Diet and Diabetes

Too Much Fat Causes Diabetes

Type II diabetes is called adult-type diabetes because it is the most common type of diabetes seen in adults. Approximately 8% of American adults have this condition and in some subsections of our populations, such as the American Indians, the incidence can be as high as 50% of the people. The cause is unquestionably the rich American diet, chock-full of fat and deficient in plant foods. The association with fat and diabetes has been known for over 75 years. In 1927 Dr. E. P. Joslin, founder of the famous Joslin Diabetic Center in Boston, suspected a high-fat, high-cholesterol diet might favor the development of diabetes and its major complication, atherosclerosis.[1] He prophetically wrote: “I believe the chief cause of premature atherosclerosis in diabetes, save for advancing age, is an excess of fat, an excess of fat in the body (obesity), an excess of fat in the diet, and an excess of fat in the blood. With an excess of fat diabetes begins and from an excess of fat diabetics die, formerly of coma, recently of atherosclerosis.” And now, after 75 years of repeating Joslin’s message, diabetes is the fastest growing disease in Western nations.

Three Major Studies This Past Year Tell of Cause and Prevention

1) A February 2002 study, published in the *Annals of Internal Medicine*, of 51,529 male health professionals, found men whose diets are rich in red meat, high-fat dairy products, and baked goods are 60% more likely to develop diabetes than are men who eat a more prudent diet of vegetables, fruits, whole grains and lean meats.[2] When low physical activity is combined with a fatty diet the risk of developing diabetes is doubled. Obese subjects have more than 11 times the risk of developing diabetes.

2) In May 2001 an article the *New England Journal of Medicine* reported on 522 middle-aged overweight subjects who were divided into 2 groups.[3] One group was encouraged to eat more plant foods, less fat and to exercise; the other continued their old ways. The members of the healthier group lost an average of nearly 10 pounds each and had less than half the chance of developing diabetes.

3) A more recent study in February of 2002 in the same journal reported on 3234 pre-diabetic individuals who had gone on a healthy diet and exercise program and had

reduced their chances of getting diabetes over the following 2.8 years by 58%.[4]

Worldwide and nationwide the incidence of Type II diabetes is skyrocketing. Treatment with medications, including insulin and diabetic pills, does not cause the blood sugars to return to normal or eliminate the common complications, such as blindness, heart attacks and kidney failure. But all of this, and more, can be done with a diet and exercise program, and at no cost.

Diabetes: An Adaptive Response

The human body is a survivor. It does whatever is necessary in order to live and function at its highest level even when confronted by all kinds of adverse circumstances. The severe malnutrition caused by the high-fat, low-fiber American diet places serious burdens on the body and requires it to make adaptions. The calories consumed in excess of our needs cause us to gain weight. As the body gains excess fat it becomes resistant to the actions of the hormone, insulin, in order to survive.[5] One of insulin's jobs is to push fat into the fat cells – the fat is being saved for the day when no food is available (A day long time coming). Once obesity has developed, in an effort to stem the rapid expansion of the body's girth, the fat cells become less responsive to insulin, in other words, "insulin resistance" develops. This slows or stops the accumulation of fat – so the person does not get as big as a house.

The next stage of adaption occurs when the body becomes so resistant to insulin's effects that it can no longer keep the blood sugar at normal levels. The sugars rise to a level above the kidney's capacity to keep it in the body, and the sugar spills over into the urine like water falling over a dam. At this stage sugar is found on a urine test – a common way to diagnosis diabetes. This loss of sugar (calories) is the body's adaptive response to excess calorie intake and storage (body fat). By losing calories through loss of sugar into the urine, weight loss occurs – all in an effort to correct the underlying diabetic condition. Unfortunately, almost all doctors prescribe medications that thwart the body's efforts to make lifesaving adjustments.

Medication Guarantees Diabetes Will Continue

Diabetic medications guarantee that all diabetics will remain diabetic. Insulin and diabetic pills (sulfonylureas) increase the amount of insulin in the diabetic's body causing the body to store more fat in the fat cells. Other medications (rosiglitazone) reduce insulin resistance and cause weight gain. Any of these medications may also lower the sugar levels below the kidney's threshold for dumping excess calories. Thus a vicious cycle is created: The patient goes to the doctor, is diagnosed with diabetes, placed on medication and told to lose weight. The medication makes the person fatter and thus the diabetes becomes worse. The patient returns to the doctor and is given more medications because the sugars are higher, which makes the patient fatter and the diabetes worse.

Curing Type II Diabetes

In my practice I see people whose future is ever-worsening diabetes, obesity, loss of vision, kidney failure and vascular insufficiency, leading to gangrene. They have seen their doctors regularly, taken their medications faithfully and still they get fatter and sicker. To break this downhill spiral I ask them to do the following:

1) Stop or reduce their insulin or diabetic pills. This reverses the weight gain immediately. (Insulin cannot be stopped in Type I diabetes, but the dosage can often be reduced).

2) Change to a low-fat, high-fiber, plant-based diet.

3) Exercise.

4) Check other risk factors for serious disease, such as cholesterol, triglycerides, and blood pressure. Then take diet and lifestyle steps to correct these (for example, less fruits and juices with high triglycerides and less salt with high blood pressure).

5) Take medications carefully to correct symptoms and appropriate risk factors. (For example, with too much weight loss insulin is sometimes necessary. Cholesterol, triglyceride, and blood pressure lowering medications are sometimes indicated in high-risk patients.)

It is no coincidence that the same diet that helps prevent or cure diabetes also causes effortless weight loss, lowers cholesterol and triglycerides, and cleans out the arteries, and returns the body to excellent function. No matter how much research appears saying the same thing over and over again, the tide is unlikely to change because of the economic incentives for continued illness and profitable treatments.

As enlightened individuals people can make a difference in their own lives and the benefits are seen almost overnight. Scientific research has shown over the past 75 years that half to three-quarters of Type II diabetics can get off insulin and almost all can get off their diabetic pills (See the *McDougall Program – 12 Days to Dynamic Health* – Plume 1991). Changing to oatmeal, bean burritos and a daily walk are the easy ways compared to a short painful lifetime of injections, complications, doctor's visits and hospitalizations.

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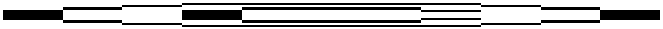

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Don’t Sleep Yourself to Death

A study called “Mortality associated with sleep duration and insomnia” found the best survival was among those who slept 7 hours a night.[1] People who slept 8 hours or more, or 6 hours or less, had an increased risk of dying. Prescription sleeping pill use also was associated with an increased risk of dying. However, people reporting that they suffered with insomnia was not associated with an increase in the risk of an earlier death. This study involved 1.2 million men and women between the ages of 30 and 102 years.

COMMENT: This information should help quiet misguided experts who have been recommending you “sleep your life away.” There are health professionals who believe more sleep is the answer to most of our health problems. However, in truth, the ideal amount of sleep we need for optimal health, based on good scientific research, is a lot less than you have probably heard. Certainly we need some sleep to rejuvenate, re-energize, and restore ourselves. Studies have shown that without enough sleep a person's ability to perform even simple tasks declines dramatically, resulting in impaired performance, irritability, lack of concentration, and daytime drowsiness. Drowsiness is a very serious matter when it comes to driving or operating other dangerous machinery. From our earliest childhood we have been taught sleep is good for us, and the more the better. The refreshment derived from a good night’s sleep, and the associated relief we enjoy from pain and worry while we are asleep, reinforces such advice. More sleep is also recommend in order to look better – “beauty rest.”

But, like most of our behaviors, there is a down side to too much sleep. Besides wasting valuable waking moments, too much sleep is the leading cause of depression. And less sleep can relieve serious depression.[2] A scientific review of studies found an average of 59 percent of patients showed a marked decrease in depressive symptoms the day after a night of sleep deprivation.[3] Sixty-seven percent of people diagnosed with depression responded positively to sleep deprivation. Why? Because sleep produces a “depressogenic substance.” Therefore, for many people less sleep means relief of depression. Using less sleep to control depression has the following advantages: Sleep deprivation is highly effective, works quickly, is easy to administer, inexpensive, self-administered, and the effects are rapid. (You can read more about this in *The McDougall Program for Maximum Weight Loss* book.)

The current population sleep average is 6 to 7 hours a night.[4] Young children, pregnant women, and people who are ill require more sleep than average. As we age, most people require less sleep. One way to determine personal sleep requirements is by waking up without an alarm clock. However, a better way to find the amount of sleep you need is by "trial and error." Find what you require to wake up feeling refreshed and well-rested in the morning and to remain alert all day -- without suffering from depression. For most healthy adults that will be about 6 to 7 ½ hours – maybe, by no coincidence, an amount associated with the least risk of death. Is this just another example of the mind-body connection where happy people live longer and healthier? That's one of my conclusions.

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Back Seat Passengers May Kill You

A study entitled "Mortality of front-seat occupants attributed to unbelted rear-seat passengers in car crashes, "found the risk of death was 5 times higher than if the back-seat passengers were in seat belts.[1] In other words, if rear seat belts had been used almost 80% of deaths of belted front seat occupants could have been avoided. The study looked at 103,590 front seat passengers who were injured in car to car crashes in Japan. In frontal crashes the risk of death was increased 6 times for the driver and 7 times for the front seat passenger. Rear-end crashes did not increase the risk of death of front passengers even if the rear seated passengers were unbelted.

COMMENT: In some states in the United States and most countries worldwide only the front seat passengers must wear a safety belt. The force of a body moving forward at any commonly driven speed is immense and potentially lethal. When you are the driver and responsible for your passengers' safety, don't forget a 150 pound Grandma moving at 60 mph toward the front seat can cause quite a lot of damage – make sure everyone is properly belted.

1) Ichikawa M. Mortality of front-seat occupants attributable to unbelted rear-seat passengers in car crashes. Lancet. 2002 Jan 5;359(9300):43-4.

The McDougall Newsletter

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Thai Noodle Stir-up

By Heather McDougall

My daughter, Heather, and I like to experiment in the kitchen. She has become very creative and we have lots of fun working on new recipes together. This recipe is one that we really liked and we hope that you will like it too.

Preparation Time: 30 minutes
Cooking Time: 10 minutes
Servings: 4

7 ounces uncooked rice noodles
¼ cup vegetable broth
1 teaspoon minced garlic
1 cup broccoli florets
2 cups sliced fresh button mushrooms
½ cup chopped red bell pepper
4 green onions, sliced in 1 inch pieces
6 oyster mushrooms, sliced (optional)
12 ounces smoked, baked tofu, sliced

Sauce:
6 tablespoons soy sauce
6 tablespoons sugar
2 tablespoons lime juice (2 limes)
2 tablespoons rice vinegar
1 to 2 teaspoons red chili sauce

Optional garnishes: Chopped cilantro, chopped peanuts, lime wedges, hot sauce.

Soften rice noodles in boiling water according to package directions, drain, and set aside.

Combine sauce ingredients in a bowl and set aside.

Place the vegetable broth and garlic in a large non-stick frying pan or wok. Cook and stir for 1-2 minutes. Add broccoli, button mushrooms, bell pepper and green onions. Cook and stir for 2 minutes. Add oyster mushrooms and tofu and continue to cook for another minute. Add noodles and sauce. Cook and stir for 3 to 5 minutes, until vegetables are at desired tenderness. Serve hot.

Hint: Various hot sauces (red chili sauce) are sold in most supermarkets in the ethnic section. Some are very hot. Use as much or as little as you like. Serve the optional garnishes in small bowls and let each person add them to their noodles as desired. Rice noodles are sold in most natural food stores and some supermarkets in the Asian food section. They do not need to be cooked, just soak them in boiling water, usually between 5-8 minutes. Drain, add cold water and ice cubes, let soak for a minute or two, then drain and set aside.

TORTILLA SOUP

Preparation Time: 15 minutes
Cooking Time: 30 minutes
Servings: 6

4 cups vegetable broth
1 medium onion, chopped
½ cup green bell pepper, chopped
1 ½ cups fresh chopped tomatoes
1 15 ounce can black beans, drained and rinsed
1 cup frozen corn kernels
¼ to ½ cup salsa, mild, medium or hot
1 to 2 tablespoons chopped green chilies
½ to ¾ cup chopped avocado
¾ cup broken fat free tortilla chips

Place ½ cup of the broth in a medium saucepan. Add onion, bell pepper and tomatoes. Cook, stirring occasionally for 15 minutes over low heat. Add remaining broth, bring to a boil, reduce heat, add beans and corn. Add salsa and green chilies to taste. Cook over low heat for 10 minutes. Add avocado, adjust seasonings if necessary. Cook an additional 5 minutes. Stir in tortilla chips just before serving.

Hint: This may also be made with canned tomatoes when fresh tomatoes are not available or not very desirable (during the winter months). Use 1 15 ounce can of chopped tomatoes and add tomatoes with the beans and corn.

MEXICAN RICE CASSEROLE

Preparation Time: 10 minutes (need cooked rice)
Cooking Time: 40 minutes
Servings: 6

3 ½ cups cooked brown rice
1 17 ounce can cream-style corn
1 15 ounce can black beans
1 8 ounce can tomato sauce
½ cup chopped green onions
2 tablespoons chopped green chilies
1 teaspoon chili powder
½ teaspoon ground cumin
1/8 teaspoon crushed red pepper
¼ cup grated soy cheese (optional)

Preheat oven to 350 degrees.

Place the rice in a large bowl. Add remaining ingredients, except the soy cheese, and mix well. Ladle into a casserole dish. Bake, covered, for 30 minutes. Uncover, sprinkle with soy cheese, if desired, and bake for 10 more minutes.

GARBANZO SALAD

Preparation Time: 15 minutes
Chilling Time: 2 hours
Servings: 4

1 15 ounce can garbanzo beans
1 cup chopped bell pepper
½ cup finely chopped sweet onion
1 tomato, chopped
½ cup finely chopped celery
2 tablespoons fresh lemon juice
1/3 cup finely chopped cilantro
dash salt
dash or two of Tabasco sauce (optional)

Combine beans and vegetables in a bowl. Add lemon juice and cilantro. Mix well. Chill for at least 2 hours to allow flavors to blend. Taste and season with a dash of salt, if desired. Add Tabasco sauce to taste. Serve cold.

Hint: Use a variety of bell peppers, if desired, or use all one kind. This makes a delicious salad for lunch for several days.

We welcome contributions to the McDougall Newsletter Recipe Section. Please e-mail your recipes to heather@drmcdougall.com.

Heather McDougall with a degree in English and a love for cooking, especially with her mother, will be a frequent contributor to the newsletter.