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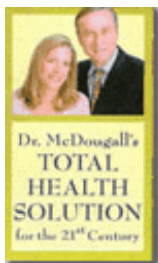
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June 2002 Vol. 1 No. 6

The Liver – Savior from Our Own Abuses

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 liver is our largest internal organ and plays a central role in the maintenance of our entire body. Dietary proteins, fats and carbohydrates are synthesized and broken down, and cholesterol and triglycerides are regulated, by the liver. The liver is the primary site for activation, clearance, detoxification and excretion of most medications, drugs, and toxins that enter our body.

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Health Myths Dispelled: Omega 3 "Good" Fats

Many popular books and authorities on cancer recommend the replacement of saturated and omega-6 fats (the kinds of fats that are found predominately in corn and safflower oil) with omega-3 fats (the kind found in cold-water marine fish and flaxseed).^{1,2} There is evidence to support their recommendations;² however, I believe these authorities are overlooking some important research that says this is a very dangerous practice.^{3,4}

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Atkins' Diet and His Cardiac Arrest

Robert Atkins, MD, the founder of the high-fat, high-cholesterol, high-protein, low-carbohydrate Atkins diet, recently suffered a cardiac arrest attributed to an underlying cardiomyopathy (April, 2002). (Cardiomyopathy is a disease weakening the heart muscle, often leading to congestive heart failure and death. Cardiac arrest is when the heart stops beating effectively.)

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Dairy Industry Admits They Sell Death



[The Best of Northern California Beautiful Fall colors, mild climate, and the grape crush. A 6 Night / 7 Day Adventure with the McDougalls October 6 to October 12, 2002](#)

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While at the University of California at Davis, helping my youngest son with his housing plans for his sophomore year, I was wandering through the Food Sciences building looking for a bathroom, when I coincidentally found a wall mounted rack distributing dairy industry propaganda – a small magazine called the “California Dairy Dispatch – Research, Education and Service to Support the Dairy Industry” (Spring 2002). On page 6 they say, “Since dietary fat intake is known to contribute to obesity, heart disease, cancer, stroke and type 2 diabetes

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Featured Recipes

TOMATO BASIL SOUP
BLACK BEAN CHILI
AVOCADO SALSA
CREAMY CORN SOUP
TOFU CHILI CREAM

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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



The New McDougall Health Center

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The Liver – Savior from Our Own Abuses

The liver is our largest internal organ and plays a central role in the maintenance of our entire body. Dietary proteins, fats and carbohydrates are synthesized and broken down, and cholesterol and triglycerides are regulated, by the liver. The liver is the primary site for activation, clearance, detoxification and excretion of most medications, drugs, and toxins that enter our body. Because the liver is the primary depot of all the junk we take in, it is particularly important we avoid toxic substances, like drugs and poisons – alcohol being the most common example of both.

Chronic liver disease is the tenth leading cause of death in the United States – resulting in about 25,000 deaths per year. Fortunately, for most us looking for salvation after years of abuse of our bodies, the liver has a tremendous capacity to regenerate itself, even after serious injuries. Even though you may not have thought much about it up until now because the liver is hidden deep inside your body, it is time to bring proper “liver care” to the forefront of your attention.

High-Carbohydrate, Liver-Friendly Foods

The time-honored diet for all liver ailments has been a high-carbohydrate, low-fat, low-protein diet. During my medical school training, more than 30 years ago, I recall prescribing this kind of diet for patients with all kinds of liver illnesses from acute hepatitis to chronic liver failure. Carbohydrates are the energy sources most easily utilized by the liver; in addition, a high-carbohydrate diet limits the intake of proteins, which can be toxic to the body.¹ Carbohydrate fuels burn cleanly into carbon dioxide and water, without leaving behind toxic remnants of metabolism, like the nitrogen left behind when burning protein for fuel. Carbohydrates also increase the production of insulin, which helps remove potentially

toxic proteins from the body.

Dietary protein can cause a person with liver failure to become very ill, when amino acids and other protein-breakdown-products accumulate. The results of the build-up of these substances can be encephalopathy (mental dysfunction) and hepatic coma. Vegetable protein is more easily tolerated by a person with impaired liver function.² In fact, people with severe liver disease have been effectively treated by a diet which substitutes animal protein with vegetable protein as a single therapy – relieving encephalopathy and hepatic coma.

Obesity encourages the progression of liver disease to a chronic, often fatal, condition, known as cirrhosis.³ There is also evidence that carbohydrate intake has a protective effect on the risk of cirrhosis, whereas saturated fat intake significantly increases the risk associated with alcohol consumption.^{4,5} Therefore, for many reasons, a low-fat, high-carbohydrate, plant-protein vegetarian diet would be the best diet for all persons with liver disease – as well as anyone wanting to keep the liver healthy.

Fatty Liver Disease

Simple accumulation of fats within the liver tissue, commonly referred to as “fatty infiltration of the liver” and medically termed “non-alcoholic steatohepatitis,” is caused by eating an unhealthy diet. This fatty liver disease can lead to serious consequences, including inflammation, scar tissue formation (fibrosis), and cirrhosis. At autopsy, from 6% to 11% of livers of Americans show moderate to severe accumulation of fat. This condition is more commonly seen in people who are alcoholic, obese, have diabetes and/or elevated triglycerides (hypertriglyceridemia). About 75% of people with this condition are women, and between 70% and 100% are obese. Fatty infiltration of the liver is usually discovered when routine blood tests reveal elevation of one or more of the “liver enzymes” known as *alanine aminotransferase (ALT)* and *gamma glutamyl transferase (GGT)*. Exclusion of other causes for the elevation of these liver enzymes, such as heavy alcohol intake and viral hepatitis, must be made before a diagnosis of non-alcoholic steatohepatitis is made. The higher the levels of elevated liver enzymes, the more likely damage to the liver on direct examination will be seen. About half of the patients complain of fatigue and/or upper abdominal discomfort – the other half has no symptoms. Liver enlargement is sometimes detected on physical examination.

High fat and oil consumption are associated with an elevation in liver enzymes.⁶ Most importantly, a change in diet and exercise regime that results in a 10 to 15 pound weight

loss is a very effective means of healing the liver – this is seen by improvement of the liver enzymes and disappearance of fat from the liver tissues on direct examination of the liver tissues after a biopsy.⁷ Many other studies have confirmed that this potentially serious liver condition can be cured with a change in diet and accompanying weight loss.⁸⁻¹⁰

Infections

Hepatitis, meaning inflammation of the liver, is usually due to a virus infection, but can also be caused by medications and other chemical toxins. Viral hepatitis is commonly classified as A, B, and C, as well as by other letters. These viruses are spread by close contact with infected people or their body fluids (saliva, blood, and semen). Hepatitis B and C are most often associated with illicit drug use, blood transfusions, and sexual contact. Fortunately, there are effective vaccines for hepatitis A and B, which greatly reduce your chances of infection. All of our family members have been immunized against both forms of viral hepatitis – this decision was made partly because we frequently travel worldwide to places of higher risk.

Once infected, the body provides a defense that attempts to eliminate the virus. However, in some cases this fails and the infection becomes chronic. For example, between 75 to 80 percent of people infected with hepatitis C go on to a chronic form where the virus persists – as a result, more than 25 percent develop cirrhosis within 40 years. Chronic infections by hepatitis B and hepatitis C viruses are major risk factors for most primary liver cancer cases worldwide.

Therapy for Infectious Hepatitis

I have had people chronically infected with viral hepatitis tell me that after a change to a low-fat, pure vegetarian diet they were able to rid themselves of the virus. (I cannot substantiate this with scientific research, but it makes sense that a healthier body would be better able to mount an effective attack against any foreign invader.)

There are herbal treatments for chronic hepatitis that are almost side-effect free and highly effective. For example, one of the earliest and most encouraging reports was published in 1988 in the *Lancet*.¹¹ In this preliminary study, 22 of 37 (59%) of chronically infected patients who were treated with a preparation of the plant *Phyllanthus amarus* for 30 days lost hepatitis B surface antigen when tested 15-20 days after the end of the treatment;

compared with only 1 of 23 (4%) placebo-treated controls (the antigen is the protein coat of the virus and its presence is a strong indication of continued infection). Some subjects had been followed for up to 9 months and in no case did evidence of chronic virus infection return. There were no serious adverse effects from the treatment. Several more recent reviews of the effectiveness of this herb have come to similar conclusions about its effectiveness.^{12,13}

Other herbal treatments of herb combinations have also been reported to be effective, such as the Chinese "Jianpi Wenshen recipe" and the Japanese herbal medicine "Sho-saiko-to."^{14,15}

With such a gloomy future for people with this progressive liver disease, it is a wonder that everyone with chronic hepatitis doesn't at least try the herbal approach, with its low cost and absence of serious adverse effects. Unfortunately, the nonprofit nature of these remedies reduces the likelihood that patients and their doctors will know about them.

Doctors and patients "do" know about drug therapies. The best standard medical therapies for chronic hepatitis are with drugs known as interferon and ribavirin – they offer about a 40 percent chance of eliminating the chronic infection. The costs are high (48 weeks of interferon/ribavirin combination therapy should cost approximately \$10,000), and the side effects are often serious.

Drugs and Toxins

Commonly used medications with known liver toxicity include NSAID (Advil, Motrin, etc.), including the new Cox-2 inhibitors (like Celebrex and Vioxx), other pain-killers (Tylenol), cholesterol-lowering drugs (like Mevacor, Zocor, Lipitor and niacin), diabetic medications (Precose, Actos, Avandia, and sulfonylureas), estrogens, anabolic steroids, antibiotics, antifungals, anticonvulsants, antidepressants, antiarthritic (methotrexate), acne (Accutane), vitamin A (retinol) and many other medications (see the Physicians' Desk Reference – PDR – for a partial list). Obviously, the best prevention is avoidance of these substances – and the easiest way to avoid medication exposure is to stay healthy with a good diet and exercise habits.

Alcohol is the most common toxin known to cause severe liver disease. Everyone knows this and prevention is obviously the safest course.

There are other important dietary sources of liver toxins that cause damage as serious as liver cancer. Nitrosamines found in preserved meats, such as luncheon meats and hot dogs, are suspected of causing liver cancer; as are aflatoxins, found in moldy grain and peanut products. The solvent, carbon tetrachloride, can cause fatal liver disease. There are also low levels of environmental contaminants produced by industry that are potentially toxic to the liver. The best way to avoid this variety of chemical intake is to eat low on the food chain – in other words to eat low-fat, plant foods.

Liver Tonics – Milk Thistle

Herbal treatments have been widely used for many forms of liver disease, such as hepatitis caused by viruses and toxins, fatty liver, alcoholic cirrhosis, and radiation toxicity. The most commonly used herb is milk thistle. It has shown to be effective in mushroom poisoning, alcoholic liver disease, and viral hepatitis. It appears to protect the liver cells against a variety of toxins, as well as helping to detoxify the liver and promote regeneration of liver cells.^{16,17} Other herbs, including *Picrorhiza kurroa*, *Curcuma longa* (turmeric), *Camellia sinensis* (green tea), and *Glycyrrhiza glabra* (licorice), have also been found to be helpful for a variety of liver conditions.^{17,18} Because of their low cost, and relatively few side effects (compared to traditional medical treatments), these treatments should be considered for many acute and chronic liver conditions after carefully weighing the benefits and risks.

Ten Ways to a Healthy Liver:

- 1) Minimize Alcohol Consumption
- 2) Prevent Fatty Infiltration of the Liver by Staying Trim
- 3) Avoid Medications by Staying Healthy
- 4) Eat a High-Carbohydrate, Low-Fat, Plant-Food Diet and Exercise to Stay Trim and Healthy
- 5) Minimize Protein Intake with Liver Disease (Use Vegetable Protein)
- 6) Reduce Your Risk of Viral Infection by Reducing Exposure
- 7) Immunize Yourself against Hepatitis A and B

- 8) Avoid Environmental Chemicals, Including Aflatoxins
- 9) Treat Hepatitis with *Phyllanthus Amarus*
- 10) Treat Other Chronic Liver Conditions with Milk Thistle

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June 2002 Vol. 1 No. 6

Health Myths Dispelled:

“Good” Omega-3 Fish Fats Make Cancer Worse

Many popular books and authorities on cancer recommend the replacement of saturated and omega-6 fats (the kinds of fats that are found predominately in corn and safflower oil) with omega-3 fats (the kind found in cold-water marine fish and flaxseed).^{1,2} There is evidence to support their recommendations;² however, I believe these authorities are overlooking some important research that says this is a very dangerous practice.^{3,4}

In a recent study using rats, investigators found that three weeks after transplantation of colon cancer cells into their livers that those on fish oil (omega-3) had 10 times more metastasis (cancer cells that spread) in numbers of tumors, and 1000 times more metastasis in volume of cells, than those on a low-fat diet. Using safflower oils (omega-6), there were 4 times more metastasis in number of tumors, and 500-times metastasis in volume, than those rats fed a low-fat diet. Similar cancer promoting effects of these “good” omega-3 fats have been seen in animal studies with lung cancer cell lines.^{5,6}

There have been several proposed mechanisms for this increase caused by omega-3 and omega-6 vegetable oils, including the production of free radicals that damage the cells, suppression of the immune system, and changes in small hormones that promote tumor growth, known as prostaglandins. One interesting proposal for this rapid spread of cancer is the reduction of the effectiveness of a matrix (covering) that is formed around the tumor by the body in an effort to contain its growth and expansion (metastasis). Fish oil (omega-3 fats) inhibits the formation of this matrix and stimulates the growth of metastasis directly.⁴

“Good” omega-3 fats in the form of fish oils and flaxseed oils are recommended to cancer patients to help counteract their weight loss (cachexia), and to inhibit tumor growth. However, these studies question the wisdom of that recommendation. Doctors are conditioned by experience to fear weight loss in their cancer patients, because the final days of a cancer patient’s life are usually punctuated by profound weight loss due to their loss of appetite from their illness. They think that as long as their patients are not too thin then all is OK.

For two reasons this can be faulty thinking: First, as discussed above, prevention of weight loss by feeding patients "good" omega 3, and even omega 6, fats may actually hasten their death by increasing tumor spread and growth. Second, my cancer patients lose weight by eating a low-fat diet, and as a result, become healthier. The animal studies discussed above, as well as many others in animals and people (See the McDougall Program for Women book), show low-fat diets inhibit the growth of cancer and prolong a patient's life. Many of my patients have been told by their well-meaning doctors that they can change their diet, but don't lose weight. (This warning is made to feed the doctor's biases associated with weight loss in the terminal days of life.)

But with a healthy diet most overweight cancer patients do lose weight, becoming healthier. This is good – but most doctors fail to see this benefit. Furthermore, I believe with a healthier diet cancer patients live longer, and without a doubt, they live better.

The Delany Clause (sometimes referred to as the Delany Amendment) of the 1958 Food, Drug, and Cosmetic Act prohibits the use of any food additive that is found "to induce cancer in man or animal." If this standard were applied to fat added to our foods, and especially vegetable fat, then our overall health, and our risk of death from cancer, would be substantially improved.

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Atkins' Diet and His Cardiac Arrest

Robert Atkins, MD, the founder of the high-fat, high-cholesterol, high-protein, low-carbohydrate Atkins diet, recently suffered a cardiac arrest attributed to an underlying cardiomyopathy (April, 2002). (Cardiomyopathy is a disease weakening the heart muscle, often leading to congestive heart failure and death. Cardiac arrest is when the heart stops beating effectively.)

He has made a public statement that this life threatening event "is in no way related to diet." He claims, instead, this is due to an underlying infection. Granted, it is possible that an infection could have damaged his heart, but there are some dietary issues that should be considered for anyone with a cardiomyopathy and a cardiac arrest. Most importantly, if his diet contributed to or was the primary cause of his deteriorating health, then to claim that diet had nothing to do with his heart disease would be a disservice to people seeking better health through honest advice about better nutrition. Here are some scientific facts you can count on:

In a report in the October 9, 2001 issue of the journal *Circulation*, the Nutrition Committee of the American Heart Association wrote "High-protein diets may also be associated with increased risk for coronary heart disease due to intakes of saturated fat, cholesterol, and other associated dietary factors.¹" Even though Dr. Atkins' heart may have shown no significant disease of his *large coronary arteries* on a recent angiogram, this finding does not exclude the possibility that his *smaller coronary arteries* are diseased. Disease of the small coronary arteries is a cause of cardiomyopathy, and this disease is frequently associated with cardiac arrest and sudden death.² Like large vessel disease, small vessel coronary artery disease can be due to a high-cholesterol, high-fat diet.

Another potentially serious consequence of the Atkins diet is a rise the *free fatty acids* in the plasma (blood). In a report in the September 1980 issue of the *Journal of the American Dietetic Association*, the Atkins diet was fed to 24 subjects for 12 weeks; as a result, the plasma free fatty acids almost doubled.³ Elevations of free fatty acids are associated with cardiac arrhythmias, which can lead to a cardiac arrest.⁴

Many people are misled by advocates of high-protein diets, like Dr. Atkins, who tell people

carbohydrates are “bad for them.” We all agree, sugars and refined flours are unhealthful. But this fact does not allow “experts” to condemn high-carbohydrate, wholesome foods, like rice, corn, potatoes, beans, green and yellow vegetables, and fruits.

One simple observation anyone can make provides irrefutable evidence that carbohydrates are the ideal foods to keep people trim and free of diseases common to Western civilization. People living on carbohydrate-based diets, like those from rural Africa, Japan, Korea, and China, are trim throughout life and have a much lower incidence of heart disease, diabetes, arthritis, multiple sclerosis, and breast, prostate and colon cancer, than do Americans. When these people migrate to the United States and exchange their native grain- and vegetable-based diets for higher-fat, higher-protein, and lower-carbohydrate meals -- based around meat and dairy products -- most become fat and sick – just like the majority of us living in the United States. If carbohydrates were indeed “bad for you,” then you would see the opposite – Africans and Asians moving to our country would become trimmer and healthier looking.

All the facts considered, for Dr. Atkins to say his diet had no part in his condition is unlikely to be true, and is not supported by current medical evidence. Most importantly, his statement undermines a warning that is currently echoed by health organizations worldwide: high-fat, high-cholesterol diets are detrimental to human health, especially when it comes to heart disease. My intention is not to exploit this man’s health problems. Rather, I believe for the public good, the right thing for Dr. Robert Atkins to do is to admit that he is recommending an unhealthful diet, and that his personal diet may be a factor in his own failing health.

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The McDougall NEWSLETTER

June 2002 Vol. 1 No. 6

RECIPES FROM THE NEW MCDOUGALL PROGRAM

We recently completed our first McDougall Program at the Flamingo Hotel and Spa in Santa Rosa, CA. The chef, Ron MacDonald, did a fabulous job with the food and over the next few months I will be sharing some of his creations with you. Everyone who attended the May 2002 program agreed that the soups were wonderful! The recipe for the Tomato Basil soup got the most requests, so we'll start with that one this month.

TOMATO BASIL SOUP

Preparation Time: 10 minutes

Cooking Time: 1 ½ hours

Servings: 6-8

- 1 onion, coarsely chopped
- 4-6 whole garlic cloves
- 1 cup fresh basil leaves (pressed down)
- 2 28 ounce can chopped tomatoes with their juice
- ½ cup water
- 1 ½ cups V-8 juice
- several twists freshly ground pepper
- 1 cup soy or rice milk

Place all ingredients, except milk, in a large pot. Bring to a boil, reduce heat, cover and simmer for 1 ½ hours. Puree in batches in a blender and return to pot. Add soy or rice milk and reheat. Do not boil. Serve at once.

Hint: This may be served as a first course, as a complete meal with a salad and some bread, or use as a topping for vegetables, potatoes or pasta.

BLACK BEAN CHILI

I have been making vegetarian chili for many years. I usually start with dried beans and cook the chili for several hours to make a hearty, rich sauce. However, sometimes I look for a delicious meal that doesn't take

hours to cook. This is a chili that has been a winner with everyone that tries it. The avocado topping and tofu sour cream are optional, as are the chips. Sometimes I serve this over brown rice, that cooks while the chili is simmering. This makes a hearty meal for four people, with no leftovers. It also reheats well, so saving some for the next day's lunch is an option.

Servings: 4

Preparation Time: 20 minutes

Cooking Time: 30 minutes

2 ½ cups vegetable broth
1 medium onion, chopped
1 red bell pepper, chopped
3 cloves garlic, minced
1 4-ounce can chopped green chilies
1 tablespoon chili powder
1 teaspoon ground cumin
1 teaspoon oregano
1 15-ounce can black beans, drained and rinsed
1 15-ounce can chopped tomatoes
2/3 cup quick cooking barley
3 tablespoons chopped fresh cilantro
dash salt

Options: baked tortilla chips

Tofu sour cream

Avocado Salsa

Place ½ cup of the vegetable broth in a large pot. Add onions, bell pepper and garlic. Cook and stir frequently for 3 minutes. Add green chilies, chili powder, cumin, and oregano. Cook and stir for 2 minutes. Add remaining broth, beans, tomatoes, and barley. Bring to a boil, reduce heat, cover, and cook for 10 minutes. Uncover and cook for 15 minutes. Stir in cilantro and salt to taste. Serve over brown rice, if desired, or ladle into a bowl. Add optional toppings as desired.

Hints: Use some baked tortilla chips on the side of the chili or crumble over the top. Use a tablespoon or two of tofu sour cream on the top and/or about ¼ cup of the avocado salsa. (See recipes below).

AVOCADO SALSA

2 medium avocados, peeled and diced
1 large, firm, ripe tomato, chopped
2 tablespoons finely chopped red onion
2 tablespoons finely chopped, seeded, jalapeno pepper

2 tablespoons finely chopped fresh cilantro
2 tablespoons fresh lime juice
dash salt

Combine all ingredients and toss gently to mix.

TOFU SOUR CREAM

1 12.3 ounce package lite silken tofu, extra firm
2 tablespoons lemon juice
2 teaspoons sugar
dash salt

Combine all ingredients in a food processor and process until smooth. Refrigerate at least 2 hours to allow flavors to blend. Keeps in the refrigerator for about a week.

CREAMY CORN SOUP

This soup is wonderful served as a first course. It is delicious plain or with a dollop of the Tofu Chile Cream stirred into it.

Servings: 6

Preparation Time: 10 minutes

Cooking Time: 15 minutes

4 1/3 cups vegetable broth
2 shallots, chopped
2 tablespoons unbleached white flour
4 cups frozen corn kernels, thawed
1 tablespoon chopped cilantro

Place 1/3 cup of the broth in a medium saucepan. Add the shallots and cook and stir for about 2-3 minutes. Stir in the flour and mix well. Add the remaining broth, about 1/4 cup at a time, stirring well, until the flour is well mixed into the broth. Add the corn and heat soup to boiling. Reduce heat and cook for about 5 minutes. Remove by cupfuls into a blender jar and process briefly until slightly smooth. Return to pan and heat through. Stir in cilantro just before serving.

Hint: For a bit more heat and flavor, serve Tofu Chile Cream on the side so each person can add a dollop to their soup, if desired.

TOFU CHILI CREAM

6-8 ounces extra-firm silken tofu

2 medium poblano chilies, roasted, skinned, and seeded

1 teaspoon minced garlic

Place all ingredients in a blender jar and process until smooth. Scrape sides as necessary and repeat until well processed. Place in a bowl and chill until needed.

Hint: Roast chilies on a baking sheet about 6 inches from the broiler, turning as necessary to char all sides. Place in a brown paper bag and close top. Let cool for about 10 minutes. Remove seeds and as much skin as possible.