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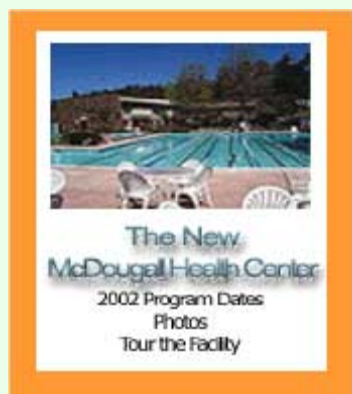
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December 2002 Vol. 1 No. 12

Colon Polyps and Colon Cancer – The End Result of Daily Dietary Abuse

This article is the last in 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.

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American Forces Roll on Top of Iraqi Troops

The Atkins Diet Would Aid the Enemy

As America prepares for war with Iraq, have our generals considered all of the assets of our fighting men? We must be developing plans to take advantage of the fact that 53.9% of our US military personnel over the age of 20 are overweight. Billions of dollars of taxpayer money has been spent fattening these men and women up for the battle. The size differential should be exploited to our advantage. Here are some possibilities:

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Diet For the Desperate

John Smith writes, "I have constant pains in my head, my body tingles all over, my stomach rumbles constantly, the third toe on my left foot throbs at night – I have tried all the pain killers and antidepressants my doctor knows to prescribe. Help! I have been a vegetarian without results. Do you know of any diet that might solve my problems?"

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Exercise Does Not Lower Cholesterol

I meet people every week who are surprised and upset to find their cholesterol levels did not go down after they started an exercise program. This failure to lower cholesterol is even more astonishing when they hear claims from exercise enthusiasts that people who run marathons never have a heart attack –even though the cemeteries are filled with long distance runners who have died from this disease. The famous runner...

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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

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Colon Polyps and Colon Cancer – The End Result of Daily Dietary Abuse

In the Western world, colon cancer (also known as colorectal cancer) is the second most deadly cancer. Each year in the United States and Europe 130,000 to 180,000 new cases are diagnosed. Slightly more men than women develop colon cancer. A person older than 50 years has about a 5% chance of developing colon cancer and a 2.5% chance of dying of the disease. Unfortunately, because the treatments are so ineffective, after 5 years only about 40% of people diagnosed are still alive. This is a disease primarily of people consuming a diet high in meats (including poultry and fish), dairy products, and fats; and low in fruits and vegetables. Colon cancer arises from polyps (also called adenomas).

In autopsy studies, approximately 35% of people eating the western diet are found to have polyps.¹ Polyp formation is the consequence of chronic irritation of mucous membrane tissues – just like callus forms on the palm of your hand from the irritation caused by the abrasion of hard physical work. In the case of your skin (epidermal issue), the body's response is the formation of layers of protective keratin – the callus. The mucous membranes found in the intestine, sinus cavities, and the female cervix respond to chronic irritation by cell growth (proliferation) causing a protective mound of tissue to form, which when large and distinct is called a polyp.

The obvious source of that irritation in the colon is the contents of the intestine, the remnants of the partially digested foods – and the longer and stronger the irritation, the greater the body's response, and the larger the polyp. During cell division is the time when our genetic materials – our strands of DNA – are exposed to the effects of cancer-causing substances. Therefore, the sequence to serious disease is as follows: irritation, cell proliferation, polyp development, and finally, cancer. Large polyps, which are further along this developmental sequence, are more likely to be cancerous -- polyps less than 5mm (1/2 inch) are not likely to be cancer; at 10 mm, 1% are; and at 20 mm, 17% show cancerous changes.

The key to preventing polyp formation, slowing their growth, preventing their transition to cancer, and possibly, slowing the growth of the cancer even after it is started, is to stop the irritation of the mucosa of the intestine. In other words, your goal is to bathe the walls of your intestine with foodstuffs as soft and gentle as fluffy mashed potatoes.

Transition time from the earliest changes in the mucous membranes to the beginning of actual cancer takes on average 10 to 15 years.² Fewer than one in 20 small polyps (adenomas) will grow larger and transform

into cancer. Once the cancer begins, the time for spread of the cancer to other parts of the body (metastasis), and obvious disease, and finally death, takes another 10 to 20 years. Therefore, the whole process from normal cells to cancer and death will span on average 20 to 35 years. This is one reason colon cancer is primarily a disease of older people.

Who gets colon cancer?

About 75% of people diagnosed with colon cancer have no predisposing characteristics other than they eat the rich Western diet. The other 25% have conditions that put them at higher than average risk. These people have inflammatory bowel disease (1%) (discussed in the November 2002 McDougall newsletter), familial adenomatous polyposis (1%), and hereditary nonpolyposis colorectal cancer (5%). The remaining high risk people are those with a family history of colon cancer (15 to 20%). People with one or two first-degree relatives (parents, brothers, sisters) with colon cancer have twice the general risk of developing colon cancer. The question that has not been fully answered is, is this due to heredity passed on by genetics or the fact that mother and father teach sons and daughters which foods to like and how to cook? The learning-family-relationship emphasizes again that the most important factor in polyp disease and colon cancer is the contents of the colon – determined by the foods we eat. Diet influences all stages of the development of colon cancer from the beginnings of cell proliferation, to polyp formation, to the final stages of cancer.

Diet Is the Irritant:

In 1971 Dr. Dennis Burkitt observed that African blacks consuming high-fiber and low-fat, low-animal-product foods had a lower rate of death from colon cancer, than did African whites on a low-fiber, high-fat diet.³ From this he hypothesized that diet was the cause of cancer of the polyps and colon cancer. Further evidence on the causal relationship of diet and cancer was made by researchers who noticed a 50-fold variation in the incidence of this disease worldwide.⁴ In countries where people eat rich diets – high meat, dairy, fats, sugars, and processed foods – there were high rates of polyps and colon cancer. Conversely, a high intake of starches, fruits and vegetables was associated with a low risk of these colon problems. When people move from a county of low incidence (say a rural African country) to a country of high incidence (the USA) they acquire the risk for polyps and colon cancer of their new country.

In animal experiments low-fat diets have been found to protect against these diseases.⁵ Both meat and vegetable fats seem to increase the risk of polyps and cancer. Hydrogenated fats, found in shortenings and margarines and many kinds of prepared and packaged foods, may be especially cancer-promoting.⁶ Even though all the intricate details have not been worked out, the guilty finger clearly points to the meat and fat, and the lack of fruits, vegetables and dietary fiber.

There have been many mechanisms proposed for the effects of diet on cancer development. For example, a high-fat diet may increase the production of bile acids from the liver. Dietary fiber will combine with and deactivate these bile acids. In the colon, bile acids are converted into cancer-causing substances by bowel bacteria. The kinds of bacteria that grow in the intestine depend upon the food that is provided them – in other words the foods that we have eaten. On a rich diet, “unfriendly” bacteria that make cancer-causing substances grow in the colon. These colon bacteria play several roles: they enhance the effects of bile

acids, and increase the production of cancer-causing substances and tumor promoters.

The Role of Dietary Fiber:

Fiber is the non-digestible carbohydrates found in foods. Plant foods contain fiber – no animal food does. Refining of plant foods removes fiber. Fibers act by diluting and combining with cancer promoters thus reducing their access to the colon and the rest of our body.⁷ Fiber is also fermented into butyric acid, which inhibits the growth of cancer cells. There are two general classes of fiber: *soluble and insoluble*. Wheat bran, which is classified as an insoluble fiber, appears to be the most effective at preventing colon disease, whereas soluble fibers, such as guar gum, pectin and oat bran are less effective. Increasing dietary fiber will not only protect us from diseases of the colon, but fiber has also been shown to decrease cholesterol, improve insulin resistance, reduce blood pressure and prevent heart disease.⁸

The Australian Polyp Prevention Project found that a low-fat diet supplemented with wheat bran reduced the risk of recurrence rate of large polyps (adenomas).⁹ One estimate suggests that if we were to increase our daily fiber intake by 13 grams, the risk of colon cancer would decrease by 31% (50,000 cases prevented in the USA annually).¹⁰ The average American consumes between 8 and 14 grams of fiber a day – all they manage to get from fiber-free animal products and refined grains. People on the McDougall diet, like the diet of people in rural Africa, consume 40 to 100 grams a day.

The Role of Meats:

Recent evidence from Africans also suggests that fiber may play a smaller role than the animal product consumption. As the modern African diet changes to more refined foods with less fiber, the incidence of colon cancer and polyps still remains low, probably because their diet is still very high in carbohydrates, and low in fat and animal foods.¹¹ Animal fat, cholesterol and protein have all been shown to have cancer-promoting properties in animal experiments. Even chicken and fish have been found to be associated with high rates of colon cancer.¹² The sulfur-containing amino acids, found in high concentration in red meat, poultry, and fish, produce a large amount of very noxious hydrogen sulfite, which has been shown to impair cellular metabolism and mucous production.

Friendly Bacteria – Probiotics:

The bacteria living in the intestine, known as the *intestinal microflora*, perform vital functions for the health of the intestine and the whole body. The addition of the right kinds of bacteria, referred to as “friendly” bacteria, to the diets of experimental animals has been shown to reduce their risk of developing colon cancer.¹³ These bacteria may provide their benefits by deactivating cancer-causing chemicals in the colon and by replacing “unfriendly” bacteria that produce cancer-causing substances. The kinds of bacteria that grow in your intestine depend upon the diet you eat. Meat, including poultry and fish, and dairy products will encourage the growth of “unfriendly” bacteria. If you eat starches, vegetables and fruits then the bacteria will be of the “friendly” variety. You can also consume concentrated sources of friendly bacteria in the form of fermented foods and pills.

Fermented milk products, like yogurt, are often thought of as a great source of bacteria, like *Lactobacillus*, which is supposed to be healthy for the intestine and the whole body. However, dairy products are unhealthy for many reasons (fat, cholesterol, proteins, infectious agents, chemical contamination, and allergy) and therefore, should not be your source of these bacteria. In one study, increased intake of yogurt was found to be associated with an increased risk of having large precancerous polyps.¹⁴

The best way to get an added dose of “friendly” bacteria is to purchase them in the form of pills in your natural foods store – usually in the refrigerated section. However, eating a healthy diet based on plant foods should be your primary effort to maintain a healthy intestinal microflora – give them the food and they will grow.

Screening for Polyps and Colon Cancer:

In 1995, the United States Preventative Services Task Force joined the American College of Physicians, the National Cancer Institute, the American Cancer Society, the World Health Organization, and the American Gastroenterological Association in recommending screening persons over the age of 50 years with an average risk for colon cancer. Their recommendations are for fecal occult blood tests, sigmoidoscopy, or both.

Since 90% of cancer occurs after the ages of 55 years and the time required for transition from a normal colon to cancer is between 20 to 35 years¹⁵⁻¹⁷, an effective way to screen would be *to do one exam between the age of 55 and 60*.¹⁸⁻²⁰ This would find most of the cancers already beginning as polyps. If no disease were present at this time, future examinations would be unlikely to benefit the person--since it takes so many years for a cancer to develop, and finally to kill. (Consider, that a person would be 80 to 90 years old to realize any benefit from exams performed after age 60 on someone with a normal colon before 60 years old.)

Digital Rectal Examination (DRE): Like almost all physical examination procedures, DRE has not been tested in properly designed studies. Since the disease will be at least 10 years old by the time its discovered, little benefit can be expected.

Occult Blood Test: This is one of the most controversial areas of screening. Bleeding usually begins in the late stages of cancer, when cure is unlikely. For every 10 people who test positive for blood, one will be found to have cancer, four will have polyps and 5 will be normal. These tests miss 20% to 50% of colon cancers and up to 80% of polyps. Advocates of these tests claim screening may reduce the risk of death by 15 to 21% over 8 to 13 years. But in actual numbers, 500 to 1,000 people may need to be tested annually for 10 years to prevent one death from colon cancer.²¹ Fecal occult blood screening is not innocuous – it can lead to anxiety, worry, loss of insurability, social stigma, injury from future tests and treatments, and sometimes death.²²

Sigmoidoscopy Exams: In one often-cited study, sigmoidoscopy examination once every 10 years reduced the risk of dying from colorectal cancer by 59%.²³ More frequent screening gave no better results.

Colonoscopy: Colonoscopy examination with a long flexible tube is most often recommended for evaluation

of the colon and rectum. Most gastroenterologists are convinced that this money-making procedure is much better²⁴ than simpler, safer, cheaper tests; however, their enthusiasm should be taken with caution, because the results obtained in clinical trials may not apply to the general practice of medicine in your community.²¹ Despite its high diagnostic accuracy, colonoscopy should only be used for screening high-risk individuals. Studies support survival benefit for detection of precancerous polyps; but no survival benefit for detection of actual colorectal cancers. The National Polyp Study of more than 1,418 patients who had complete colonoscopy with one or more polyps removed, had an incidence of colon cancer 76% to 90% lower than expected.²⁵ The same study showed that screening every three years proved as beneficial as annual screening.

My preferred alternative is a double-contrast barium enema and a flexible sigmoidoscope, which is much lower cost with fewer complications.²⁶⁻²⁸ Colonoscopy examinations, performed by experienced specialists, miss finding polyps 24 percent of time, and they are much more dangerous and costly than a barium enema and a sigmoid examination.²⁹

If you should have a polyp found and removed, then an interval of at least three years is recommended before a follow-up examination is performed according to the recommendations of the National Polyp Study Workgroup, because only a small fraction of patients were found to have adenomas with advanced pathological features on follow-up.²⁵

Diet May Help Even After Polyps and Cancer Begin:

Present day treatment of colon cancer – surgery, radiation, and/or chemotherapy – has done little to reduce a person's risk of dying of this disease. Furthermore, even after the removal new polyps grow back. The reason they regrow is the cause of the disease has not stopped – the rich Western diet. Therefore, one of the most important, and without a doubt, the most neglected recommendation for someone with polyps or even colon cancer, is to stop “throwing gasoline on the fire” – change to a low-fat, unprocessed, plant-based diet.

Polyps have been shown to regress and disappear when the fecal material is diverted away from the colon by a surgical colostomy.³⁰ This is because toxic irritation of the colonic tissues caused by the remnants of the Western diet is stopped – just like the callus in the palm of your hand will soften and disappear when you stop hard physical work.

Could a person who already has colon cancer benefit from a healthy diet? It has never been tested. However, colon cancer sometimes seems to be cured without any intervention by the doctor – a medical mystery described as “spontaneous remission.”³¹ I have no doubt that a person is much more likely to have this miracle happen to them if in good, rather than poor, health. Even if the disease does not completely disappear with a change in diet, there is substantial evidence that a healthy, low-fat, no cholesterol diet, such as I recommend, can slow the growth of cancer and allow the person to live longer, and without a doubt, in better health. And besides, he won't die constipated to his added misery.

10 Steps to a Disease-Free Colon:

- 1) Center your diet on unrefined starches
- 2) Add plenty of fruits and vegetables
- 3) Avoid red meat, poultry and fish
- 4) Avoid all kinds of added fats
- 5) Add wheat bran, especially if you do not do 1-4 above
- 6) Add “friendly” bacteria (probiotics), especially if you do not do 1-4 above
- 7) Have one colon exam between 55-60 years
- 8) Have large polyps removed when discovered
- 9) Reverse the size of polyps by eating healthy
- 10) Survive cancer better with a healthy diet

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American Forces Roll on Top of Iraqi Troops

The Atkins Diet Would Aid the Enemy

As America prepares for war with Iraq, have our generals considered all of the assets of our fighting men? We must be developing plans to take advantage of the fact that 53.9% of our US military personnel over the age of 20 are overweight.¹ Billions of dollars of taxpayer money has been spent fattening these men and women up for the battle. The size differential should be exploited to our advantage. Here are some possibilities:

- We could train more paratroopers and drop these overstuffed soldiers out of airplanes right on top of the enemy.
- We could fight the war like a football game and put up a front line of oversized troops. Since running with all that fat will be out of the question, our front line would simply stand proud and act as a barricade.
- In the unlikely event food shortages become a factor in this war, we can simply starve out the enemy. Our troops will be the last ones standing. Good thinking from the folks in charge.

These strategies will only be effective during the first few weeks of the war, however, because they'll shoot the fat ones first (they make bigger targets). Maybe this is how our military leaders plan to trim down our troops.

Since this is hardly a laughing matter, I will refrain from making suggestions like the leftover uniforms could be used as tents or umbrellas for sun protection. Someone must take this matter seriously, before it is too late.

The Atkins Diet Would Incapacitate Our Troops:

Even though it is the most popular weight loss program in America, don't even think about using an Atkins-type diet to help our troops lose weight – we would lose every battle for sure with this kind of dietary foolishness.

Consider the experience of the Canadian Army during World War II following a diet of dehydrated beef and added suet called *pemmican* – as an emergency ration for the infantry troops.^{2,3} In the Canadian study of

this experience, the pemmican derived 70% of its calories from fat and 30% from protein – the ration was essentially carbohydrate free.

The performance of the troops eating pemmican and tea as the sole source of food deteriorated so rapidly that *they were incapacitated in three days*. The men complained of nausea and several vomited. On the morning of the fourth day of the diet, doctors' examinations found them to be listless, dehydrated with drawn faces and sunken eyes, and their breath smelled of acetone (ketosis). Because of the anorexia and water loss, the men lost weight rapidly. When carbohydrate was added they were again able to perform.

Our Troops Need a Middle Eastern Diet (or better):

A high carbohydrate, low-fat diet (like the McDougall diet) will turn our troops around in a matter of months. With their present exercise routines I would estimate that a 15 to 20 pound average monthly weight (fat) loss could be expected, with unlimited quantities of foods provided to our fighting forces.

Every endurance athlete knows that the best source of energy for optimal performance is carbohydrate, and that is why the winners all "carbohydrate load" before the big race.⁴ So in addition to weight loss, the physical performance and endurance of our fighting men and women would be profoundly enhanced almost overnight. The kinds of foods I would feed our military personnel would save the taxpayers money, too. Potatoes, pasta, rice, beans, corn, and bread are a lot cheaper than the high-fat meat and dairy dishes they are now eating.

One obstacle is the fast food chains, like McDonald's and Kentucky Fried Chicken, which are firmly entrenched on our military bases – these have to go. They could be replaced with some healthy Mexican Taquerias and properly-oriented Italian, Chinese, Thai, and Japanese restaurants. Since the diet of the common person in the Middle East is about 77% of the calories as carbohydrate – based on chickpeas, pita bread, potatoes, rice and vegetables (with a little lamb and yogurt) – maybe we can also have a few Middle Eastern Delis set up on our military bases to get our troops prepared for the local culture and cuisine.^{5,6}

Unfortunately, what our military leaders are doing now is making excuses and changing the standards that classify our troops as overweight – so more are acceptable and can stay in the military.¹ Instead, they must take this potentially *fatal fitness failure* very seriously – to do otherwise is to compromise our fighting men and women, putting their lives at increased risk; and placing the futures of every American and all the people of the free world in jeopardy.

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Diet for the Desperate

John Smith writes, “I have constant pains in my head, my body tingles all over, my stomach rumbles constantly, the third toe on my left foot throbs at night – I have tried all the pain killers and antidepressants my doctor knows to prescribe. Help! I have been a vegetarian without results. Do you know of any diet that might solve my problems?”

The answer is, probably. I am always amazed at the powerful impact diet has on health – even with problems that on the surface do not appear to be diet-related. But this should not surprise me because our foods are the most frequent, intimate, and diversified contacts we have with our environment. Molecule for molecule, we interact with the components in our foods more than with air or water, and, obviously, substances found in food are more complex than the compounds found in air or water.

At the very least, I know how John Smith and others desperate to find relief can find out if a change in diet will help them and that is to try the most therapeutic of all diets – *the elimination diet*. This is the last step in searching out a dietary cause for health problems and is not recommended for the average person seeking relief from obesity, high cholesterol, and generalized fatigue. The standard McDougall approach of a low-fat, vegan diet and exercise will solve the problems for most people. And the Maximum Weight Loss Program that eliminates refined foods (including flour products) and sugars will help even the most calorie efficient person lose weight (See the November 2002 McDougall Newsletter at www.drmcDougall.com). The “elimination diet” is truly for those people who are desperate and want to get

well NOW – and who feel they have tried everything else.

The elimination diet was originally devised for people suffering from allergic problems. The ultimate and best test for identifying a substance suspected of causing an allergy is to eliminate the substance (whether it is a food, or a pollen, or a chemical compound), and then to note if the symptoms disappear and the person's health improves. Confirmation of the diagnosis is made by adding the offending substance back to the diet and observing if the illness returns. Don't overlook the obvious truth that elimination of the villainous substances is also the ultimate – and only-treatment for "curing" the allergy and other food-induced problems.

The elimination diet asks you to eat the foods that are least likely to cause you any type of adverse reaction, including allergic reactions. When you begin this diet, allow about one week in order to completely clear your body of foods that were eaten before starting the diet. By the end of this week, if the trouble was indeed due to foods, you will be relieved of your problems, in other words "cured." You have found a place you can go for relief.

During the elimination period, all foods should be thoroughly cooked, because cooking alters the proteins, making them less likely to provoke an adverse response.

FOODS TO EAT ON AN ELIMINATION DIET

Starches (all cooked), including:

brown rice
sweet potatoes
winter squash
taro (or poi)
tapioca rice flour
puffed rice

Most Green and Yellow Vegetables (all cooked), including:

beets

beet greens
chard
summer squash
artichokes
celery
string beans
asparagus
spinach
lettuce

Avoid onions, green pepper, cucumbers, and radishes; they can be very troublesome for the stomach (indigestion).

Fruits (all cooked)

Avoid all citrus fruits, including oranges, grapefruits, tangerines, lemons, limes, etc. and tomatoes.

peaches
cranberries
apricots
papaya
plums
prunes
cherries

Condiments:

Only salt is allowed (if not restricted for other health reasons). This means no salad dressings, mustard, lemon juice, vinegar, pepper or other condiments.

Beverages:

water (sparkling water is OK)

After one week, your food-caused problems should have ended and you should be

feeling well. If this is the case, you can begin adding other foods back to your diet, but only one at a time, to determine if any of these caused your unpleasant reactions. For testing purposes, each "new" food should be eaten in large amounts three times a day for two days. If the food does not cause a reaction, you can conclude that it is not a troublemaker. Most reactions occur within a few hours, but some may not show up for several days. Each food must be tested individually; do not introduce two new foods at once. When you do have a reaction to a specific food, you must wait four to seven days before testing the next item. This interval gives you the time you need to clear your system of that allergy-causing food.

If the elimination diet seems too severe for you right now, then follow the McDougall Program, which eliminates six of the leading causes of food allergies: dairy products, eggs, chocolate, nuts, shellfish, and fish. If your problems persist, then the next suspects to eliminate are wheat, corn, citrus fruits, tomatoes, and strawberries--the most frequent causes of adverse reactions among foods in the vegetable kingdom.

A dietary approach is the safest, most sensible, least expensive, and most effective step you can take for testing and for treatment of health problems that once seemed to be a mystery to you and your doctor. If this is what you need, you will not be disappointed with your efforts.



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The McDougall Newsletter



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Exercise Does Not Lower Cholesterol

I meet people every week who are surprised and upset to find their cholesterol levels did not go down after they started an exercise program. This failure to lower cholesterol is even more astonishing when they hear claims from exercise enthusiasts that people who run marathons never have a heart attack – even though the cemeteries are filled with long distance runners who have died from this disease. The famous runner and author of *The Complete Book of Running*, Jim Fixx, is a telling example of a man who made this claim, yet met his end in 1984 from a heart attack at age 56. His arteries were plugged solid with atherosclerosis.

The truth is: physical activity and fitness *will reduce your risk of cardiovascular disease* (strokes and heart attacks). But the benefits fall far short of immunity and one reason may be that exercise shows no benefit on two of the most important risk factors for heart disease -- total and LDL cholesterol.

The November 7, 2002 issue of the *New England Journal of Medicine* published the latest research showing no change in total or LDL cholesterol with exercise.¹ However, there were some small changes in other less important risk factors. Of the risk factors commonly measured, triglycerides decreased with all levels of exercise by 20 to 60 mg/dl, and HDL increased by 4.8 mg/dl only with a large amount of high intensity exercise (equivalent to 20 miles a week of jogging). The subjects studied were overweight men and women, who were asked to eat enough during the study so they did not lose weight. Even without weight loss they showed these improvements in triglycerides and HDL levels, which are important.

However, a change to a low-fat diet has profound effects on total cholesterol and LDL cholesterol, ultimately lowering your risk for cardiovascular disease. In addition, a healthy diet has a huge impact on reducing the second leading cause of death, cancer – as well as improving most other aspects of health from halitosis to hemorrhoids (See McDougall Newsletters from January to November 2002). When I am asked to compare the impact of diet and exercise on health, I give diet an 80% rating and exercise 20% (assuming bad habits like smoking are not in the evaluation).

Exercise has clear health benefits in addition to those mentioned above, like losing weight, lowering blood pressure, improving mood, strengthening bone, making appetite more appropriate, building muscles, improving insulin sensitivity, and lowering blood sugars. Therefore, do not discount its importance because of the lack of cholesterol-lowering effects. However, most people who exercise are also interested in gaining longevity and excellent health. They need to understand that exercise is only one part of the equation for

excellent health and that diet cannot be ignored.² Furthermore, I think it is important for people who plan to start an exercise program to get their diet fixed first.

Starting an intensive exercise program while in poor health could be a prescription for trouble – even the possibility of precipitating a heart attack with the intense exercise.⁴⁻⁵ This tragedy can occur because heavy exercise may cause the disruption of a volatile plaque in one of the heart arteries, resulting in complete closure of the artery – and death of the heart muscle (a heart attack).⁶ Eating a healthy diet for a period of time before the intense exercise will help stabilize the plaque and prevent its rupture (See the *McDougall Program for a Healthy Heart* book.)

I encourage you to start a regular exercise program, but start it slowly and build your exercise up at a comfortable pace. You can usually tell if you are overexerting when you have difficulty talking at the same time you exercise. Along with your exercise, start a low-fat, pure vegetarian diet now and you will be on the road to excellent health.

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TAMALE PIE

We really like fresh corn tamales, but it is a lot of work to fill and wrap all the tamales separately. Instead of wrapping the tamales individually, I have layered the corn filling on top of the corn husks and baked it in a casserole dish, then cooked the soy sausage and cactus separately and spread this over the baked casserole. This is considered a "rich" dish because of the soy products used. It is always a big favorite with guests. I have made this for large groups with wonderful results (everyone wants the recipe!). Just multiply the recipe according to the number of guests you want to serve and prepare in batches. This may be prepared ahead up until the baking time and kept covered in the refrigerator for up to 2 days. Add about 10 minutes to the baking time if baking directly from the refrigerator. The sausage topping (reheat in microwave) & the salsa may also be made ahead of time.

Preparation Time: 45 minutes

Cooking Time: 1 hour

Resting Time: 10 minutes

Servings: 4-6

Corn Filling:

10 to 12 ears fresh corn on the cob, in husks

½ cup masa flour for tamales

¼ cup vegetable broth

1 4 ounce can chopped green chilies

1 ½ cups shredded soy or rice cheddar or jack cheese

¼ teaspoon salt

Sausage Topping:

½ pound soy Mexican sausage (see hints)

¼ cup canned nopalitos (see hints)

Assorted salsas

Cut off stem end, through the husk, of each ear of corn and discard. Carefully pull off the husks without tearing and save the largest ones. Pull off silk and small pieces of husks and discard. Rinse ears well. Holding ears upright, cut off kernels with a sharp knife. You need 5 cups of kernels. Discard cobs.

Place the corn in a food processor. Add the masa flour and broth. Process until corn is fairly smooth. Scrape into bowl. Add chilies, cheese and salt. Mix well.

Preheat oven to 350 degrees.

Take a shallow 3 ½ quart casserole dish and place the reserved corn husks, concave side down, in the bottom of the dish, overlapping each other and letting the ends stick up over the sides of the dish. Place some of the corn filling mixture on the husks as you go to hold them in place. Place the remaining corn mixture in the casserole and smooth out the top. Fold end of the husks over the filling, then layer some of the remaining husks over the top of the corn filling so that it is completely covered. Cover casserole dish with foil. Bake for 60 minutes. Remove from oven and let rest for 10 minutes.

To serve, remove foil and top husks. Spoon sausage/cactus topping over the corn filling. Serve with salsa on the side.

Sausage Topping:

Crumble the sausage into a medium non-stick frying pan. Cook and stir until slightly browned, about 5 minutes. Add nopalitos and cook and stir for another minute, until hot.

Hints:

There are many varieties of Mexican soy sausage in your local natural food store. Some have more fat than others, check the labels carefully. Or add some Mexican seasonings to plain soy meat, a variety of these seasoning mixtures may also be found in your natural food store. Nopalitos are cactus strips, usually sold in glass jars in the Mexican section of the supermarket or in specialty markets. This topping may be omitted, if desired, and just serve the tamale pie plain, with assorted salsas. Our favorite recipe for fresh salsa is found in the Quick & Easy Cookbook.

RECIPE CONTRIBUTION (Received by e-mail)

My name is Caroline Christensen. I am 11 years old and I started McDougalling when I was 2. I went to Costa Rica with you 3 years ago. My hobby is cooking healthy recipes. My mom is teaching me and I use your recipes too. This is my spaghetti sauce recipe. Everyone likes it and it is easy.

1 15 oz. can tomato sauce
1 15 oz. can diced tomatoes
2 T Italian seasoning
1/2 c. canned and drained mushrooms
1/4 c. frozen mixed diced onions and peppers
1/2 t. garlic powder
1/2 t. onion powder
1/2 t. pepper
pinch red pepper

Optional: some chopped black and green olives or chopped artichokes packed in water.

Put the ingredients all in a pan and cook for about 10 minutes. Serve it over noodles.

My grandmother just gave me a new recipe from your clinic. It is for pumpkin muffins. It is really tasty. My friends can't even tell that it is a healthy recipe.

Caroline Christensen

APPLE MUFFINS

This is an update on the pumpkin muffin recipe from last month. I have made these muffins many times in the past month, using different ingredients. Try them with applesauce instead of the pumpkin puree and with other dried fruits instead of raisins. Dried cranberries are very good and so are currents. The nuts may be omitted, or try using some oil free granola instead of the nuts.

CREAMY BANGKOK NOODLES

Preparation Time: 30 minutes

Cooking Time: 10 minutes

Servings: 4

7 ounces uncooked rice noodles (see hints)

1/4 cup honey

1/4 cup natural peanut butter, creamy

1/4 cup soy sauce

3 tablespoons rice vinegar

1-2 teaspoons chili-garlic sauce (see hints)

¼ teaspoon sesame oil (optional-see hints)

3 tablespoons vegetable broth

1 bunch green onions, chopped

1 tablespoon minced fresh garlic

1 tablespoon minced fresh ginger

1 cup mung beans sprouts

1 cup shredded carrots

3 ½ ounces baked seasoned tofu, thinly sliced

chopped cilantro

chopped peanuts

Prepare noodles according to package directions. Drain and set aside.

Meanwhile, combine the honey, peanut butter, soy sauce, rice vinegar chili-garlic sauce and the sesame oil in a mixing bowl and whisk until smooth. Set aside. Place

the broth in a non-stick frying pan with the onions, garlic and ginger. Cook, stirring frequently for 2-3 minutes. Add the sauce, mix well and heat through. Pour over the rice noodles and toss well to mix. Add the bean sprouts, carrots and tofu and toss again to mix. Serve warm or at room temperature. Let each person add chopped cilantro and/or chopped peanuts, if desired.

Hints: Rice noodles are sold in natural food stores and in the Asian section of some supermarkets. This is also where you will find the rice vinegar and the chili garlic sauce. The rice noodles I like to use are made by Thai Kitchen. They are made from rice, water and salt and are sold in 7 ounce packages. The chili-garlic sauce is made by Huy Fong Foods. It is quite spicy, so you may need to adjust the amount used according to your tastes. I use a small amount of sesame oil in this recipe for the unique taste it adds to foods. It may be omitted, if desired. This dish keeps well in the refrigerator and may also be served cold. This is great to fix on those busy evenings when everyone is eating at different times because it tastes best at room temperature. This may also be made using wheat pasta instead of the rice noodles. You will need about 10-12 ounces of uncooked wheat pasta. Cook pasta according to package directions, then proceed as above.



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