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## **Resisting the Broken Bone Businesses: Bone Mineral Density Tests and the Drugs That Follow**

Glenda writes: "Now, at age 45 and undergoing a rather early natural menopause, I had a 'dexa bone scan' to check my bone mineral density (BMD), which yielded the diagnosis of osteopenia, the precursor to osteoporosis. That very day I went to the ob/gyn doctor to discuss my "treatment options," which I have been told are medications."

Glenda is yet another victim of the "Broken Bone Businesses" – a conglomerate of pharmaceutical companies, medical instrument manufacturers, "consumer organizations," and misinformed, but well-meaning, doctors who spread fear by targeting women's worries about aging – threatening them with disability and premature death from broken bones due to osteoporosis. There's a lot of money to be made from telling healthy people they are sick, and this activity is sometimes referred to as "disease-mongering."<sup>1</sup>

Osteoporosis is a real health problem, affecting many more women than men. However, the emphasis needs to be placed on prevention with diet and exercise, rather than on expensive and relatively ineffective tests and drug treatments. Money is the obvious reason for the misplaced emphasis.

### **They Say Most Women Have Bad Bones**

The first step in "disease mongering" is to define a disease in a manner that will lead to huge profits by selling the potential customer expensive tests and treatments. With osteoporosis this is done by establishing the diagnosis of this disease by measuring the density of the bones – bone mineral density (BMD).

According to the BMD standards used today, about two-thirds of middle-aged and older women in Western countries have bone disease worthy of testing and treatment. For example, using the population of British Columbia in 1995, estimates are 536,000 of the 813,560 women over age 40 (that is 66%) would be labeled as either having "osteoporosis" or a pre-osteoporosis condition, "osteopenia."<sup>2</sup> Another recent study found low BMD in 44% of participants younger than 65 years, and in 70% older than 65.<sup>3</sup> The World Health Organization has estimated that 30% of all women over 50 (postmenopausal women) have osteoporosis.<sup>4</sup> Stated in meaningful financial figures, the majority of women middle-aged and beyond are sick and in need of help from the "Broken Bone Businesses."

The consequences of all this disease-mongering go beyond dollars. Just the thought of taking a BMD test creates fear and anxiety in a woman. The diagnosis of "thin bones" changes a woman forever from "healthy" to "sick." If testing was universally accepted, then most women after menopause would be encouraged to take drugs, like estrogen/progestin (HRT) or bisphosphonates, like Fosamax (alendronate) and Actonel. These medications are for a lifetime and they have real side effects and finan-

cial costs. Undoubtedly, the BMD examination has the potential to do much more harm than good.

### Drug Companies Create the Market

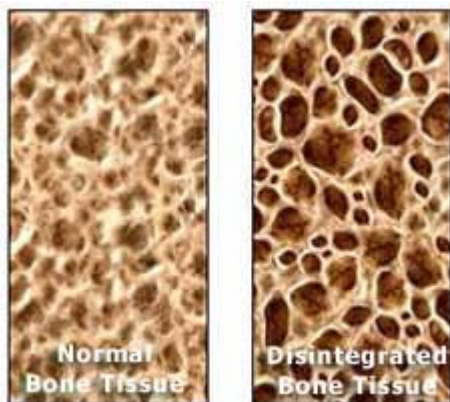
The diagnostic criteria of BMD used by drug companies, and almost all doctors, were set up by the World Health Organization (WHO). The WHO established the bone density (BMD) of young white women as “normal,” and as the standard by which to judge the bones of older women. Your suspicions should be raised by knowing a key meeting for the WHO group defining the diagnosis of osteoporosis was funded by three pharmaceutical companies.<sup>1</sup> The second step in “disease mongering” is to aggressively search for older women with bones less dense than those of young women. In order to increase the number of “sick women” in need of medications, pharmaceutical companies encourage women to have their BMD measured by promoting testing through medical doctors, and by conveniently providing free or low-cost testing at shopping centers, workplaces, and health fairs. Realize, because of changes in a woman’s physical activity, her levels of female hormones, and her reproductive role, her bones naturally become less dense as she becomes older. This change in her BMD does not mean she is now “diseased,” but rather that the demands on her skeletal tissues have changed with normal aging.

The truth is that for most people the risk of a fracture is low and/or distant (limited mostly to the very elderly) and the benefit from any drug is small. Furthermore, while bone density is associated with fracture risk, this test is not accurate enough to guide doctors to proper treatments. A recent analysis of 11 separate study populations and over 2000 fractures found that bone mineral density “cannot identify individuals who will have a fracture.”<sup>5</sup> The authors concluded, “We do not recommend a program of screening menopausal women for osteoporosis by measuring bone density.”<sup>5</sup> In other words, BMD testing does not accurately identify women who will go on to suffer a fracture as they age, and is, therefore, unable to accurately distinguish women at low risk of fracture from those at high risk.

There are characteristics which will predict a woman’s risk for future fractures more accurately than BMD, such as her age, having a close relative with a history of a serious fracture, her activity level, and her overall quality of health. The reason for this is because fractures are due to poor overall bone quality, and not directly the result of a lesser amount of calcium found in her bones by testing.

### The Reason BMD Is Inaccurate<sup>6</sup>

Bones are made of living tissues. Minerals, like calcium, are deposited within these tissues. Osteoporosis is caused by the disintegration of this vital structural material, which is made up of proteins, fats, minerals, and many other biologically active substances. When the bone tissues disintegrate, calcium is also lost. The loss of calcium seen on the BMD is misinterpreted to mean osteoporosis is caused by calcium loss – this is not true. Calcium is only one element necessary for the proper development of bone, and its presence alone cannot compensate for degenerating tissues.



Confirming this poor association of calcium (BMD) and bone strength is the observation that “bone building drugs,” such as HRT and Fosamax, show a decrease in risk of fracture with very little improvement in BMD.<sup>6</sup> One classic example of how “nice-looking bones,” with high BMD, can actually be very weak bones, is seen with fluoride treatment of osteoporosis. This mineral supplement noticeably increases bone density, yet at the same time bone fragility and fractures are dramatically increased because the bone tissues are sickened by the treatment.<sup>7</sup> Surprising for many people is the fact that taking calcium supplements can actually suppress the growth of bone tissue (by suppressing parathyroid hormone activity) and increase the risk of fractures.<sup>6</sup>

**What Is Your Actual Risk and Benefit?**

Women are sold “anti-osteoporosis therapies,” such as hormone replacement therapy (HRT) and Fosamax and Actonel, with promises such as, “You will double your risk of fractures if you do not take this medication.” But what does that mean to you in real numbers?

The public promotion of the benefits of treatments relies upon the use of “**relative risk reduction**,” instead of the “**absolute risk reduction**.” For example, Fosamax taken for four years by women who are free of fractures, but who have a bone mineral density that would indicate they have trouble and need treatment, found fractures of the spine to occur in 3.8% in the placebo group and 2.1% in the drug group.<sup>8</sup>

So, the **absolute reduction was only 1.7%** – a figure that in real-life terms, appears insignificant, and hardly deserving of a costly lifelong medication with serious side effects. However, when presented in the deceitful terms of **relative risk reduction**, the benefits from treatment sound too good to refuse. The **relative risk reduction is 44%**.

The relative risk reduction is obtained by dividing the absolute figures – 2.1% by 3.8%, which equals 56%, – and then subtracting this number from 100%, which equals 44%. In other words, you cut your risk almost in half by taking drugs, but your original risk was very low, so in real numbers you gain exceedingly little.

**YOUR REAL RISK FOR A FRACTURE IS TINY**

Looking at these actual numbers shows you that your risk for fractures from osteoporosis is very small and the benefits from treatment are, on average, almost non-existent. Consider the use of hormones (HRT) and your risk of a hip fracture over a period of 2.8 years (fractures per 10,000 women):<sup>9</sup>

Age	Risk (no treatment)	Risk with HRT	Risk Reduction
50 to 54	4 in 10,000	2.5 in 10,000	1.5 in 10,000
55 to 59	12 in 10,000	7.5 in 10,000	4.5 in 10,000
60 to 64	17 in 10,000	11 in 10,000	5 in 10,000
65 to 69	24 in 10,000	15 in 10,000	9 in 10,000

As you can see from this chart, the majority of women without treatment of any kind are at very low risk of future fractures related to osteoporosis. The risk of a hip fracture for a woman in her late 60s is less than one in a thousand per year. Plus, treatment is nothing to brag about either – the risk reduction for these same women from HRT treatment is about one hip fracture for every three thousand women annually.

**What Organizations Say about BMD**

Pharmaceutical industries provide funding for sham “consumer organizations,” such as the *International Osteoporosis Foundation*, to promote their agenda. Here is what this industry front says about BMD:

“Bone mineral density (BMD) measurements are effective in assessing fracture risk, confirming a diagnosis of osteoporosis and monitoring the effect of treatment.”

Other phony industry-sponsored “consumer organizations” with similar support for BMD and treatments are the *US National Osteoporosis Foundation* and the *Osteoporosis Society of Canada*.

Now consider these assessments of the value of BMD made by organizations not supported by industries:<sup>2</sup>

**Office of Health Technology Assessment, University of British Columbia:**

“Research evidence does not support either whole population or selective bone mineral density testing of well women at or near menopause as a means to predict future fractures.”

**The International Network of Agencies for Health Technology Assessment:**

“The currently available evidence does not support the use of BMD screening in combination with hormone replacement therapy or intranasal salmon calcitonin treatment.”

**Canadian Task Force on the Periodic Health Examination:**

“Widespread bone mineral density screening is inadvisable at present.”

**U.S. Preventive Services Task Force:**

“There is insufficient evidence to recommend for or against routine screening for osteoporosis with bone densitometry in postmenopausal women.”

**Swedish Council on Technology Assessment in Health Care:**

“There is no scientific basis for recommending bone density measurement in mass screening, selective screening, or as an extra component in health check-ups of asymptomatic individuals (opportunistic screening).”

**University of Newcastle Osteoporosis Study Group, Australia:**

“In summary, the measurement of BMD is not a useful screening test for the identification of women at high risk of hip fracture and requiring preventative treatment with estrogens.”

**Effective Health Care Bulletin, U.K:**

“Given the current evidence, it would be inadvisable to establish a routine population based bone screening programme for menopausal women with the aim of preventing fractures.”

**Osteoporosis Is Real, Preventable, and Curable**

For most women, I recommend they do not have BMD testing done in the first place. If, however, they have already gone that route, and are now facing an abnormal BMD test result, then I recommend they delay accepting drug treatment (unless they have evidence of severe osteoporosis complicated by fractures). In most cases, a repeat BMD test two to three years later is the only future test I recommend. In the meantime, a woman should be eating a healthy diet and exercising. Her efforts are expected to cause her next BMD test results to be the same (showing no further loss) or improved (showing some gain) over the first test that initiated the doctor's recommendation for drugs. A few women concerned about their bones may also choose HRT (I usually recommend estradiol 0.05 mg with 20 mg of progesterone to be used daily as a skin cream). HRT is very effective for strengthening bones, along with benefits for alleviating hot flashes and vaginal dryness. However, there are very small, but concerning, risks of breast and uterine cancer, blood clots, and gallbladder disease to consider in this decision. (Read the [McDougall Program for Women](#) book for much more information on these subjects.)

The assaults on bone health caused by the American diet are well-established. The most serious damage comes from the high acid content of cheese, red meat, poultry, fish, seafood and eggs – the centerpieces of most people's diets. After this acid enters the body it must be neutralized. The primary buffering (acid-neutralizing) system of the body is the bones, which dissolve to release alkaline substances. The next stage of loss occurs with the kidneys where the bone material is filtered into the toilet. Consuming alkaline foods (fruits and vegetables) is the most important step you can take to preserve your bones and actually reverse bone loss. (Note: legumes and grains are slightly acidic and should be limited by people at great risk for bone loss.) Exercise is an established way to rebuild lost bone and prevent future fractures.

A woman is designed to live, on average, 85 years in good health. Logically, her bone tissues should be strong and fracture-resistant for all those years, too. In order to realize this life plan, a woman must resist billions of corporate dollars teaching false messages. Instead, as against other common diseases, she must defend herself and avoid the medical businesses by staying healthy by taking advantage of the simple cost-free effects of a proper diet and lifestyle.

### Bone Mineral Density Testing

Dual Energy X-ray Absorptiometry or DEXA is the most common method used to measure bone density. Bone mineral density (BMD) is expressed as a standard deviation (SD), which is a statistical measure of how closely each person compares to a standard group. The standard commonly used is healthy women at their peak bone mass, around 30 to 35 years old. A negative (-) value indicates that the person tested has thinner bones (lower bone density) than an average healthy 30-year-old.

The World Health Organization's definitions:

Normal: 1 standard deviation (SD) or less  
Low bone mass (osteopenia): 1 to 2.5 SDs below  
Osteoporosis: 2.5 or more SDs below  
Severe osteoporosis: 2.5 or more SDs below, and one or more bone fractures

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## Tea Time Increases Life Time

Tea is the most popular beverage in many parts of the world and levels of consumption are increasing. Historical records show that the enjoyment of tea goes as far back as 5000 years ago in China. This stimulating beverage remained an important part of the cultures of China and Japan for thousands of years, and was finally imported to Europe in the 1500s. Not until the early 1600s, however, did tea drinking become popular in England and America. There are four common categories of tea made from the same tea plant species (*Camellia sinensis*). The difference in the varieties is the result of the methods of processing. White tea is simply steamed leaves. Oolong tea is partially fermented and green tea is steamed to stop the oxidation. Black tea undergoes several hours of oxidation during preparation (accelerated by heat and humidity). The degree of processing after harvest changes the relative amounts and kinds of chemicals found in the final beverage

**White Tea** = boiled and dried.

**Green Tea** = withered by exposure to the air, steamed, rolled, and dried.

**Oolong Tea** = withered, shaken, fermented briefly, and dried.

**Black Tea** = withered, rolled, fully fermented, and dried.

### Tea May Help You Lose Excess Weight

In experimental animal studies, tea results in a significant reduction of "high-fat diet-induced" body weight gain, and reduces the accumulation of fat in the abdomen and liver, and prevents the development of hyperinsulinemia (elevated insulin levels associated with weight gain).<sup>1</sup> Research published in the *American Journal of Clinical Nutrition* suggests that an extract from green tea may help with weight loss by speeding up fat oxidation.<sup>2</sup> Relative to a placebo, treatment with the green tea extract resulted in a significant increase in 24-hour energy expenditure. Treatment with caffeine in amounts equivalent to those found in the green tea extract had no effect on energy expenditure. Thus, tea may have specific benefits for losing excess body fat -- and should be an easy addition to the daily routine for anyone interested in becoming trimmer.

### Oolong Tea Helps Diabetics

In a recent study published in the journal *Diabetes Care*, oolong tea was found to be very effective at lowering the blood sugar of diabetics on medications. Compared to water, this variety of tea decreased blood sugars from an average of 229 mg/dl to 162.2 mg/dl. This decrease was not due to any weight loss by the diabetics, but rather was a direct effect of the tea. The mechanism by which tea lowers blood sugars is not known but it may be due to the insulin-like activity of compounds (polyphenols) found in teas, and the delay of glucose absorption through the intestine.

### Synergetic Actions of Teas Prevent, and Maybe Treat, Cancers

Non-toxic approaches for the prevention and treatment of cancers are very important because of the relative ineffectiveness of drug therapy -- little benefit has been realized for the patient's survival of most cancers. Anticancer drugs are also very toxic and costly. Therefore, the likely possibility that green tea could improve the quality of your life is valuable information.

Heavy consumption of tea, especially green teas in Japan, has been associated with a decreased risk of cancer and artery disease (atherosclerosis). In particular, people who drink green tea have been reported to have lower incidences of cancer of the esophagus and breast. Most promising are the consistent findings in animal models that tea will reduce the development of skin, lung, colon, liver and pancreatic cancer.<sup>3</sup>

#### Anticancer Mechanisms of Tea

Inhibits tumor initiation and growth

Provides antioxidative activities

Inhibits the abnormal proliferation of cells

Allows cells to die at an appropriate time (apoptosis)

Inhibits development of a new blood supply for the cancers

Even small concentrations of tea's active ingredient (*epigallocatechin-3-gallate*) in the blood can stop the progression of growth of cancer cells by any or all of the above mechanisms. Effective levels can be reached with as little as 2 to 4 cups a day.<sup>4</sup> There may even be a benefit for people after they have developed cancer. Green tea consumption of three or more cups daily has been found to delay the recurrence of breast cancer by about one-third.<sup>5</sup>

### Protection from High Blood Pressure and Heart Disease

Tea may raise blood pressure right after drinking, but the long-term effects in daily users may actually be a lower blood pressure and tea may offer protection against the development of hypertension.<sup>6,7</sup> In addition, other studies have shown tea to have anti-inflammatory, antithrombotic, and cholesterol-lowering effects – all important in preventing the atherosclerosis that leads to heart attacks and strokes. Tea may further prevent artery disease by inhibiting the oxidation of cholesterol into a more artery-toxic, “oxidized,” form.<sup>8,9</sup>

### Other Health Benefits

Tea may protect against brain degeneration disorders, such as Parkinson's and Alzheimer's diseases.<sup>10</sup> Green tea seems to be kind to the stomach – as opposed to coffee and “decaf”, which cause stomach inflammation – and tea prevents chronic gastritis.<sup>11</sup> Tea has also been shown to have antiviral and antibacterial properties. Tea has a pleasant taste, which people quickly learn to enjoy. One of the attractive qualities of tea, even green tea, is that it contains a desirable stimulant, caffeine, which relieves sleepiness and fatigue in most people. Overall, research has found that tea drinkers live longer and healthier.<sup>12</sup> Add this battle tactic of daily tea drinking to the well-established benefits of an abundance of natural plant chemicals found in a healthy, low-fat, plant-food based diet, and you will have the best defense now known to science to keep disease away from your body.

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## **THANKSGIVING PLANNING** by Mary McDougall

This is the time when I begin to plan my Thanksgiving menu. We usually have a large crowd of friends and family with us every year to celebrate, and my menu doesn't vary much from year to year. Many of the recipes that are a tradition in our home I have shared with you over the past several years, either in one of the cookbooks or in a newsletter. The following recipes will be part of our holiday meal again this year. The starred (\*) items are ones I suggest for a basic meal plan, and then add as many more dishes as you feel your Thanksgiving dinner needs to fit your celebration.

### **MENU:**

#### **Creamy Pumpkin Soup (newsletter October 2004)**

Success Tip: Prepare this up to two days ahead without the soy milk and refrigerate. Reheat in microwave or on stovetop. Add the soy milk after the soup is heated through.

#### **Tossed Green Salad with assorted dressings**

Success Tip: Prepare dressings three to four days in advance and refrigerate. Or buy your favorite non-fat salad dressings. Buy organic baby greens in bags and toss in a bowl just before serving.

#### **\* Holiday Stuffed Pumpkin (newsletter October 2004)**

Success Tip: Buy pumpkin in October or early November for the best selection. Keep in a cool place. Buy extra pumpkins for use at other times during the winter months. Choose one of the many varieties available at this time of the year. One of my favorites is the "ghost" pumpkin with its white skin and orange flesh. The traditional pumpkin for carving a jack-o-lantern is not the tastiest choice for use as a stuffed pumpkin, although I have used them when nothing else was available. Clean the pumpkin the day before use and refrigerate, but do not stuff until just before baking. If you do not have enough room to refrigerate the cleaned pumpkin then clean it just before stuffing. Cube the bread the night before and allow it to sit out overnight so the bread dries out slightly. This step helps to make the stuffing mixture nicely moist, but not mushy.

#### **\* Mashed Potatoes (newsletter July 2004 & October 2004)**

Success Tip: Peel potatoes in the morning and store in water to cover until cooking time. Drain off all cooking water. Use a handheld electric mixer and add warmed soymilk while beating. Place mashed potatoes into a warmed bowl before serving. For garlic mashed potatoes, add some of the Elephant Garlic Spread to the potatoes while mashing.

#### **Maple Mashed Sweet Potatoes (newsletter October 2004)**

Success Tip: These may be made two days ahead of time and refrigerated in a covered casserole dish. Reheat in microwave just before serving.

#### **\* Golden Gravy (newsletter October 2003)**

Success Tip: This may be made a day ahead of time and reheated slowly on the stovetop, stirring frequently.

#### **Rich Brown Gravy (newsletter October 2004)**

Success Tip: Brown the onions and flour a day or two ahead of time, then cover and refrigerate. Finish the recipe as directed, realizing that it will take a bit more time for the liquid to heat through.

#### **Whole Wheat & Sourdough Rolls with Elephant Garlic Spread (newsletter October 2004)**

Success Tip: Order your rolls from Whole Foods or a bakery about one week early, then pick them up the day before the holiday. Make the garlic spread one or two days ahead of time and refrigerate until serving.

#### **\* Cranberry Sauce (newsletter October 2004)**

Success Tip: Make two to three days ahead of time and refrigerate until just before serving.

**\* Green Beans**

Success Tip: Trim beans the day before and store in the refrigerator. Wash just before steaming. I usually serve these plain with a bit of salt and pepper.

**Brussels Sprouts with Creamy Caesar Salad Dressing (newsletter July 2003)**

Success Tip: Trim these a day or two before cooking and store in the refrigerator. Wash before cooking. Most people like these best with some type of a sauce, although Heather and I like them plain with only a bit of salt. Make the dressing one to two days ahead and store in the refrigerator. Pour a small amount of the dressing over the cooked Brussels sprouts and toss just before serving.

**\* Pumpkin Pie with Vanilla Cream Sauce (newsletter October 2003)**

Success Tip: Make the pie and the sauce one day ahead and refrigerate until just before serving. We like this pie best chilled. If you like warm pumpkin pie, you will need to make this just before serving. The crust can be prepared one day early and refrigerated. Mix the filling ingredients together, cover and refrigerate overnight, then pour into the crust and bake. The vanilla sauce should be served chilled over the pie.

**Wicked Chocolate Pie (newsletter October 2004)**

Success Tip: Make this one day early and refrigerate. The toppings may be made two days ahead, if desired. This needs to be served chilled.

**SHOPPING TIPS:**

Shop for the non-perishable items about a week ahead of time. These are the canned and packaged products, such as vegetable broth, canned pumpkin, flour, silken tofu and any dried herbs and spices that you may need. Potatoes, sweet potatoes and garlic can be purchased ahead of time as long as you have a cool place to store them (not the refrigerator). Choose the menu items that you want to include for your Thanksgiving feast, then look through the recipes. Check over this shopping list as you go through the recipes, and make sure you also have the pantry items available. Shop for your perishable items no more than 2 days before the holiday, if possible.

**SHOPPING LIST**

The following shopping lists are for the complete menu above. You will have to adjust the items needed depending on what you plan to prepare.

**CANNED AND PACKAGED PRODUCTS**

These may be purchased ahead of time and stored in your pantry or refrigerator.

- 4-5 boxes (32 oz.) vegetable broth
- 2 cans (15-16 oz.) pumpkin
- 1 jar (12 oz.) applesauce
- 3 containers (32 oz.) soy or rice milk
- 1 jar (8 oz.) pure maple syrup
- 5 packages (12.3 oz.) Lite Silken Tofu-Extra Firm
- 2 cups non-dairy chocolate chips
- 1 bag (16 oz.) Sucanat
- 1 jar (16 oz.) Wonderslim Fat Replacer
- 1 bag (16 oz.) frozen raspberries
- 1 cup unsalted roasted cashews
- 1 cup sliced almonds
- 1 container (32 oz.) orange juice
- 1 jar (4 oz.) capers

## FRESH INGREDIENTS

The first nine ingredients may be purchased ahead of time. Buy the fresh vegetables and bread products the day before, if possible.

- 4 onions
- 1 bunch celery
- 1 head garlic
- 2 heads elephant garlic
- 5 pounds potatoes
- 3 pounds yams or sweet potatoes
- 1 bag fresh cranberries
- 1 small pumpkin (to serve the soup in-optional)
- 1 medium-large pumpkin
- Bagged organic baby greens
- 2 pounds green beans
- 2 pounds Brussels sprouts
- 1 large loaf whole wheat bread
- 6-8 whole wheat or sourdough rolls

## PANTRY ITEMS NEEDED

These are used in several of the recipes and are things that you probably already have in your pantry. Check over this list and purchase anything that you don't have.

- Tabasco sauce
- Curry powder
- Soy sauce (at least 1 cup)
- Tahini
- Vanilla
- Whole wheat flour
- Unbleached white flour
- Cornstarch
- Salt
- Black pepper
- Golden brown sugar
- Sugar
- Dijon mustard
- Pumpkin pie spice
- Cinnamon
- Ground ginger
- Ground cloves
- Parsley flakes
- Sage
- Marjoram
- Thyme
- Bay leaves
- Poultry seasoning
- Rosemary
- Soy Parmesan cheese
- Lemon juice

## TIME SCHEDULE

1 week ahead: Shop for non-perishable items and some of the perishable foods listed above.  
Order rolls from bakery.

3 days ahead: Make salad dressings.  
Make cranberry sauce.

2 days ahead: Shop for vegetables and whole wheat bread.

Make Creamy Pumpkin Soup.  
Bake sweet potatoes or yams and prepare Maple Mashed Sweet Potatoes.  
Make Elephant Garlic Spread.  
Make Creamy Caesar Salad Dressing.  
Make the raspberry sauce and the almond topping for the chocolate pie.

1 day ahead: Pick up the pre-ordered rolls.  
Make the pumpkin pie and vanilla sauce.  
Make the chocolate pie.  
Trim the green beans and Brussels sprouts.  
Make the Golden Gravy.  
Partially make the brown gravy.  
Cube the bread and allow to sit out overnight.

Thanksgiving  
(Morning): Peel potatoes and place in cold water to cover.  
Clean out pumpkins.  
Make stuffing mixture and stuff pumpkin.

Thanksgiving  
(Afternoon): Take sweet potatoes and soup out of refrigerator.  
Place pumpkin in oven and bake as directed.  
Cook potatoes and mash.  
Wash vegetables and cook.  
Finish brown gravy and slowly reheat Golden Gravy.  
Reheat mashed sweet potatoes.  
Finish soup and heat.  
Place baby greens in bowl. Serve with dressings.  
Heat rolls and garlic spread.  
Don't forget the cranberry sauce.

## Recipes

### CREAMY PUMPKIN SOUP

Preparation Time: 5 minutes

Cooking Time: 10 minutes

Servings: 6

1/4 cup water

1 small onion, chopped

4 cups vegetable broth

1 16 ounce can solid pack pumpkin

1/2 cup unsweetened applesauce

2 teaspoons curry powder

Several dashes Tabasco sauce

1/2 cup soy or rice milk

Place water and onion in a medium saucepan. Cook, stirring occasionally, for 5 minutes until onion is soft. Add broth, pumpkin and applesauce. Stir to combine. Add seasonings. Cook over low heat, stirring occasionally, for 10 minutes. Stir in milk just before serving.

Hint:

This would be very attractive served in a small baked pumpkin. Cut top off of a pumpkin. Clean out seeds and strings (just like Halloween). Replace top. Place pumpkin in a pan with 1/2 inch of water. Bake at 350 degrees for 30 minutes. Serve the cooked soup in the baked pumpkin.

### MASHED POTATOES

Preparation Time: 20 minutes

Cooking Time: 45 minutes

Servings: 6-8

10 medium potatoes, peeled, in water to cover

Cut potatoes in half and place in a large pot with the water. Cover and cook over low heat until potatoes are very tender, about 45 minutes. Remove from heat. Drain potatoes, reserving the cooking liquid. Beat the potatoes with an electric mixer, adding small amounts of the cooking liquid to the potatoes while mashing. Beat until smooth and creamy. Season with a small amount of salt and pepper to taste, if desired.

Hint:

To make the potatoes more creamy, replace the reserved cooking liquid with soy or rice milk. Add the milk to the potatoes while mashing as above.

### RICH BROWN GRAVY

Preparation Time: 20 minutes

Cooking Time: 20 minutes

Servings: makes 6 cups

1/4 cup water

1 onion, chopped

1 cup whole wheat flour

5 1/2 cups water

1/2 cup soy sauce

fresh ground pepper to taste

Place the 1/4 cup water and the onion in a medium saucepan. Cook, stirring occasionally until onion softens, about 5 minutes. Add the flour and mix in well. Continue to cook for another 3 minutes, stirring constantly. (This will toast the

flour and give it a rich flavor.) The flour and onions will clump together. Add the remaining water and soy sauce. Cook for another 5 minutes, stirring frequently. Remove from heat. Blend in batches in a blender jar until smooth. Place in a clean pan. Cook over medium heat, stirring frequently, until gravy thickens, about 10-15 minutes. Season with fresh ground pepper to taste.

Hint:

If the gravy fails to thicken to your satisfaction, you may want to add an extra thickener to the gravy. Use a mixture of 2 tablespoons cornstarch mixed in 1/4 cup cold water. Add a small amount to the gravy while stirring until it is thick enough for serving.

### HOLIDAY STUFFED PUMPKIN

This is the recipe I have used for my Thanksgiving centerpiece for over 25 years. It has always been a favorite with everyone who has celebrated the holidays with us over the years.

Preparation Time: 1 hour

Cooking Time: 1 1/2 hours

Servings: 6-8

1 large loaf whole wheat bread, cut into cubes  
4 1/2-5 cups vegetable broth  
1-2 onions, chopped  
2-4 stalks celery, chopped  
3 1/2 tablespoons soy sauce  
1 1/2 tablespoons parsley flakes  
2 1/2 teaspoons thyme  
2 1/2 teaspoons sage  
1 1/4 teaspoons marjoram  
2-3 teaspoons poultry seasoning  
1/2 teaspoon rosemary  
several twists of fresh ground pepper to taste  
1 medium pumpkin or large winter squash

Preheat oven to 300 degrees. Place the bread on a baking sheet and bake for 15 minutes. Place the broth, onions, celery and seasonings in a medium saucepan and cook over medium heat for 20 minutes. Meanwhile, cut the top off the pumpkin or winter squash and save for a cover (as if you were going to make a jack-o-lantern). Clean out the seeds and stringy portion, leaving plenty of the squash flesh along the sides. Rinse well and set aside. Place the bread cubes in a large bowl, pour the cooked broth over the bread and toss well until bread is saturated with the liquid. Cover the bowl and allow liquid to be absorbed for about 10-15 minutes. Taste and adjust seasonings (adding more poultry seasoning and ground pepper, if needed).

Preheat oven to 350 degrees. Place the stuffing into the cleaned pumpkin and cover with the pumpkin top. Place in a large baking dish. Add 1 inch of water to the bottom of the baking dish. Bake for 1 1/2 hours, or until fork pierces the side of the pumpkin easily.

Hint:

To save some time, cube the bread the night before and allow it to sit uncovered in a single layer overnight. This will eliminate the need to bake the bread cubes in the oven for 15 minutes.

### CRANBERRY SAUCE

This is a simple cranberry sauce, easy to make and delicious. I have been serving this sauce with our Thanksgiving feast for years.

Preparation Time: 5 minutes

Cooking Time: 15 minutes

Servings: makes about 2 1/2 cups

1 cup orange juice or water  
1 cup organic cane sugar

3 cups fresh cranberries (12 ounce bag)

Place the orange juice or water in a medium saucepan. Add the sugar and heat until sugar is dissolved. Add the cranberries and cook, stirring occasionally, until they start to pop, about 10 minutes. Remove from heat and let cool slightly. Transfer to a covered container and refrigerate until just before use.

Hint: Traditional cranberry sauce is made with water. Try this with orange juice for something a bit different.

#### ELEPHANT GARLIC SPREAD

Preparation Time: 5 minutes

Cooking Time: 1 hour

Servings: makes about 1 ½ cups

2 large heads Elephant garlic

2 tablespoons vegetable broth

Preheat oven to 350 degrees.

Separate the garlic heads into individual cloves. Discard the center stalk section. Cut a small piece off each of the root ends and off the tops. Peel each clove. Place the peeled cloves in a baking dish, spoon the vegetable broth over the garlic, cover and bake for 30 minutes. Remove cover and bake for an additional 30 minutes. (Test to make sure all the cloves are soft by piercing with a fork. If they are not soft enough, bake for a bit longer until soft.) Remove from oven and mash with a fork directly in the baking dish, using the broth in the bottom of the dish to mix with the garlic. Season with salt, if desired. Serve warm or cold as a spread for bread or rolls.

#### MAPLE MASHED SWEET POTATOES

Preparation Time: 15 minutes

Cooking Time: 45 minutes

Servings: 6

3 pounds sweet potatoes

1/2 cup soy milk

1 tablespoon pure maple syrup

dash salt

freshly ground pepper to taste

Preheat oven to 400 degrees.

Scrub potatoes and prick all over with a fork. Place on a baking sheet and bake for about 45 minutes, or until potatoes are tender. Remove from oven and allow to cool slightly.

Cut potatoes in half lengthwise and scoop out the flesh into a large bowl. Mash with a hand masher or electric beater (do not use a food processor). Add soy milk, maple syrup and seasonings. Mix well.

Hint:

These may be prepared a day or two ahead of time and refrigerated. Reheat in a microwave before serving. These may also be peeled and cooked in water on the stovetop. Drain off cooking water and mash as directed above.

#### WICKED CHOCOLATE PIE

This is a VERY RICH dessert to be savored on those most special occasions. Serve in small wedges and enjoy this delicious treat with friends! I probably make this only twice a year, once for Thanksgiving dinner with friends and once for John's birthday.

Preparation Time: 60 minutes

Cooking Time: 60 minutes  
Chilling Time: 2 hours  
Servings: makes 1 9-inch pie

Crust:

1/3 cup unsalted, roasted cashews  
3 tablespoons Sucanat or brown sugar  
3 tablespoons Wonderslim Fat Replacer  
1/2 teaspoon vanilla  
1 cup unbleached white flour  
dash salt

Chocolate Filling:

2 cups vegan (non-dairy) chocolate chips  
24.6 ounces (2 boxes) extra firm, low-fat silken tofu  
3/4 cup Sucanat or brown sugar  
1 teaspoon vanilla extract  
dash salt

Almond Topping:

1 cup thinly sliced almonds  
1/4 cup maple syrup  
Raspberry Sauce:  
1 10-ounce bag frozen, unsweetened, raspberries, thawed  
1/4 cup sugar

Preheat oven to 350 degrees.

Lightly oil a 9-inch springform pan. (Side may be loosened and removed after baking.)

Place the cashews in a food processor and grind until they resemble fine meal. Add Sucanat or sugar, Wonderslim and vanilla. Process until well combined. Mix the flour and salt in a medium bowl. Add the cashew mixture and mix well, beginning with a spoon and ending with your hands. Press this mixture into the bottom of the prepared pan. Bake for 15 minutes, until light brown. Remove from oven and set aside.

Place the chocolate chips in a double boiler and melt over barely simmering water. Place the tofu in a food processor and process until smooth. Add Sucanat or sugar, vanilla, and salt. Process again, then add the melted chocolate. Blend until smooth and creamy.

Lightly oil the sides of the pan above the baked crust, then scoop the chocolate mixture into the pan. Smooth out the top and bake at 350 degrees for 35 minutes. Remove from oven and let cool for 10-15 minutes. Run a knife around the inside of the pan to loosen the sides. Let the pie cool to touch, then refrigerate for at least 2 hours before serving. Remove side before serving.

Place the maple syrup in a small saucepan and bring to a boil. Cook, stirring constantly for about 1 minute (this is very important), then add the almonds and continue to cook and stir over *fairly low heat* until the syrup has crystallized onto the almonds and the almonds appear dry. (This will take at least 5 minutes. If the heat is too high, the sugar will burn and you will have a sticky, smelly mess.) Place on a baking sheet and allow to cool. Store at room temperature in a covered container.

Place the raspberries and sugar in a blender jar. Process until blended. Strain the sauce through a fine strainer, stirring often, to remove most of the seeds. Let the mixture sit in the strainer for at least 1 hour to allow most of the seeds to be removed. Discard the remaining sauce with the seeds. Pour the seedless sauce into a covered container and refrigerate until ready to use.

TO SERVE: Cut a small wedge of the chocolate pie and place on a dessert plate. Sprinkle a few of the almonds over the pie, then drizzle with a small amount of the raspberry sauce.

## HINTS:

Vegan chocolate chips are made by many different manufacturers. Look for ones that have no added milk or other dairy products. The chocolate chips may also be melted in the microwave. Follow the instructions for melting chocolate in your user's manual. Be careful not to burn it. Chocolate chips are high in fat and make this a VERY RICH dessert. We only make this on special holidays (and everyone loves it!). Heather and Mary adapted this recipe from one in The Millennium Cookbook by Eric Tucker and John Westerdahl. Our friends, Ann and Larry Wheat, own the Millennium Restaurant in San Francisco and we have enjoyed this dessert there several times. There are many delicious, gourmet, vegan recipes in The Millennium Cookbook suitable for serving on a special occasion. To find out more about the restaurant or to order the cookbook go to <http://www.millenniumrestaurant.com>.

## Meet Dr. Henry Heimlich

At the McDougall Advanced Study Weekend  
January 28 to 30, 2005



"There are only two people I have ever met who I could hardly wait to hear the next word they spoke. One of them is Dr. Heimlich."

John McDougall, MD

Henry Heimlich, MD is a friend of the McDougalls, he has attended the McDougall Live-in Program, and has been a guest on the TV show, "McDougall, MD"

Dr. Heimlich has saved more lives than any person who has walked this earth. In 1964, the Heimlich Chest Drain Valve was introduced. Dr. Heimlich is considered a hero in Vietnam and the U.S., where for the first time in history the lives of thousands of American and Vietnamese soldiers shot in the chest were saved by a device barely five inches long. In 1974, Dr. Heimlich published findings on what was to become the Heimlich Maneuver. A week later, the first choking victim was saved by the method. Since its introduction, the

Heimlich Maneuver has saved 50,000 people from choking or drowning in the United States alone.

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The cost of the weekend is \$395, which includes all meals. Rooms are available at \$45 per night based on double occupancy. Call (800) 941-7111; (707) 538-8609; or write Heather at [heather@drmcDougall.com](mailto:heather@drmcDougall.com) for more information and to sign up for this unforgettable weekend.