The McDougall Program Cures People; The Risk Factor Improvements Are Incidental

People are focused on their numbers, also known as risk factors – so here are the results for the first 307 people treated in the McDougall Program in Santa Rosa, CA:

**Reductions of Common Risk Factors with 7 Days of a Healthy Diet:**

(Averages for total patients and subgroups)

- **Cholesterol = -17 mg/dl**
  - When initially below 190 mg/dl = -10 mg/dl
  - When initially above 189 mg/dl = -25 mg/dl
- **Triglycerides = -2 mg/dl**
  - When initially above 149 mg/dl = -30 mg/dl
- **BUN = -3.5 mg/dl**
- **Blood Sugar = -1 mg/dl** (all diabetic medications stopped for type-2 diabetics)
  - Type-2 Diabetics (BS initially above 149 mg/dl), medications stopped = -5 mg/dl
- **Systolic Blood Pressure = -8.5 mmHg** (hypertensive medications stopped, usually day 1)
  - When initially 120 mmHg or higher = -12 mmHg
  - When initially 140 mmHg or higher = -15 mmHg
- **Diastolic Blood Pressure = -6.0 mmHg** (hypertensive medications stopped, usually day 1)
  - When initially 80 mmHg or higher = -9 mmHg
  - When initially 90 mmHg or higher = -13 mm Hg
- **Body Weight = -3.5 pounds**
- **Maximum Weight Loss Program = -4.5 pounds**

(Almost the exact same results have been obtained with the nearly 2000 people who were treated with the McDougall Program, held between 1986 and 2001 at St. Helena Hospital, Napa Valley, CA.)

All results occur concurrently, medications are discontinued, and most importantly the patients become healthier, because the underlying cause of their diseases – severe malnutrition from the Western diet – is corrected. Primarily, the benefits come from switching to a health-supporting diet based on starches, vegetables, and fruits. Secondly, exercise and stopping “bad habits,” like coffee and alcohol, help.
Modern Medicine Provides Results without Real Benefits

The typical well-treated patient living in an “advanced society” is fat, sick, and overmedicated. Justifying all this misery, the medical and pharmaceutical businesses brag all the way to the bank about improvements of their customer’s risk factors (incidental numbers forced to lower values by drugs).

Attend a luncheon conference at your local hospital. Your suspicions will be sparked by the drug-detail person seated in the back of the conference room – she paid for the lunch and the “expert” speaker. Your doctor is being taught by one of the big pharmaceutical companies, like Merck, Upjohn, or Lilly, how to treat your signs (risk factors) and symptoms with 10 to 20 expensive drugs. But no one is learning about how to restore your lost health and appearance.

I am not suggesting your trusted doctor is in cahoots with big business, purposefully trying to keep you sick and buying products and services. Doctors are simply displaying normal human behavior. Stop for a moment and impartially look at the industries you have worked with. What determines their activities? Profit. Always profit. Why should people working for the medical and pharmaceutical enterprises have higher principles? You say, “Because the lives of my loved ones are at stake.” Grow up – stop elevating those in the healthcare industries to “god-like” status. Give them the same respect you would anyone else you do business with, like your bank loan officer or used car dealer.

### Treatment of Signs (Risk Factors) and Symptoms

The Well-Treated Patient Requires the Following*,

Says the Drug-Industry:

- **Cholesterol** = Lipitor
- **Triglycerides** = Lopid
- **Blood Pressure** = Norvasc
- **Blood Sugar** = Diabinese
- **Uric Acid** = Zyloprim
- **Homocysteine** = folic acid
- **Heart attack prevention** = Plavix
- **Kidney protection** = Zestril
- **Arrhythmia prevention** = Atenolol
- **Blood Clots and Strokes** = Coumadin
- **Reduced BMD (osteoporosis)** = Fosamax
- **Menopause** = Provera/Premarin
- **Impotence** = Viagra
- **Depression** = Prozac
- **Obesity** = Orlistat
- **Headaches** = Darvocet
- **Nasal Allergies** = Allegra
- **Body aches** = Celebrex
- **Indigestion (GERD)** = Prilosec
- **Constipation** = MiraLax
- **Diarrhea** = Lomotil
- **Body odors** = deodorants and perfumes

You would be surprised by how frequently patients are on not one or two, but multi-drug combinations of these medications, until they change their diets or die.

*Examples of drugs treating risk factors. Realize there are hundreds of similar drugs sold to you to treat these same signs and symptoms of disease.
Risk Factors are Signs of Disease – Not Disease

Real benefits from the drug approach to disease are limited and/or of questionable value, because they fail to treat the underlying problem – malnutrition. Instead, they treat the signs (risk factors) that result from years of eating high-fat, high-cholesterol, high-sugar, highly-refined foods. You can think of these signs as “warning flags” sent out by your body in an attempt to tell you that there is “trouble down below” – within your body. But people do not die from signs of their diseases. I have never seen a patient die of high cholesterol, or high blood sugar, or even high blood pressure. What do people showing these elevated risk factors die of? Sudden closure of an artery supplying the heart or brain – in common words, a heart attack or stroke (only two of many possible examples of common diseases caused by people following the Western diet).

Here is an analogy to help you understand the consequences of misdirected treatments. Imagine for a moment that you are a doctor working in an emergency room. Through the doors late one evening a semi-comatose patient is wheeled in. You ask your nurse to collect the vital information. After making her evaluation, she reports to you that the patient is coughing, has a fever of 104 degrees, and has an infected lung (pneumonia). After some serious contemplation you recommend aspirin, to treat the fever (one sign he has pneumonia). Within an hour you have a patient with a normal body temperature, and 30 minutes later he is dead. Are you proud of your medical care? – If you had directed your attention to the infected lung (pneumonia) and used antibiotics, then your patient would have lived, and by the way, his temperature would have also come down to normal in a short time.

I have witnessed doctors bragging about how well they had controlled a patient’s blood pressure while the patient was lying in the ICU dying of a heart attack. Was that good service? – To allow his patient’s arteries to continue to rot with a “well-treated” blood pressure. Instead, the doctor’s attention should have been focused on teaching the importance of a healthy diet and lifestyle, rather than stuffing the trusting patient with pills.

Monitor and Treat Risk Factors Carefully

Risk factors are signs giving you important information – for example, an elevated cholesterol means the plaques in your arteries are at risk of bursting. This information can serve to motivate, and armed with all the right information, can produce a cure.

After I have brought to life every bit of good health my patients have with a proper diet and some lifestyle changes, I will cautiously treat risk factors with medications, because in some cases the benefits from this drug therapy outweigh the risks and costs.

Here are some examples of actions I take when risk factors remain elevated:

Cholesterol: For high risk patients, I use statins or niacin with cholesterol-binding-agents to lower cholesterol below 150 mg/dl. Determining who is at high risk is a judgment call (an educated guess). A patient with a history of heart disease or stroke will usually get a prescription from me. (See my newsletter articles: September 2002: Cholesterol – When and How to Treat; June 2003: Cleaning Out Your Arteries.)

Hypertension: After several months of monitoring, I will treat levels of blood pressure of 160/100 mmHg or greater. I usually use diuretics (chlorthalidone) first, and then beta blockers next. I am cautious to not lower the pressure below 140/85 mmHg with medications. (See my newsletter articles: August 2002: Take Blood Pressure at Home - Get Off Your Medications; July 2004: Over-treat Your Blood Pressure and You Could Die Sooner.)

Type-2 Diabetes: I usually do not give medications unless the patient is losing too much weight or has symptoms of diabetes (excessive thirst or urination). Very elevated blood sugar levels can be of concern to the patient and his family (such as levels above 350mg/dl). For everyone’s peace of mind, I may use medications to bring about better-looking numbers. Also, if the patient were to become ill or injured, then insulin might be necessary during this period of extreme physical stress. (See my newsletter article: February 2004: Type-2 Diabetes – the Expected Adaptation to Overnutrition.)

Triglycerides: For high risk patients with levels above 300 mg/dl, I may give niacin or statins. (See my newsletter article: February 2003: Niacin - A Time Honored Treatment for Cholesterol and Triglycerides.)

Uric acid: I will use colchicine and/or allopurinol for patients with a history of uric acid stones or gout. I do not treat solely because of an elevated uric acid level.
Obesity: If there were effective drugs, I might use them in severely overweight patients, who are unwilling or unable to change their diet and to exercise (a combination which is always a cure). Bariatric surgery is effective and special cases may warrant such extreme treatment. (See my newsletter articles: December 2004: Lose a Half Pound a Day – Set Point; January 2005: Pushing Your Set Point to the Limits – The McDougall Program for Maximum Weight Loss.)

Have You Pushed Your Health to the Limits?

The McDougall Program gets results in 7 days. You can do anything for 7 days. If you have not already done so, I challenge you to follow a diet based on starches with the addition of fruits and vegetables. And go for a daily walk. Before you start, talk to your doctor. Have your blood pressure and body weight recorded. Check out some basic blood tests, like cholesterol, triglycerides, and blood sugar. Discuss the medications you are now taking with your doctor and seek advice for adjustments. (I find that it is usually safe to reduce or discontinue most medications, especially if in doubt.) Recheck everything in 7 days.

My experience has been that you will have made more subjective and objective improvements in less than one week, at no cost, than you have made in years of buying thousands of dollars worth of “powerful drugs.” Take my challenge and you will not only see better numbers, but you will experience the improved health and personal appearance you deserve.

All Popular Diets Are the Same – Failures

The Atkins, Ornish, Weight Watchers, and Zone diets were studied to determine possible benefits for weight loss and heart disease risk reduction in a randomized trial lasting for one year. The conclusions published in January of 2005 in the *Journal of the American Medical Association* were: “Each popular diet modestly reduced body weight and several cardiac risk factors at 1 year. Overall dietary adherence rates were low, although increased adherence was associated with greater weight loss and cardiac risk factor reductions for each diet group.” The results suggest that it makes no difference which diet you follow – low-fat or high-fat, high-carbohydrate or low-carbohydrate, vegetable-food-based or animal-food-based – the benefits are the same, as long as you follow the diet. How can this be?

How Did the Ornish Diet Perform?

I asked Dean Ornish, MD, about this study and he provided me with information that will soon be published in the “Letters to the Editor” of the *Journal of the American Medical Association*. In his letter he points out that his low-fat, near-vegetarian diet has been scientifically shown to reverse atherosclerosis, decrease angina (chest pains), bring about permanent weight loss (5 years or longer) and reduce cardiac events (such as heart attacks) by 2.5 times. The other diets have no published research that shows benefits for heart disease — of more concern is a published report on the Atkins Diet demonstrating worsening of blood flow to the heart.

According to Dr. Ornish, data from this study really showed greater weight loss, cholesterol, and blood sugar reductions on the Ornish diet than with the other diets. However, in truth, the differences in results are barely visible. How can this be?

Lack of Adherence Spoils Benefits

The improvements shown by any of the programs tested are nothing to brag about. Consider that after one year the average weight losses were 5 to 7 pounds and reductions of cholesterol were 4 to 11 mg/dl on ANY of the programs. The reason all these diets “fail” to make sustained improvements for one year is lack of adherence to the program – no surprise here.

Diets are hard to follow, even when highly structured for the participants. A January 2005 review of major commercial (like Weight Watchers, Jenny Craig, Optifast) and “organized self-help weight loss” (eDiet, TOPS, Overeaters Anonymous) programs found, except for Weight Watchers, that there was little evidence to support their value. Here again, lack of adherence was the primary downfall.

The Ornish diet — a starch-based, near-vegetarian diet — when followed, has the potential to help people the most because it is inherently the healthiest. When only those who completed the study were included in the analysis, those on the Ornish diet lost on average 14.5 pounds (6.6 Kg) and reduced their cholesterol by 21.5 mg/dl — by far
the best results of all the diets tested.

My conclusion from this study is: if you are not going to stick to a diet, it really makes little difference which one you choose to follow temporarily. But, what if you are serious about keeping that extra weight off? Then does your choice make a difference?

The Heart Association Says: Popular Diets Sacrifice Your Health

All the popular diets cause weight loss or no one would ever follow them. However, most – which these days means high protein diets – produce weight loss at the expense of the participants’ health. The Nutrition Committee of the American Heart Association (AHA) in a report in the October 9, 2001 issue of their journal Circulation said this best:4

“High-protein diets typically offer wide latitude in protein food choices, are restrictive in other food choices (mainly carbohydrates), and provide structured eating plans. They also often promote misconceptions about carbohydrates, insulin resistance, ketosis, and fat burning as mechanisms of action for weight loss … These diets are generally associated with higher intakes of total fat, saturated fat, and cholesterol because the protein is provided mainly by animal sources. In high-protein diets, weight loss is initially high due to fluid loss related to reduced carbohydrate intake, overall caloric restriction, and ketosis-induced appetite suppression. Beneficial effects on blood lipids and insulin resistance are due to the weight loss, not to the change in caloric composition … High-protein diets are not recommended because they restrict healthful foods that provide essential nutrients and do not provide the variety of foods needed to adequately meet nutritional needs. Individuals who follow these diets are therefore at risk for compromised vitamin and mineral intake, as well as potential cardiac, renal, bone, and liver abnormalities overall.”

Advocates of high-protein diets say their approach reduces the risk of heart disease. The Nutrition Council of the AHA says: “A diet rich in animal protein, saturated fat, and cholesterol raises low-density lipoprotein (LDL) cholesterol levels, an effect that is compounded when high-carbohydrate, high-fiber plant foods that help lower cholesterol are limited or eliminated.” “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.”

Advocates of high-protein diets say their approach is especially good for people with diabetes. The Nutrition Council of the AHA says: “A very-high-protein diet is especially risky for patients with diabetes, because it can speed the progression, even for short lengths of time, of diabetic renal disease.”

The McDougall Diet: A Best-kept Secret

You noticed, I’m sure, that our approach was not included in this evaluation. Why not? For some unexplained reason we have been out of most people’s sight, including the media’s. In one way, that is OK, because we largely escape harsh publicity that can be hurtful. However, those of you who have discovered us over the past 28 years know our true value.

The first book Mary and I wrote in 1979 was called Making the Change, because we have always understood that “permanent change” is the bottom line. It is not a question of whether or not a low-fat, pure-vegetarian diet will cause you to regain lost health and appearances, but will you do it? – will you make the change, permanently? Over the past three decades all of our efforts have been directed towards ways to help people make enduring changes. This effort has taken the form of booklets, books, newsletters, videos, DVDs, lectures, and radio and TV shows. However, our most effective means to help people has been our 10-day live in program. We believe that we are different from other programs* for these reasons:
Based on human history and principles of anatomy, physiology, and medicine, this is the diet signed, and best suited, for humans. High protein diets go against our needs and the results are serious, even to the Heart Association.

Our program is health-oriented, first. Fortunately, the same foods that make you healthy also make you thin.

Mary designed the easiest to prepare and best tasting foods of any diet.

We are personally involved with our patients.

You never have to be hungry or feel guilty about eating our delicious meals.

The results are extraordinary – even people without any apparent hope benefit greatly.

People have a higher quality of life – enjoying life more and remaining more productive.

The diet fits with ethical beliefs that conscientious people hold important, like humane treatment of animals and ecology.

The foods recommended are very inexpensive.

People save money by avoiding medications, doctors, and hospitals.

Mary In Your Kitchen

By Mary McDougall

Many of you have written to ask me if I could put together some favorite recipe suggestions. Realizing that everyone has different tastes and time constraints, a specific menu tailored to your personal needs is nearly impossible. My researching has provided me with a chance to rediscover some of my old favorite recipes, which I am excited to now share with you. You will need to go to our newsletter archives at www.drmcdougall.com and occasionally to one of our books to find these recipes. You can order books you don't now own from our web site. I plan to provide similar helpful articles for you over the next few months.

EASY & FAST MEALS
Easy Taco Casserole (served rolled up in a warm tortilla) - Sept. 2004
Rice & Beans in a Bowl - Quick & Easy pg. 94
Speedy International Stew (served over baked potatoes) – Quick & Easy pg. 88

EASY & FAST SOUPS
Quick Black Bean Soup – April 2004

References:
SIMPLE MEALS
Black Bean Chili – June 2002
Red Lentil Surprise (try with French Green lentils and ¼ tsp. smoked paprika) – Sept. 2003
Spinach Buns – Quick & Easy pg.204 (don’t let the recipe name influence you-try it!)
Southwest Brown Rice – Quick & Easy pg. 100
Mexican Pasta Surprise – Sept. 2004
Pizza – June 2003
Bean Burritos – June 2003 (make extra beans for next recipe)
Bean Enchiladas – May 2003

SALADS
Rainbow Salad – May 2004
Quinoa Garden Salad – Program for Women pg. 261
Thai Noodles – May 2004

A DINNER MENU FOR A SPECIAL EVENING
(This is a little more time consuming)
Tofu Loaf – April 2004
Mashed Potatoes – July 2004
Golden Gravy – October 2003
Grilled Portobello Mushrooms – Quick & Easy pg. 206
Steamed Fresh Vegetable
Fresh Fruit Cobbler – May 2004

Report on the Advanced Study Weekend with Dr. Heimlich

Many people attending the weekend considered the experience to be almost mystical – an experience never to be forgotten – the experience of being in the presence of and listening to the inspiring words of Dr. Henry Heimlich – the man who has saved more lives than anyone else in human history.

He described his on-going struggles with the American Red Cross and the American Heart Association. They have resisted teaching the public the Hemlich Maneuver for aiding choking victims. They stubbornly teach the “back slap” – a procedure that actually drives the lodged food deeper into a choking person’s windpipe – sometimes killing the victim. Similar resistance from these organizations is also seen for drowning victims. They teach mouth-to-mouth, which cannot work when a person’s lungs are filled with water. Instead, the Heimlich Maneuver will force the water out of the lungs and save a life. You need to learn this procedure in case of an emergency.

For instruction and more information see: http://www.heimlichinstitute.org/maneuver.html.

To preserve the memory of this event, all interested participants had an opportunity to have their pictures taken with Dr. Hemlich, performing the maneuver on them.

Other highlights of the weekend included:

From Our Guest Lecturers:

David Hoffman presented two hours on the practical and effective use of herbs.
A new food preparation class was taught by Alex Bury – she was so well received that she will become a regular instructor in our programs.
Alec Isabeau made an excellent presentation on exercise.
From Our Staff:

Four new lectures by Dr. McDougall, including one on "Hazards of Fish-eating" and one on the “Science Behind the Maximum Weight Loss Program.”
One new lecture by Mary McDougall on the “Practical Implementation of the Maximum Weight Loss Program.”
One new lecture by Doug Lisle on the “Motivational Triad.”
One new lecture by Jill Nussinow on “Winter Vegetables.”

Many participants had their blood tested and the results showed that most had made very positive steps toward excellent health from their past food choices.
The food was excellent, as always, and Mary introduced many new dishes from the Maximum Weight Loss Program. I heard people say they could eat the mashed potato-based Shepherd's Pie for every dinner and be happy.

These weekends are an excellent opportunity to introduce your friends and relatives to our program – their minds are opened to the life-saving health information and their taste buds respond to the delicious foods.

Our next weekend is going to be a 100% McDougall Weekend, which means that only our staff will be presenting the best of their materials (no outside guest lecturers). The program’s best McDougall foods will be served to participants. This weekend will be held May 13 to 15, 2005. We are now taking reservations.

Please write to Heather at heather@drmcdougall.com or call her at (800) 941-7111.

The cost is $395 per person, which includes an invaluable education, new friends, and great tasting, all you can eat, meals. The room is extra (rates $90 per room per night).

Featured Recipes

SWEET POTATO BEGINNINGS

We serve these for breakfast during the Maximum Weight Loss Program. The potatoes are easy to prepare ahead and refrigerate until needed to combine with the remaining ingredients.

Preparation Time:  5 minutes (cooked yams needed)
Servings:  2

2 baked yams or sweet potatoes
2 bananas, peeled and sliced
1 apple, cored and chopped
½ teaspoon ground cinnamon

Peel and chop the baked yams or sweet potatoes. Combine with the bananas and apples. Mix in the cinnamon. Heat briefly in a microwave oven. Serve warm.

HINTS: Yams and sweet potatoes may be used interchangeably in this (and most other) recipes. These root vegetables are sold most of the year in your markets. Sweet potatoes usually are less moist with a pale orange skin and flesh, and the root vegetables sold as yams have a reddish skin and deep orange colored flesh. These are usually very moist. This recipe may also be served cold or at room temperature.

SQUASHY BLACK BEANS

These were a favorite during the Maximum Weight Loss Program.

Preparation Time:  15 minutes
Cooking Time:  20 minutes
Servings:  4

2 cups winter squash, peeled and chopped
2 medium onions, chopped
1 carrot, chopped
1 stalk celery, chopped
2-3 garlic cloves, minced
2 cups water or vegetable broth
2 15 ounce cans black beans, drained and rinsed
2 tablespoons chopped fresh cilantro
2 tablespoons soy sauce
2 teaspoons ground cumin
1 teaspoon grated fresh ginger
½ teaspoon fresh ground black pepper

Place the squash in a pan and cover with water. Bring to a boil, reduce heat, cover and cook for about 10 minutes, until tender but not mushy. Drain and set aside.

Meanwhile, place the onion, carrot and celery in a large pot with 1 cup of the water or broth. Cook over medium heat about 10 minutes, stirring occasionally. Add the rest of the liquid and the remaining ingredients, mixing well. Stir in the reserved squash. Cook over low heat until heated through, about 5 minutes. Serve hot over rice or potatoes.

TEX-MEX POTATOES

Preparation Time: 20 minutes
Cooking Time: 40 minutes
Servings: 6

6 large red potatoes
2 15 ounce cans pinto beans, drained and rinsed
1 cup fresh salsa
1 4 ounce can diced green chilies
1 small onion, chopped
1-2 cloves garlic, crushed
¼ cup chopped fresh cilantro
¼ teaspoon chili powder
¼ teaspoon ground cumin
1 tomato, chopped
¼ cup corn kernels
2 green onions, chopped
Taco-tofu topping (optional-see Hints)

Preheat oven to 375 degrees.

Scrub the potatoes and cut lengthwise into wedges. Place on a baking sheet and bake until lightly browned, about 40 minutes.

Meanwhile, combine the beans, salsa, chilies, onion, garlic, 2 tablespoons of the cilantro, the chili powder and cumin in a saucepan. Cook over low heat about 15 minutes.

Combine the tomato, corn kernels and the remaining cilantro. Set aside.

To assemble: Place the baked potato wedges on a serving platter. Spoon the warm bean mixture over the potatoes and top with the fresh tomato mixture. Garnish with several tablespoons of Taco-tofu topping, if desired.

HINTS: Frozen corn kernels may be used in this recipe. Thaw under cold running water and drain well before using. To make a delicious Taco-tofu topping, process 1 package of lite silken tofu in a food processor until very smooth. Transfer to a bowl and combine with one package of taco seasoning mix. (Bearitos makes a wonderful taco seasoning mix.) Chill for several hours for the best flavor. This also makes an excellent dip for cooked, chilled potato chunks or raw vegetables.

STUFFED MUSHROOMS

We have served these during every live-in program and weekend and they are always one of the most requested recipes. They are very easy to make and make an excellent appetizer for a party.
Preparation Time: 30 minutes
Cooking Time: 20 minutes
Servings: variable

40 medium to large mushrooms
1 10 ounce package frozen chopped spinach, thawed
1 12.3 ounce package lite silken tofu
1 package onion soup mix

Preheat oven to 350 degrees.
Clean the mushrooms and remove the stems. Set aside. Squeeze the thawed spinach very dry and place in a large bowl. Place the tofu in a food processor and process until smooth. Add to the spinach, then add the onion soup mix and stir well to combine. Fill the mushroom caps with the spinach tofu mixture and place filled-side up on a baking sheet. Cover with parchment paper, then cover with aluminum foil. Bake for about 20 minutes, depending on the size of the mushrooms. Serve warm.

HINTS: Place the mixture in a pastry funnel tube and pipe the spinach-tofu mixture into the mushrooms to save time and also add a lovely appearance. Mushrooms should be fork tender when done, but not mushy. One onion soup mix that is available in most natural food stores is made by Simply Organics. It also makes a delicious dip for potatoes and raw vegetables when combined with a package of lite silken tofu. Place the tofu in a food processor or blender and process until very smooth. Transfer the tofu to a bowl and stir in the onion soup mix. Chill for several hours for the best flavor.

SWEET & SPICY GARBANZO STEW

I have been making this stew for 20 years. It has always been one of John’s favorites and it was so popular that it was one of our original McDougall Frozen Foods when we lived in Hawaii. I have deliberately kept the spices on the milder side, so if you would like to make it more spicy to suit your tastes, just add a bit more of the red pepper flakes.

Preparation Time: 15 minutes
Cooking Time: 1 hour
Servings: 8

1 onion, chopped
2 yams, peeled and chunked
1 carrot, chopped
1 stalk celery, chopped
1 leek, cut in half lengthwise, then sliced
2 cups vegetable broth
3 15 ounce cans garbanzo beans, undrained
1 tablespoon lemon juice
1 tablespoon soy sauce
1 teaspoon ground cumin
1 teaspoon ground coriander
1 teaspoon pure prepared horseradish
¼ teaspoon red pepper flakes
2 cups broccoli pieces

Place the onion, yams, carrot, celery, and leek in a large pot with 1 cup of the vegetable broth. Cook, stirring occasionally for about 15 minutes. Add the remaining broth and the garbanzo beans and their juice and cook for another 30 minutes. Add all the seasonings and the broccoli and cook for an additional 15 minutes, until broccoli is tender.

Serve over brown rice or another whole grain.

POLENTA TORTE

During the McDougall Advanced Study Weekend in January 2005 our guest chef, Alex Bury, made a delicious polenta torte during a fabulous cooking demonstration. Alex was the previous owner and chef of Sparks, a unique vegan restaurant in Guerneville, CA. I have changed a few of the measurements and directions to make it easier for
you to make in your kitchen. I made this myself at home with wonderful results. I encourage you to try this special dish and share it with your family or friends.

Preparation Time: 30 minutes  
Cooking Time: 30 minutes  
Chilling Time: 2 hours  
Heating Time: variable  
Servings: 12

Tofu Ricotta:  
1 12.3 ounce package lite silken tofu  
1 pound fresh water-packed firm lite tofu  
2 teaspoons minced garlic  
¼ cup nutritional yeast  
½ teaspoon salt  
½ teaspoon pepper  
1 tablespoon parsley flakes  
1 teaspoon basil  
1 teaspoon oregano  
¼ cup lemon juice  
¼ cup soymilk

Combine all of the above ingredients in a food processor and process until fairly smooth. Set aside.

Polenta:  
8 cups water  
2 cups uncooked polenta  
1-2 teaspoons minced garlic  
1 teaspoon salt  
½ teaspoon pepper  
1/3 cup nutritional yeast  
3 tablespoons parsley flakes  
1 teaspoon basil  
1 teaspoon oregano  
1 6 ounce can tomato paste  
1 10 ounce package frozen chopped spinach, thawed and squeezed dry

Bring the water to a boil in a large pot. Slowly stir in the polenta and garlic. Whisk until fairly smooth. Reduce heat to low and cook, stirring frequently, until quite thick, about 25-30 minutes for coarse polenta. Stir in the salt, pepper, nutritional yeast and herbs. Separate the polenta into two batches. Stir the tomato paste into one batch and set aside. Stir the spinach into the other batch and set aside.

Put the tomato polenta in the bottom of a 9x13 inch baking dish and smooth out evenly. Place the tofu ricotta on top of the tomato polenta and smooth out evenly. Then top with the spinach polenta and again smooth out evenly. Cover with parchment paper and foil and refrigerate for at least 2 hours to firm.

Topping:  
1 15 ounce can tomato sauce, heated

When ready to eat, slice into serving sized pieces and place on individual plates. Warm each serving in a microwave or the oven and drizzle some of the hot tomato sauce over each serving.

Hints: Alex says that the most important part is to first chill the torte as a complete uncut casserole. Once it is firm, it may be sliced while cold and the individual pieces heated, or it may be baked whole (like lasagna) and then sliced. This is a beautiful layered dish that retains its shape best when it is sliced while chilled. I have baked the whole torte in the oven at 350 degrees for 1 hour and served it hot, however, the layers did not hold up as well during that baking process, although the torte was still delicious.
Environmental risk factors are characteristics in a person's surroundings that increase their likelihood of becoming addicted to drugs. A person may have many environments, or domains, of influence such as the community, family, school, and friends. Their risk of addiction can develop in any of these domains. All audio clips on this page are provided by Dr. Kelly Lundberg, Associate Professor in the Department of Psychiatry and Clinical Consultant with the Utah Addiction Center at the University of Utah. The Community Domain. An individual's connection with the community in which the