WHOLISTIC HEALING PUBLICATIONS

THE INTERNATIONAL JOURNAL OF HEALING AND CARING

WHOLISTIC HEALING PUBLICATIONS

WHOLISTIC HEALING RESEARCH

September, 2001 **Volume 1, No. 1**

HEALING WITH FOOD

(Regular *IJHC* column)

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The uses of food as medicine

In Western biomedicine, nutritional therapies have been proven cost-effective modes of treatment in such well-researched conditions as hypercholesterolemia (McGehee 1995) and non-insulin dependent diabetes mellitus (Franz et al 1995). While patients are receptive to dietary advice from their doctors, that advice is seldom forthcoming in any great detail, as many physicians have minimal training in the biochemistry of nutrition (Alternative Medicine), and are not familiar with the many therapeutic dietary systems approaches available. In addition, physicians often perceive that there is resistance to dietary changes among their patients, a perception which may keep them from prescribing these therapies more often (Soltesz 1994). However, the resistance may be a function of how the information is presented: As Trudeau and Dube have shown, effective nutritional counseling enhances compliance with therapeutic diets (Soltesz et al 1994; Trudeau and Dube 1995).

For these and other reasons, patients will often seek nutritional advice elsewhere. There is a large popular movement of dietary reform, which has been on the fringes of society since the 19th Century but and is now becoming increasingly accepted by the mainstream. These popular diets (vegetarianism, macrobiotics, raw foods, food combining, and many others) have generally been dismissed in the medical literature as fads and quackery (Dwyer 1993; Krey 1982). Nevertheless, many people are following these diets; therefore, they deserve attention rather than dismissal. Based on Eisenberg's findings that as much as one third of the population has utilized complementary/alternative therapies (Eisenberg et al 1993) it is not unlikely that almost every health practitioner, medical or complementary, will encounter patients or clients who are or have been involved in some dietary manipulation or another. Eisenberg also pointed out that a majority of patients do not mention their use of these therapies, including diets, to their physicians. This communication failure may have considerable therapeutic implications, as the patients' response to medical treatments may be altered with variations in diets. For example, patients may undertake a change in diet to control hypertension, in addition to being on

medication. As changes in diet frequently are successful in the control of this condition (Ellis), the risk of adverse effects of the medication could be exacerbated, which may include dizziness (Goldberg; Dunlay, Sweet 1995), sexual dysfunction (Grimm et al 1997), gastro-intestinal hemorrhage (Pahor et al 1996), and sudden death (Hoes; Grobbee; Lubsen 1997).

Results of dietary changes will vary in different individuals from the extremely successful, to no effect, to the creation of new problems, even with the same diet. Roger Williams' "genetotropic principle" can explain some of these discrepancies: every individual organism that has a distinctive genetic background has distinctive nutritional needs. Therefore, although all human beings operate on the same general physical mechanisms and the same metabolic processes, the individual physical structures and genetically determined enzyme efficiencies vary sufficiently between individuals so that the effect of all the combined reactions in one body may be completely different from that in another individual, even if of the same age, sex, and body size (Williams 1977).

A therapeutically appropriate diet is a function of context, which includes:
1. The client/patient's nutritional status, health condition, presence of diagnosed disease, and when possible to determine, digestion and assimilation competence;
2. The client's level of physical activity and type of work, including work in environments high in electromagnetic fields (such as computers, copy machines, and cellular phones), or high levels of noise;
3. Local climate, including being indoors or outdoors;
4. The client's ethnicity (e.g. European, African, Asian, mixed); and
5. The client's level of interest in or resistance to changing the habitual diets.

Here are two examples of dietary regimes that can be helpful to large segments of the population:

1. Anti-allergy diets

***Description*:** Allergies and food sensitivities are widespread and increasing in incidence throughout the industrialized world, and can be triggered by environmental pollutants or modern lifestyles and food habits (Aberer et al 1993). Reactions to foods may be called allergies or food sensitivities, and include, besides antibody reactions, such symptoms as atopic dermatitis, asthma, rhinitis, conjunctivitis, eczema, wheezing, headache, migraine, skin rashes (Mortimer et al 1993; Orazzo et al 1994) and otitis (Gubas et al 1993). Drugs and medications may also cause reactions. For example, an allergic reaction to aspirin has been implicated as a causative agent in precipitating attacks of asthma (Estrada et al 1993).

Allergic reactions to foods may appear immediately or some time after the consumption of allergenic foodstuffs. Therefore, allergy-control diets are always

characterized by the exclusion of one or more foods, temporarily or permanently. (See Table 1 for a listing of the most common allergenic foods.)

Table 1. COMMON ALLERGENIC FOODS

milk and milk products
wheat
corn
tomatoes
soy, soy products
peanuts
cashews
sesame seeds
walnuts
strawberries
seafood (crab, lobster)
food additives (sulfites, colorings, flavorings)
and (many others)

Rotation diets are used by some who are sensitive or allergic but can handle the food if used no more than once every four or five days. They will carefully avoid eating allergenic foods more than once in an acceptable period of time. Foods are classified according to "families," and the four-day rotation schedule would include all the items in each family (Mandell and Scanlon 1979)..

Allergic reactions to foods may appear immediately or some time after the consumption of allergenic foodstuffs. Therefore, allergy-control diets are always characterized by the exclusion of one or more foods. See chart for a listing of the most common allergenic foods. *Rotation diets* are used by some who are sensitive or allergic but can handle the food if used no more than once every 4 or 5 days. Foods are classified according to "families," and the 4-day rotation holds for each family (Mandell and Scanlon 1979)..

Benefits/Indications: The anti-allergy or exclusion diets generally have positive results, by case histories and anecdotal reports. The majority of symptoms may diminish, fade, or disappear, depending on the severity of the case. Mild cases may improve quickly, within weeks, while more severe cases take several months or even years. It is not uncommon that after a year or two on the very restricted diet, clients are able to tolerate small amounts of the erstwhile allergenic foods without undue distress.

Even in people who do not consider themselves allergic, the author has found that dairy-free diets have been helpful in diminishing or eliminating frequent colds and infections (Colbin 1996). They also appear to alleviate many female

reproductive problems such as menstrual cramps, endometriosis pain, fibroids, and recurring vaginitis (Northrup). Some speculates that over-stimulation of the cow's mammary glands through hormones (used to maintain and increase milk production beyond the normal cycle) may over-stimulate women consumers' mammary glands as well, contributing to benign breast conditions, breast cancers, and ovarian cancers, as well as to acne, allergies, sinusitis, and chronic intestinal upset (Northrup 1994).

Lactose intolerance is widespread in the US, affecting as much as 46% of a group of mixed race, mixed gender adults aged 20 to 89 (Rao et al 1994). Abstention from milk products will benefit this group as well.

Breast-feeding may provide infants with long -term protection against such allergic manifestations as respiratory infection (Burr et al 1993), pneumonia, and otitis media, while bottle feeding appears to make them more susceptible to these and other problems (Ford 1993).

Drawbacks/ and Contraindications: The concepts of food sensitivities are popular and much used in the complementary/alternative medicine, but often dismissed or attacked in the biomedical field. Published papers ascribe allergy or environmental hypersensitivity to somatization (Hotopf 1994) or unrecognized psychological distress (Black, Rathe, Goldstein 1993).

For those who wish to follow them, impracticality and logistical difficulties are the main drawbacks of these diets, as the substances to be avoided are ubiquitous in the common food supply and in the environment. Erroneous or incomplete diagnosis can result in either overly- or insufficiently -restrictive regimens, resulting in unnecessary worry and dietary restriction on the one hand, or the absence of positive results on the other. If the client has become fearful of the restricted foods, there may be reluctance to test their use after a few months or a year in order to ascertain whether the sensitivities have abated. Necessary restrictions have no ill effects, providing the client consumes sufficient calories from permitted foods. On the other hand, unnecessary restrictions may result over time in nutrient deficiencies, especially if the presence of fear keeps the client from following helpful intuitive food cravings that might balance the restrictions.

For the practitioner: Diagnosing these conditions accurately is labor intensive and demands exhaustive case studies (Aberer et al1993). If diagnosis is unclear, a test run of three to six weeks on a dairy, wheat, and sugar-free diet (the most common allergens) may be implemented. Trowbridge suggests a four-phase dietary approach, beginning with a therapeutic meat/eggs/vegetables/plain yogurt (MEVY) phase for three to four weeks under a practitioner's care (Trowbridge 1988). The yogurt can be omitted and the vegetables increased in the case of lactose intolerance. If there are improvements in the condition, then there can be further exploration and refinements of these diets.

2) Yeast-free (anti-candida) diets

Description: The yeast, *Candida albicans*, is a normal, harmless inhabitant of the gut and mucous membranes of the human body. However, when there is an overgrowth of the *Candida Albicans* organisms in the gut, in the female reproductive tract, and in other mucous membranes, the individual displays a sensitivity to yeasts called *candidiasis*. Symptoms vary, and may include vague aches and pains, malaise, inability to concentrate, abdominal pain, constipation, diarrhea, vaginal burning or discharge, reproductive system problems, fungal skin infections, erratic vision, and others (Crook). It is commonly accepted that this condition is caused mostly by the use of antibiotics (which eliminate normal bacterial denizens of mucous membranes and leave a habitat in which *Candida* can proliferate). It is extremely common in hospitals as a result of invasive procedures (Sternberg 1994), and is exacerbated by the regular consumption of yeasted and fermented foods (see Table 1; Crook 1983). Therapeutic dietary modification consists of the scrupulous avoidance of the yeasted, fermented, and sugared foods. Most flour products, breads, sweets, alcohol, fermented milk and soy products, and vinegars must be avoided. (See Table 2 for *Candida* diet.)

Table 2. CANDIDA DIET

Forbidden foods

Milk products
Sugars (white or brown sugar, maple syrup, corn syrup, dextrose, honey)
Fermented foods (bread, wine, cheese, vinegar, alcohol, fermented soy roducts [miso, soy sauce], pickles, sauerkraut), olives
Prepared mustard
Baked goods
Processed, smoked and dried meats commercial soups
All foods that contain or might contain molds and spores, such as melons, dried fruit, juices, aged or old foods, mushrooms, tempeh

Permitted foods

High protein foods, (beef, poultry, fish, nuts, eggs, and beans);
All low carbohydrate vegetables (lettuce, cauliflower, broccoli, cucumber, asparagus, cabbage, radishes, zucchini, yellow squash, celery, etc),
Moderate amounts of whole grain cereals (barley, millet, oats, kasha, brown rice)
Moderate amounts of fresh fruits (apple, avocado, banana, peach, grapefruit, mango, and others.

Source: Crook, 1983.

***Benefits/indications*:** A change in diet will generally help relieve the symptoms**.** Intestinal candidiasis has been implicated as a causative factor in the development of Chronic Fatigue Syndrome, and a large number of CFS patients respond positively to a diet for intestinal candidiasis coupled with antifungal medication (Cater 1995). The author is personally acquainted with a number of individuals who felt a great deal of benefit from this dietary approach. It appears that the strict diet can be partially relaxed after two to four years with no increase recurrence of in symptoms.

Drawbacks/Contraindications: The anti-candida diet has as many detractors as the anti-allergy diets. Morris and Stare (1993) warn against "unproven diet therapies" for CFS, and call the avoidance of food additives, preservatives, sweeteners, and other ingredients "not supported by available evidence and not practical for patients with CFS." The main drawbacks for this dietary approach are its extreme social impracticality, as bread, cheese, sweets, alcohol, and vinegars are widespread in the our food supply.

For the practitioner: If Crook's theory is correct (that candidiasis in the general population is caused by the frequent use of antibiotics), and if it is assumed that the vast majority of the population has been exposed to these drugs at one time or another, allergy or candidiasis can be suspected in most cases presenting the above symptomatologies, until ruled out. Therefore, this approach can be recommended to clients who present unclear, diffuse, and complex combinations of symptoms, who "feel bad all over" yet cannot easily be diagnosed. If it is the correct approach, some improvement will result after one or two months on this regime. Again, a health-supportive approach such as this, if possible with organically grown foods and devoid of additives, while admittedly impractical, would not be harmful and could possibly be of help.

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