

Health & Wellness



Food Fight: Population Recommendations and Individual Observations



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I attended the Integrative Healthcare Symposium in NY last week and listened to many speakers discuss Food as Medicine. Many quoted Hippocrates, "Let food be thy medicine and medicine be thy food. " Several presenters commented on the nutritional confusion among the general public. Apparently, " I don't know what I should be eating anymore" is a common concern brought to healthcare providers.

Judging from the Symposium agenda topics, it looks as if healthcare providers are trying to sort through the data as well. I love coming together with my colleagues and mentors to exchange and share information because ours is often contradictory to the mainstream healthy nutrition messages. I believe there are two important reasons for that. One is the power of the food industry. Our country's largest association of nutrition professionals, the Academy of Nutrition and Dietetics (formerly the American Dietetic Association) is 74,000 members strong. This group has frequently been criticized for its ties to agri-business and the junk food industry, but a new report entitled, "And Now A Word From Our Sponsors: Are America's Nutrition Professionals in the Pocket of Big Food?" documents the dirty details. Government agencies, as well, make public health recommendations with the food industry looking over their shoulder. It appears that research-based information designed to promote an individual's health has to consider the implications it will have on the food

industry. YIKES! When you look at what the food industry is offering on the store shelves, which we are told by our FDA, USDA, CDC and HHS is probably safe and healthy in moderation, it's no wonder we are fatter and sicker than ever!!

Another explanation of

the disparity in nutritional recommendations between the mainstream and integrahealthcare providers may relate to vantage point. Agencies producing Guidelines and Policies designed to promote health and prevent disease base these guidelines on evidence-based information. This is typically epidemiological data. This kind of research studies populations of people to find the significant commonalities linking causes and effects to health and disease. Back to Hippocrates. He defined a phenomenon called epidemic which is the root of the word epidemiology. An epidemic, he suggested, was a disease that was "visited upon" a population, rather than one that developed from within a population. I contend that the epidemic that has been visited upon us, the chronic diseases, have a common cause called the 21st century food industry. There is so much non-food in the boxes and packages that line our kitchen cabinets that some of the Symposium speakers called our meals science experiments. So how can our epidemiological data tease out the causes and effects of health and disease when there are so many variables infinite variations of human physiology interacting with real food, genetically modified food, and synthetic chemicals?

My colleagues and I have another vantage point – the individual in our office. We place importance on gathering a detailed nutritional history and listening to the story of how food and other influences may have come together to create the current set of symptoms. We use sophisticated testing to evaluate gastrointesti-

nal function and food allergies/sensitivities, intestinal absorption, cellular micronutrient deficiencies, genetic predispositions (nutrigenomics), toxicities, inflammation, immune and other cell signaling, cell membrane integrity... - all related to food and health. Then we do our experiments. This is simply put: what do we need to give and what do we need to take away in order to move the person's physiology back into balance? We see the results when we have another visit with the individual and begin tweaking some more. This amazing opportunity to apply thoughtful and mostly natural interventions most often creates individuals who are more conscious and evolving with regard to their health choices - and consequently, healthier for it.

There is obviously a need for many kinds of data when making health care recommendations, all of which are subject to limitations. The media is also giving information, 24/7 on every study being done, devoid of relevance and context, but delivered in a sound bite that promotes an agenda or just sticks in your head. And that is why there is no agreement regarding nutritional information for consumers. That is why we are so confused. But I can tell you a few of my observations and some from my colleagues - and how they differ from what other information you may be hearing.

Assuming the general healthy eating message out there now is: whole grains, plenty of fruits and vegetables, lean meats and low fat dairy, less desserts and sweets, and portion control. Except for the last 2 recommendations, I believe the others are old and outdated news. I have been advocating a higher healthy fat diet for some time now and was glad to see a panel of 5 prestigious doctors including an academic cardiologist, neurologist, oncologist, cardiothoracic surgeon, and researcher all agree. Most of them advocated getting 50% of daily calories from fats – primarily beneficial fats like Omega 3s (from fish and flax), Omega 6s (from plants), and Omega 9s (olive oil). They agreed that the cholesterol-heart disease story is a myth and that avoiding cholesterol is probably bad for most people. I can say from my own experience and that of my patients over the last 1 ½ vears, that we are getting healthier, feeling and looking better and showing better cholesterol blood-work by eating healthy fats including cholesterol. It's a sort of Paleo diet meets Mediterranean diet approach.

The villain appears to be

the refined carbohydrates -

the breads and pastas, desserts, rice, oatmeal, bananas... No matter how whole grain or brown the food is, it is not meant to be eaten regularly. And we thought we were healthy making vegetable stir fry to top our pile of brown rice and scooping up slow cooked gluten free oats served with berries and banana. Yes, it is aligned with the public health message to eat these foods. I can just tell you that if you eat them regularly (and most people eat them habitually), then your long range blood sugar (HgA1c) will be in the pre-diabetes range. If you look at the glycemic Index lists (how fast food turns to sugar in your body), you will see that the vegetables are the low glycemic foods by far and should be eaten liberally. I have three other observations on the carbohydrate subject. 1) People who eat only vegetables are usually protein and fat (especially fat) deprived. It causes them to feel fatigued, especially brain fatigue. 2) People who are gluten free and eat gluten free packaged foods will also be pre-diabetic as the gluten free products are usually loaded with sugar and dough substitutes are mainly potato four (high glycemic) based. 3) Gluten free people who are also mostly grain free are often B vitamin deficient. Fortified grains have unknowingly been the largest contributor of B vitamins for most people eating a Standard American Diet. 4) The green smoothies can be another cause of pre-diabetes when you add pineapple and banana. I know they are micronutrient healthy but our fruits have gone the way of bagels and muffins - they are supersized. Putting large liquid servings of high glycemic fruit in our morning drink is overwhelming to our physiology. And even having the blender stuffed with spinach daily might not be so great. Too much of one thing habitually (in this case, oxalic acid) can be a bad thing.

And one quick observation on protein. Fish used to be an almost perfect food until we poisoned it. If you eat more than 2 servings a week of almost any fish (with the exception of the small fish - sardines and anchovies) — even wild caught, even Alaskan — you will be accumulating mercury. Yikes!! Fat soluble heavy metals accumulate because they can stay in the body for a lifetime.

Clear as mud yet? No worries. You'll find the truth that works for you. Happy nourishment!

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