



# Avoiding Problems with Special Diets

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The public is now aware of a firm association between good food and optimal health. Food has been shown to be an important factor in both the prevention and treatment of our major chronic diseases, including heart disease, cancer, allergies, arthritis and asthma. In addition to these there is an increasing awareness that food related chemicals may also be harmful by playing a major role in the aetiology of various clinical disorders.

Many special diets have now been devised in order to control the daily intake of specific foods and reduce the impact of chemicals. Some diets eliminate entire food groups such as grains or dairy products or certain components of foods including gluten, yeast and lactose. Others involve a strict balance of specific dietary fats, protein, carbohydrate, fibre and other macro and micro nutrients. The chemically sensitive patient may require foods which have not been exposed to pesticide and herbicide residues or food additives. There are low fat/low salt/high fibre diets for heart disease. There are antioxidant rich diets high in beta carotene, vitamin C, vitamin E and selenium for cancer patients and a thousand different dietary approaches in the treatment of obesity. Suddenly, everybody is becoming interested in a dietary approach to illness. With popular acceptance, however, have arisen many food myths, fad diets and poor nutritional programs in the disguise of good therapeutic nutrition.

Elimination diets for the treatment of food sensitivities are some of the worst offenders. Most food reactions now appear to be due to small food related chemicals, either naturally existing within the food itself (e.g. salicylates), occurring as contaminants (e.g. pesticide residues) or intentionally added (e.g. preservatives) and are not true immunologically-based food

allergies. Total elimination of one or more of the major food groups certainly removes all offending foods but can also give rise to additional problems. Firstly, nutritional balance is one of the major considerations when devising clinically useful "special" diets. We cannot restrict entire food groups in a patient's diet without carefully considering the nutritional consequences. When removing dairy products we must consider alternative sources of calcium, riboflavin and vitamin A. While whole grains and legumes are some of the best sources of dietary fibre, animal products are the only source of "primary protein" which supplies quantitative levels of essential amino acids. Low fat diets which restrict essential fatty acids can give rise to neurological, dermatological and immunological problems. Every diet must contain essential amino acids, essential fatty acids, adequate high fibre complex carbohydrates, all the vitamins, minerals and trace elements together with sufficient calories and nutrient density.

Without this basic framework, an elimination diet, or one modified to treat a specific disease, can cause rapid deterioration in the patient. To make matters worse, the long-term side effects resulting from inadequate nutrition may often be explained away as "a healing crisis" or "a body detoxification process". True, detoxification reactions and other physiological changes associated with healing certainly do occur but they must be clearly differentiated from those adverse reactions arising from nutritionally inadequate diets. Secondly, as the total body burden of pesticides, food additives and naturally-occurring biologically active amines, etc. are reduced due to the *total* elimination of food chemicals there is a natural decrease in the induction of key liver detoxification enzymes. These include the Mixed Function Oxidases (cytochrome P450, etc.) and enzymes responsible for conjugating and eliminating small potentially toxic food

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related chemicals. Hence, when a person is rechallenged with specific foods (and chemicals) which have been removed from the diet for an extended period of time, he may suddenly become hypersensitive to foods which previously caused no adverse reactions. Others become more sensitive to foods which formerly caused only mild reactions.

A good example of this is the salicylate sensitive child, who may display symptoms of hyperactive behaviour or skin problems. If such a child is placed on a 100% salicylate-free diet the symptoms may disappear but at a subsequent re-exposure they reappear far worse than before. This does not occur, however, if they are placed on a *low* salicylate diet. In many respects we can see a similar situation when observing an alcoholic easily drink a quantity of alcohol that would kill a total abstainer. Total abstinence from alcohol and other chemicals can leave a body supersensitive to rare intermittent exposures.

We live in a chemical world with trees dying of acid rain, fish contaminated with mercury, bird life carrying biomagnified quantities of organochlorines from agricultural spray residues. Our entire food chain, water supply and air is now polluted. Carbon dioxide levels are rising through the Greenhouse effect and the earth's solar radiation levels are increasing due to the chlorofluorocarbon (CFC) induced reduction in the ozone layer. These are facts. Hopefully it is still not too late to reverse the situation. For the moment though we must learn to cope with this new environmental pollution. If we don't, we will find an increasing number of people becoming "allergic to the 20th Century" — living in a special environmentally controlled unit or in a remote pine forest drinking coconut milk. This approach would certainly remove the majority of harmful environmental chemicals but in the long term is just not practical. Those living in the cities in particular must now learn to adapt to a low ambient background level of environmental chemicals (in food, water and air) in an intelligent and calm manner, by reducing our total daily chemical load as far as possible without becoming fanatical. For most people this means wisely selecting house, environment, occupation, clothing and foods. It also means ensuring a high

daily intake of the antioxidant nutrients and then getting on with life without making a new religion of it all.

Some patients become so anxious about their food that they fear eating anything. At the same time they feel a desperation and increasing helplessness about their contaminated environment. Much bad feeling is also directed at politicians, chemical companies, food manufacturers, some doctors and the bureaucracy in general and these negative emotions themselves are starting to become major contributing factors to the total stress load. This has the effect of reducing immune function, digestive capacity, nervous stability and general wellbeing, thus exacerbating adverse food/chemical reactions. It is now becoming a top priority for practitioners to defuse the fears, anxieties and general obsession about foods in people who have food-related problems. A dietary approach which ends up leaving the individual with only 3 safe foods to eat is typical of this sort of stressful situation and must be avoided. Food sensitivities are certainly not just in the mind. They are not just the result of a vivid imagination. But there are some who, like the true religious fanatic, feel they have defiled the altar by eating a nonorganic pear or mixing fruits with vegetables. The time has come for physicians to recognize the extremely fragile psyche that is overlaying the entire field of adverse food reactions without underestimating the potentially dangerous consequences of an uncontrolled body burden of environmental chemicals.

Unfortunately this whole situation is perpetuated by non-qualified (but so-called) experts advising the confused public through their latest best-selling paperback to eat *only* fruit, or brown rice or seaweed or some other equally nutritionally disastrous regime. To get around these "special diet" related problems we must press for implementation of contemporary nutritional education in all medical courses and for an increasing growth (and a tightening of the standards) of nutritional education for other health professionals including pharmacists, dentists, chiropractors, nurses and naturopaths and finally, a greater access to fully qualified dietary experts for the general public.