

From www.healthysecondopinion.com.au

Example **DISCUSSION** and **DIET** for client Jane Starbright. Based on findings from her assessment.

<http://www.healthysecondopinion.com.au/assessment.html>

First a low allergen diet is presented leaning towards vegan so as to eliminate all possible food allergens and sensitivities. In conjunction with the nutrient supplementation following AND concurrent minimisation of exposure to known airborne allergens and irritants and pollutants, **this can lead to profound reduction of symptoms and disease progression.** Once symptoms have settled, confirm reactivity by slowly, one at a time, introducing more suspect foods and monitoring reaction over the next seven days.

Then suggest a more **mediterranean diet** that takes into account knowledge of any reactive foods discovered previously. This will be best for any CVD and insulin resistance prevention. (seen in her genetic profile)

Example 1

First the low allergen vegan diet would include the following elements and has been shown to be beneficial in asthma treatment. Also important to note is that cooking a food that is known to contain cross reactive allergens can denature the protein in those allergens and thus (but not always) reduce immunological activation and subsequent allergic symptoms. **Raw foods are more problematic in cross reactive allergy sufferers.**

Exclusions in RED

Foods associated with a more delayed onset of sensitivities include (in order of decreasing prevalence) **milk, chocolate, wheat, citrus and food colouring.** Supervised elimination diets have been very successful at identifying food allergens and irritants. **Studies with low allergenic vegan diets have demonstrated the ability to show significant improvement in those individuals with severe asthma.** The diet excluded all **meat, fish, eggs and dairy along with chlorinated tap water, coffee, ordinary tea, chocolate and sugar and salt.**

Inclusions

Vegetables used included, beets, onions, celery, lettuce, cauliflower, broccoli, nettles, cucumber, radishes, carrots, cabbage, Jerusalem artichokes and all beans but **NO green peas or soy beans and potatoes** only in restricted amounts.

Fruits included blueberries, cloudberries, raspberries, strawberries, blackcurrants, gooseberries, plums and pears with **NO apples or citrus fruits. NO grains.** Herbal teas OK.

Important to supplement at same time particularly with $\Omega 3$ fatty acids (see later)

The problem however with this diet particularly in this client is the **low protein intake.**

The following reference therefore recommends adding protein in the form of cold water fish (at least after assessment of IgE and IgG levels to this fish) "...If the patient is willing or the asthma is unresponsive, a vegan diet should be tried for at least 4 months with the possible exception of **adding cold water fish.**"

Textbook of Natural Medicine, Pizzorno and Murray, Third Edition.

Four months seems like a long time but this could be monitored.

This diet demonstrates 3 important factors that in part or all together assured the success of this diet -

- 1/ very low possibility of food allergens present
- 2/ Increased intake of anti-oxidants and magnesium
- 3/ Altered prostoglandin metabolism as arachidonic acid intake is virtually eliminated (see below)

While the early part of an asthma inflammatory response is triggered by the allergen and subsequent release of vasoactive amines and cytokines, the later phase response is more mediated by proinflammatory eicosanoids, protoglandin E2 and the leukotreines mentioned previously. The balance of $\Omega 6$ to $\Omega 3$ fatty acids (with $\Omega 6/\Omega 3$ ratio greater than 4) and the presence of high amounts of saturated fat will increase the PRO inflammatory nature of this later phase response while conversly **increasing $\Omega 3$ intake** and **reducing saturated fat and $\Omega 6$** has been shown to substantially reduce brochial hyper sensitivity and asthma severity and occurrence. *Course 6 note, Dr Mel Smith.*

Reducing gut mucosal immunolical activation and cytokine production has been shown to be down regulated by increasing intake of **Vitamin E, $\Omega 3$ Fatty acids and Probiotics.**

Elimination of allergic reactive foods. "The majority of asthma patients do demonstrate sensitivity to common foods, particularly **gluten, grains and dairy foods** even though specific Skin prick testing and RADT IgE tets, fequently show no reaction. Clinical intervention studies utilising food avoidance and/or oligoantigenic diets report substantial improvement in asthma incidence and severity in approx 70-80% of asthmatic patients." *Course 6 note, Dr Mel Smith.*

Next an example of a Mediterranean diet

The current and well researched Mediterranean diet pyramid can by found at http://oldwayspt.org/med_pyramid.html and will be graphically updated soon.

The above site has clear information on specifics of this diet and extra scientific research articles are found here : http://oldwayspt.org/med_studies.html

The Mediterranean Diet Pyramid

"Dietary data from those parts of the Mediterranean region that in the recent past enjoyed the lowest recorded rates of chronic diseases and the highest adult life expectancy show a pattern like the one illustrated in the list below. The healthfulness of this pattern is corroborated by epidemiological and experimental nutrition research. The average amounts

given are in most cases intentionally nonspecific, since variation is known to have been considerable within this pattern. The historical pattern includes the following (with several parenthetical notes adding contemporary public health perspective):

- * An abundance of food from plant sources, including fruits and vegetables, potatoes, breads and grains, beans, nuts, and seeds.
- * Emphasis on a variety of minimally processed and, wherever possible, seasonally fresh and locally grown foods (which often maximizes the health-promoting micronutrient and antioxidant content of these foods).
- * Olive oil as the principal fat, replacing other fats and oils (including butter and margarine).
- * Total fat ranging from less than 25 percent to over 35 percent of energy, with saturated fat no more than 7 to 8 percent of energy (calories).
- * Daily consumption of low to moderate amounts of cheese and yogurt (low-fat and non-fat versions may be preferable).
- * Weekly consumption of low to moderate amounts of fish and poultry (recent research suggests that fish be somewhat favored over poultry); from zero to four eggs per week (including those used in cooking and baking).
- * Fresh fruit as the typical daily dessert; sweets with a significant amount of sugar (often as honey) and saturated fat consumed not more than a few times per week.
- * Red meat a few times per month (recent research suggests that if red meat is eaten, its consumption should be limited to a maximum of 12 to 16 ounces [340 to 450 grams] per month; where the flavor is acceptable, lean versions may be preferable).
- * Regular physical activity at a level which promotes a healthy weight, fitness and well-being.
- * Moderate consumption of wine, normally with meals; about one to two glasses per day for men and one glass per day for women (from a contemporary public health perspective, wine should be considered optional and avoided when consumption would put the individual or others at risk.)”

Ref: http://oldwayspt.org/med_pyramid.html

A recommended Diet follows that combines the **Mediterranean Diet Pyramid and low gluten and high protein and higher fat (mono unsaturated) at the expense of carbohydrate and awareness of cholesterol lowering.**

Note that the liver manufactures about 70% of total cholesterol and the diet provides approximately the other 30%. The diet itself is more important than just lowering cholesterol itself in the diet.

This diet is ONLY useful after ALL allergens have been identified. Also important to keep portion sizes small i.e. **keep calorie intake low - unless energy consumption is high which can be the case in some respiratory disease – need to reassess client energy needs as there was some discrepancy between self reported energy use /day and intake as calculated from diet analysis.**

Note that in asthma patients useful to reduce diet to about 30% carbohydrate of total energy and 70g is ketogenic. High carb diets (as is the case in this client) lead to CO₂ production and may cause respiratory distress or failure in patients with compromised lung function or (as may be the case again in this client) impede weaning from ventilators. Therefore to decrease CO₂ use higher fat and lower calories. Decrease osmotically active substances by restricting mono-saccharide like glucose, galactose and fructose and disaccharides like sucrose lactose and maltose.

REF Course 3 notes, Dr Mel Smith

Breakfast

Quinoa porridge made with water with some almonds and pepitas, crushed chia seeds and dried NON sulphated fruits. Use Rice Milk if needed, **OR** Whole grain toast drizzled with olive oil and topped with avocado and sardine or baked beans with fresh organic parmesan cheese and mushrooms **OR** fresh yogurt/kefir with fresh fruits and crushed nuts and crushed chia seeds **OR** buckwheat pancakes made with rice milk and egg and fortified with low allergenic carob protein powder (or hemp seed protein powder) and crushed chia seeds topped with fresh fruit compot

Smoothie containing avocado, ground chia seed, ground pepitas, prunes, brazil nut, raw fresh organic egg, organic barley powder, spirulina, rice bran and distilled water **OR** fresh fruits and crushed nuts, pepitas and tahini and crushed chia seeds and wild or dried figs **OR** chickpea flour and potato pancakes made with rice milk and egg and crushed chia or linseed seeds topped with fresh fruit compot and bush raisins **OR** poached eggs on millet pattie or pre sprouted organic essence whole grain bread with grilled tomatoes and spinach

Macronutrient composition

Mono unsaturated fat with some saturated fat and $\Omega 6$ and $\Omega 3$'s, moderate complex carbohydrates and fibre and moderate protein content (important to supplement with digestive enzymes)

Mid-morning

Pieces of chicken or turkey breast, bush raisin, Kurrajong nut, and Fresh fruit

Lunch

Tuna or sardines and some cottage cheese and fresh pre-poached salad vegies like tomato, kale, capsicum, snow peas and celeriac, with lettuce, watercress and pine nuts, mushroom, garlic and cucumber and lemon juice **OR** vegetable soup containing corn, leaks, pumpkin, tomatoes, onions and wild rice with pieces of organic chicken, turkey or lamb and topped with chopped herbs like parsley/thyme **OR** grilled/ poached fish (100 - 130gr) with small steamed sweet potato and steamed vegies or and green salad of snow peas, cos lettuce, sage and carrot drizzled with olive oil and lemon juice

Macronutrient composition

large protein content with moderate complex carbohydrates and fibre and low fat that is predominately monounsaturated

Mid-afternoon

fresh fruit or above smoothie, almonds or celery with homemade nut paste or capsicum pieces dipped in hommos

Dinner

Lamb, beef or rabbit casserole with vegies like carrot, parsnip, cabbage, celeriac, onion and garlic and tomato paste with millet and wild rice **OR** Piece of [oily dark fleshed fish \(higher in \$\Omega\$ 3 fatty acids\)](#) like, [tuna](#), [salmon](#), [flathead](#), [mackerel](#), [herrings](#), [kippers](#), [ullet](#), [taylor](#), and [sardines](#) baked in sauce of tomato paste and coconut milk and asparagus, mushrooms, pumpkin and snow peas with side of whole rice cooked with dried wild figs and fresh coconut, **OR** chickpea flour chipartis with tempeh/brazilnut or lean beef bolognaise cooked with grated carrot, parsnip, celeriac with lots of tomato, onions and garlic and fresh herbs like basil and oregano with side serve of artichokes and lemon and olive oil

Macronutrient composition

Large protein content with moderate complex carbohydrates and fibre and low fat

Dessert

fresh fruit - pawpaw OR Mango OR kiwi fruit

Snack foods

brazil nuts, apple, celery, bush raisin, kurrojong nuts

Above content is Copyrighted and belongs to Hartmut Günther.

It is a sample of the work carried out on a real client during a full Nutrition Medicine Health Assessment and Treatment. It is designed to highlight the attention to detail and individualised care given to each client during an assessment and Treatment and subsequent DIET recommendation. It is not intended to help in any form of self diagnoses or self treatment or dietary recommendation.

Practitioner: Hartmut Günther B.Sc. Hons Biochemistry, Grad. Cert. Nutrition Medicine; Phone 0439 54 7788, 07 5545 2153.

Email: hart@healthysecondopinion.com.au

www.healthysecondopinion.com.au