

# HEALTHY TIMES

**Making Sense of Science for Superior Health and Effective Weight Management**

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## Latest News

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Discounts apply to both *Eat For Health* and the *Eat Right America Food Scoring Guide*.

## Inflammatory Bowel Disease

*Recovery is possible through aggressive dietary modifications.*

*By Joel Fuhrman, M.D.*

**U**lcerative colitis and Crohn's disease are the two inflammatory bowel diseases. Inflammatory bowel diseases are autoimmune illnesses, where the lining of the digestive tract becomes the site of the autoimmune attack and becomes inflamed. Other autoimmune diseases are lupus, psoriasis, and rheumatoid arthritis—where the skin, kidney, or joints are the sites of autoimmune attack. Diarrhea, bloody stool, cramping, and pain are common symptoms of inflammatory bowel disease.

Ulcerative colitis primarily involves the distal colon, but when more severe, the entire colon can be involved. Crohn's disease can involve both the small and large intestines. But unlike the inflammation associated with colitis, which tends to involve entire general areas, the inflammation associated with Crohn's typically affects individual, discontinuous segments of the intestines.

Inflammatory bowel disease (IBD) is extremely traumatic and distressing to live with, and the therapies utilized are most often inadequate or toxic.

### Hope for recovery

This newsletter contains valuable and potentially lifesaving information about controlling, reversing, and removing IBD with nutritional interventions, while avoiding the highly toxic immune-modulating drugs used by physicians.

I will describe the aggressive dietary modifications I have used to help hundreds of patients, from those whose symptoms were relatively mild to those whose conditions were so severe that their doctors had recommended surgical removal of their colons.

Patients need to know that it is possible to improve and even eventually resolve inflammatory bowel disease (IBD). It takes time and commitment to dietary excellence, but the potential rewards are great.

Before I describe my methods, let's take a look at conventional medical care for IBD as well as some other approaches.

### Conventional medical care

Because IBDs are autoimmune diseases that involve recognition and attack by our own immune system's T cells, standard therapy includes immune system suppressing drugs such as prednisone, Imuran and 6-MP, which have significant, even life-shortening side effects. Amino-salicylate derivatives, such as Asacol, Rowasa and Pentasa, are poorly absorbed anti-inflammatory drugs that have significantly fewer side effects and lower toxicity compared to the other medications, but they do not halt the autoimmune attack and, by themselves, are not sufficiently effective for the more serious cases. Remicade, a very effective newer drug, is one of the most toxic

*(See **Bowel Disease** on p. 2.)*

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## Bowel Disease

*Continued from page 1*

drugs in the medical arsenal and has a high risk of promoting cancer after years of use. Its use is reserved for the more severe, unresponsive cases of IBD, especially advanced Crohn's. Many patients still require surgery to remove heavily diseased areas, and some patients who fail drug therapy require surgical removal of their entire colon.

Newer, more selective biologic agents such as monoclonal antibodies are in research trials, but these also are not without side effects.

The least toxic option and one of the most effective emerging therapies is the ingestion of whipworms. Data from pilot studies and now clinical trials in progress reveals that ingesting a solution containing thousands of eggs of *Trichuris suis*, the so-called "whipworm" (named for its whipping tail) commonly found in the intestines of pigs, has been effective. Each dose contained about 2,500 live whipworm eggs, harvested at a USDA laboratory.

This microscopic worm does not live very long in humans and does no harm. During the initial treatment and observation period, all of the patients showed evidence of improvement, defined as improved scores in a quality-of-life questionnaire and as a drop-in-symptoms score. The researchers have yet to detect any side effects in any patient. Apparently, these types of worms have an immunosuppressive effect on the bowel and reside in the

*Improvement and eventual recovery from inflammatory bowel disease takes time and a strong commitment to dietary excellence, but the potential rewards are great.*

intestinal lumen without harm or symptoms in humans. I can envision using these worms, instead of more toxic drugs in the future, especially in those cases where nutritional intervention is not enough to induce remission.

### Elemental diets

An elemental diet is a hypoallergenic, protein-free, artificial diet consisting of essential amino acids, glucose, trace elements, and vitamins. Elemental diets have been used widely in the treatment of inflammatory bowel disease, especially with the management of Crohn's disease. These diets attempt to provide essential nutrients and contain pro-

tein only in the form of free amino acids. They help because they contain no sensitizing food antigens or fibers, are lower in fat, are easily absorbed, and do not contain the residue that may irritate an inflamed bowel lining. However, because these diets are totally devoid of immune-supporting phytochemicals, they promote rather than relieve immune system dysfunction and patients invariably relapse once the therapy is halted.

### Dietary triggers of IBD

A great many factors lead some to conclude that diet plays an important role in the etiology of IBD. Experts have observed an increased incidence of IBD in urban areas, and some believe that this may be due in part to the fact that urban diets have features that trigger an immune-mediated inflammatory response. Recent studies have implicated childhood diets low in fresh fruits and vegetables in the etiology of IBD.<sup>1</sup>

Studies have documented that IBD is related to increased free radical activity and a deficiency of antioxidants and phytochemicals (found most abundantly in fresh vegetables and fruit) in the cells of the bowel.<sup>2</sup> Reestablishing a cell climate that is rich in protective nutrients through a high intake of green juices and green soups is a critical part of the nutritional care of all autoimmune diseases, and IBD is no exception.

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**IMPORTANT:** Before adopting any kind of diet or medical program, please consult your doctor. The information in this newsletter is for informational purposes only, and is no substitute for a physician's consultation and/or examination.

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## Microparticles found in processed foods

Microparticles (such as titanium dioxide and aluminosilicates) used in processed foods such as baked goods, desserts, and pancake mixes are known excitatory triggers for inflammatory bowel disease. Microparticles combine with bacterial components in the intestine and form antigenic particles.<sup>3</sup> Microparticles also have been associated with other disease processes such as asthma, and it has been shown that a microparticle-free diet is helpful in IBD and decreases inflammation and disease activity.<sup>4</sup>

## Sucrose, fructose, fats and oils

Sucrose, commonly found in table sugar, may adversely effect those with IBD. It is critical that patients with IBD avoid sugar and concentrated sweeteners. Studies that have compared the eating habits of those with IBD and those without it have shown that affected persons consume a higher amount of sucrose and refined carbohydrates. Interestingly, a high intake of fructose (commonly found in fruits) was not associated with IBD. Complex carbohydrates (starches) show no association with IBD in scientific studies; however, there is a subset of people with fructose intolerance and a subset of people sensitive to grains, including corn, rice, and all gluten containing grains.

It is important to note that “fructose intolerance” is a general term that describes two possible conditions:

**Hereditary fructose intolerance** is a rare genetic disorder. People with hereditary fructose intolerance lack an enzyme that breaks down fructose. This is a serious disorder that can lead to liver and kidney damage if not detected early in life.

**Fructose malabsorption** is a digestive disorder. People with

# Irritable Bowel Syndrome

*Recovery requires careful adherence to high-nutrient, fiber-rich diet.*

*By Joel Fuhrman, M.D.*

**I**rritable bowel syndrome (IBS) involves chronic digestive tract discomfort accompanied by milder complaints, including cramping, pain, diarrhea, and constipation. Less serious than inflammatory bowel disease (IBD), IBS is not an autoimmune disease, ulcerations and bleeding do not occur, and it is not associated with the high degree of inflammation and distress seen in IBD. The successful resolution of IBS typically does not depend on the more extreme dietary modifications required of IBD patients.

IBS typically resolves with a change to a healthful, fiber-rich, “nutritarian” diet. In more severe cases, more aggressive nutritional intervention may be needed.

## Dietary basics

The key recommendation is to eat a large raw vegetable salad at each meal, chewed very well. Once a healthful diet has been established, IBS typically resolves within a few

months. Some IBS patients must avoid certain foods such as wheat, dairy, and fructose, since these may trigger digestive disturbances.

A healthful diet for IBS should be free of sugar, white flour, processed foods, and foods cooked in oil because these are significant triggers for this illness.

It may be difficult at first for IBS patients to tolerate lots of high-fiber raw vegetables in their diets, so they may have to begin with small amounts of raw vegetables at each meal, chewed very well. The goal is to work up gradually to larger, well-chewed salads that include shredded raw beets, cabbage, and carrots.

## Careful monitoring

IBS patients often are found to complain of both diarrhea and constipation. To ensure eventual recovery, it is important to make sure that patients—even those who experience diarrhea at times—are never constipated. □

*fructose malabsorption have difficulty digesting fructose. This is a less serious disorder because it doesn't result in liver or kidney damage, but it can cause abdominal pain, nausea, bloating, and diarrhea.*

Besides flours and sugar, studies also have shown that diets high in animal fat and oil predispose susceptible individuals to IBD.<sup>5</sup> Fried foods are particularly risky for IBD patients, and epidemiologic research also has linked IBD to the consumption of fast foods where recycled cooking oil is often used.<sup>6</sup> Alcohol, burgers, and soft

drinks have been shown to be linked to heightened disease activity in colitis patients, and red meat and processed meats have been implicated again and again.<sup>7</sup>

Dietary fat and especially long-chain triglycerides that are not well absorbed have been found to worsen IBD. Lots of long-chain triglycerides are found in meat and in safflower and soybean oil. Processed oils promote inflammation of the bowel. Studies have shown that low-fat diets with supplemental omega-3 fats are superior to higher-fat diets in

*(See **Bowel Disease** on p. 4.)*

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## Bowel Disease

Continued from page 3

the induction and maintenance of remission.<sup>8</sup>

### French-fried colitis

Fried potatoes may be particularly harmful as studies have indicated that the prevalence of IBD correlates well with the consumption of fried white potato products. White potatoes have a high concentration of glycoalkaloids. These molecules can injure cell membranes in genetically sensitive individuals, altering the intestinal epithelial barrier. These glycoalkaloids are concentrated when potatoes are fried, and the heated oils synergistically aid in the damage by creating increased intestinal permeability. The sensitivity to

glycoalkaloids in potatoes is not present in all IBD patients and is genetically determined.<sup>9</sup> □

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# Nutritional and Dietary Protocols for IBD

*High-nutrient, fiber-rich diet is key to recovery.*

By Joel Fuhrman, M.D.

I have treated hundreds of patients with inflammatory bowel disease (IBD) whose conditions included a wide range of severity. Some patients came to me after their doctors had recommended surgical removal of the entire colon because their conditions were too severe for even the most toxic drugs to control. Others have had relatively mild forms of rectal inflammation or proctitis. Most of these patients have made dramatic improvements, with the majority no longer experiencing any symptoms or needing to take any medications.

As I mentioned in the preceding article, IBD patients can recover through aggressive dietary modifications. Reestablishing a cell climate

*Reestablishing cellular nutritional competency through a high intake of green juices, green soups, and blended salads is a critical part of the care of all autoimmune diseases.*

(cellular nutritional competency) that is rich in protective nutrients through a high intake of green juices, green soups, and blended salads is a critical part of the nutritional care of all autoimmune diseases, and IBD is no exception.

When a high degree of inflammation and bleeding is present, most patients do better to avoid raw fruits and vegetables. Blended salads and juices that are gently heated, as well as pureed vegetable soups, are the preferred foods in this initial intervention phase.

### Initial goal

The initial goal is to build up phytonutrients in the tissues without irritating the inflamed lining with too many raw foods. Building up antioxidants and green-derived phytochemicals to improve the nutritional deficiencies is important before medications are tapered and before any fasting is considered.

The natural indoles 3,3'-diindolylmethane (DIM), ascorbigen (ASG), indole-3-carbinol (I3C), and indo-

lo[3,2-b]carbazole (ICZ), as well as the natural isothiocyanates sulforaphane (SUL), benzyl isothiocyanate (BITC), and phenethyl isothiocyanate (PEITC), all possess cancer-chemopreventive properties.<sup>1</sup> These substances, derived from green leafy (mostly cruciferous) vegetables, are important to protect against DNA damage and also important to halt the chronic inflammation.

Studies also show that the fibers from green vegetables supply the substrate that promotes the most favorable type of bacteria in the gut and the healthiest intestinal environment.<sup>2</sup> It is known that the chronic inflammation of Crohn's disease and ulcerative colitis involves an overly aggressive immune response to an unfavorable balance of microflora. That is why the nutritional care of these patients should include supplementation with beneficial bacteria, along with supplying the green substrate to grow the favorable bacterial types.

### Initial protocol

The initial protocol involves a diet of mostly cooked vegetables:

1. High micronutrient intake with green juicing and (cooked) blended salads
2. High-dose fish oils (10 grams of oil with at least 5 grams of EPA + DHA)
3. Multivitamin for extra B<sub>12</sub>, zinc, and iodine and additional vitamin D supplementation to assure 25-hydroxyl blood levels above 30
4. A mixture of favorable probiotic strains, including lactobacillus plantarum and lactobacillus acidophilus
5. Avoidance of refined foods, sugars, and oils
6. No dairy or grains, and very little fruit
7. Meditation and stress reduction counseling

### Phase 1 diet

*(Active disease with blood, typically more than 6 bowel movements daily)*

In the midst of a flare-up of IBD, the diet should be mostly cooked vegetables, and even the green vegetable juices should be gently heated. The diet is made up of steamed

zucchini, artichokes, asparagus, avocado, butternut squash, steamed carrots and peas, chestnuts and walnuts, papaya, and green vegetable juices, including mild cruciferous leafy greens such as bok choy, kale, and collards. The juices are gently  
*(See Dietary Protocols on p. 6.)*

## A Crohn's Success Story

*High-nutrient, fiber-rich diet succeeds even after surgery*

*By Joel Fuhrman, M.D.*

**R**on Zilberman was a 53-year-old with a 30-year history of Crohn's when he first came to see me. He previously had had two surgeries for bowel resection to remove areas of inflammation and scarring, but he still was having significant abdominal pain. He was taking acid suppression medication as well as medication for Crohn's disease, which he stated did not help his frequent episodes of abdominal pain. He also had hypoglycemic symptoms that he treated with a high-protein diet for the same 30-year time period.

Ron learned about my high-micronutrient dietary recommendations from reading my book, *Eat To Live*, and afterwards he came to see me as a patient to get more specific dietary guidelines for his condition.

After reading *Eat To Live*, Ron decided to make some significant changes to his diet. Two weeks prior to visiting me for the first time, he took the plunge. Not surprisingly, he reported to me that he had felt shaky, weak, and just miserable for the first 5 days. Such symptoms are not uncommon (whether you have IBD or not) when you change from an unhealthy, highly stimulating diet to a healthful one. □

### After two months

At his first follow-up visit, after the first two months on my program, Ron's hypoglycemic symptoms had resolved completely. He stated that it was the first time in his adult life that his weakness and mental fog were completely gone. He still was having periodic symptoms of his Crohn's disease at this time, specifically pain in the right lower side of his abdomen.

At this point, we decided that he should begin fasting two days per month. He began feeling better between month 4 and month 8, and his medications and the fish oils gradually were tapered and discontinued.

### After eight months

By the eighth month, all of his Crohn's symptoms had subsided, though he still was taking Prevacid for recurrent esophageal reflux and gastritis. He was fasting 2 days a month some months and 3 days a month other months.

### After twelve months

By the 12th month, all of Ron's reflux and gastritis had resolved, and he had been off all medication for 3 months. Over the year, his weight went from 210 to 160, and he has had no further digestive complaints since. □

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## Dietary Protocols

*Continued from page 5*

heated almost to boiling. Except for papaya, fresh fruit should not be used in the diet at this stage.

### Phase 2 diet

*(Mildly active disease, no blood, fewer than 6 bowel movements daily)*

At this stage, fresh squeezed vegetable juice, usually carrot with kale and parsley, is introduced, starting with only 4 ounces or less at first and then advancing to 4 ounces twice daily. Blended salads, also called green smoothies, should be introduced. A small amount of raw lettuce and spinach is introduced by thoroughly blending the greens with avocado and banana.

The diet is still largely cooked vegetables, but tofu, some high omega-3 eggs daily, or a small serving (3 oz.) of fish can be added. Fruit can be added back to the diet, but only one non-citrus fruit with each meal.

### Phase 3 diet

*(Normal stool, 3 or fewer bowel movements per day)*

This is the long-term, healthful diet to be established once the problem is adequately controlled with a combination of nutritional therapy and medications, if needed. People at this stage usually are well enough to eat most fruits and raw salad vegetables, along with their fresh, raw vegetable juices and cooked vegetable dishes.

Many of my IBD patients in remission continue to juice and consume blended salads every day. They also continue their supplements and intersperse a few days of fasting each month to assure their condition stays in good control.

### Periodic monitoring

Individuals who have had inflammatory bowel disease, even after a recovery is achieved via nutritional excellence, still require periodic monitoring of their bowel via

*Even after recovery,  
patients require  
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inflammation.*

colonoscopy because their risk of developing colon cancer later in life is significantly elevated due to all of the years of chronic inflammation. Screening of the colon is important because dysplastic (abnormal cells) areas can be detected and treated even before cancer occurs.

### Fasting for IBD

Once the levels of nutrients in the tissues are adequate, which usually takes about 2 months, short periods of fasting can be helpful. First, attempt a one-day fast of water and green juices and then, as tolerated, a one-day water-only fast. Once the one-day fast has been achieved, attempt a two-day fast the following week, gradually extending the periods of fasting to 3-5 consecutive days each month. Fasting not only rests the bowel wall, promoting healing, but also has immune-modulating effects leading to long-term benefits for patients with IBD.

My observation is that IBD patients benefit most from fasting over and over again, sandwiched between weeks of healthful eating and weight-

lifting (to maintain muscle tissue). Patients with ongoing mild inflammation see lowering of the blood inflammatory markers and reduction in symptoms after utilizing recurrent fasting. Devising a fasting schedule of 3-4 days per month enables patients to gain the weight back before fasting again, maintaining their body weight in a consistently safe range, while still gleaming the well-established benefits of fasting.

### Omega-3 fatty acids and fish oil

Sources of omega-3 fatty acids include fish, fish oil, walnuts, leafy green vegetables, flax, chia, and hemp seeds. Various studies have shown that administration of omega-3 fatty acids has a positive effect on IBD. However, a recent *Cochrane* review of all published articles did not demonstrate a positive effect.<sup>3</sup>

This might be because the studies reviewed used lower dosages of about 3 grams per day, whereas the studies that utilized higher dosages were more clearly positive.<sup>4</sup> A larger dose is required for fish oil to have an immunosuppressive effect. I start my colitis patients on 10 grams (two teaspoons) of highly purified fish oil daily when the person has active symptoms, and I find it helpful. This is tapered to one teaspoon per day once the symptoms are better controlled.

When fish oil is highly purified, fresh, and kept refrigerated, it should not have that highly unpleasant taste or cause burping and indigestion. The quality and freshness of the fish oil is very important here. Patients also are encouraged to eat one ounce of walnuts daily, after soaking them in water overnight to make them softer and easier to digest. Other seeds and nuts also can be soaked and/or blended and reintroduced into the diet as the condition improves.

## Aloe vera, boswellia, bromelain, and germinated barley

Aloe vera, boswellia serrata, bromelain and germinated barley have been used by some patients with IBD with benefit. A few studies have been performed evaluating the effectiveness of these substances, showing mildly positive effects. A randomized, double-blind, placebo-controlled trial of aloe vera in patients with mild to moderate ulcerative colitis demonstrated slight improvement in clinical symptoms and histologic scores in patients taking aloe vera vs. placebo.<sup>5</sup> The exact mechanism of action of aloe vera is unclear, but may include antioxidant and immunosuppressive effects. Proposed mechanisms of the effect of boswellia serrata include inhibition of 5-lipoxygenase that could promote inflammation. Natural remedies can be used in conjunction with the nutritional therapy, but when the objective is to recover, not just treat, it is removal of offensive food and establishing nutrition-regulated immune competency—not supplying more remedies—that is the major thrust of this approach. □

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## Specific Carbohydrate Diet

*Popular diet lacks scientific support and sufficient success.*

*By Joel Fuhrman, M.D.*

Some people believe that unrefined carbohydrates (starches) play an important role in dysbiosis (abnormal alteration of the colonic bacterial flora). There even is a popular IBD diet based on this thinking—Elaine Gottschall's specific carbohydrate diet, which popularizes a theory she learned from Dr. Sidney Hass, whose recommendations helped relieve her daughter's digestive complaints.

### Sugars and starches

Complex sugars (e.g., lactose and sucrose) and most starches (such as those found in corn, rice, and gluten-containing products) are not permitted in Gottschall's diet. She believes that in IBD and other bowel conditions, the intestine is lacking in certain enzymes needed to break down complex sugars and starches. Because of excess undigested carbohydrates in the lumen of the gut as a result of these deficiencies, pathogenic bacteria are given a steady supply of substrates on which to feed. By decreasing the supply of these undigested carbohydrates, it is believed that the food supply to these pathogenic bacteria will be decreased, and there will be less exposure to the toxic by-products of the unfavorable bacteria.

### No supporting studies

There have not been any controlled studies evaluating the effectiveness of this diet in patients with IBD, but my experience has been that only a small

subset of IBD patients is benefited by this protocol, and that these modifications alone are inadequate to achieve improvements and remission in most patients. Even though corn and gluten-containing flours are not favorable foods for colitis patients, more nutritional intervention than just removing them is required for an effective approach for the IBD patient. I believe that the success of this "Specific Carbohydrate Diet" is mostly due to the large numbers of individuals who do not digest grains well and are gluten-sensitive. Eliminating pasta and bread is the most valuable part of this theory.

### Few patients benefit

I do not find many IBD patients who have problems with parsnips, sweet potatoes, and carrots, which are forbidden on the Specific Carbohydrate Diet. I find that the most favorable high carbohydrate foods for IBD patients are sweet potato, butternut squash, acorn squash, steamed or frozen carrots and beets, frozen peas, bananas, and papaya. These foods are most often safe to eat, even in the patient whose disease is relatively active.

### Not healthful enough

Gottschall's recommendations in general are not healthful enough, permit too many animal products, and allow the use of honey, which is not a favorable food for IBD patients. □

# Great Eat For Health Recipes

Enjoy the highest scoring recipes from Dr. Fuhrman's new book!

**D**r. Fuhrman's newest book, *Eat For Health*, has an all-new nutrient scoring system that rates both nutrients and portion sizes. These ratings are called MANDI scores.

But forget for a second that the recipes here have the highest MANDI scores in the book. People are raving about them because they are so *delicious*.

Who says healthful eating has to be boring!

## Mishmash Salad with Orange Cashew Dressing

*DRESSING:*

- 2 oranges, peeled and seeded
- 1/4 cup raw cashews
- 2 Tbsp. Dr. Fuhrman's Blood Orange Vinegar
- 2 carrots, grated
- Orange juice (optional)

*SALAD:*

- 1 head romaine lettuce (about 6 cups)
- 4 oz. mixed greens (about 4-6 cups)
- 1 cup mache or watercress
- 1 cup orange sections
- 1 cup sliced fresh organic strawberries
- 1/4 cup dried apricots or Goji berries, coarsely chopped (optional)
- 2 Tbsp. unhulled sesame seeds, lightly toasted (optional)

Blend dressing ingredients in a high powered blender until smooth and creamy. Add some orange juice to thin dressing, if necessary.

Combine salad ingredients. Toss dressing with salad. If desired, sprinkle with sesame seeds that are lightly toasted in a

🌿 **RECIPES** 🌿

**Mishmash Salad with Orange Cashew Dressing**

**Hearty Vegetable Stew**

**Spinach & Brussels Sprouts Delight**

pan over medium heat for five minutes, shaking pan frequently.

*Serves: 2 Prep Time: 25 min. MANDI: 23*

ONE SERVING CONTAINS:

CALORIES 329.6; PROTEIN 8.8g; CARBOHYDRATE 60.5g; FAT 8.9g; SODIUM 77.3mg

## Hearty Vegetable Stew

- 1/2 cup dried lentils, rinsed
- 1/2 cup split peas, rinsed
- 4 cups water
- 1/2 head broccoli florets, bite-sized
- 1/2 head cauliflower florets, bite-sized
- 3 medium red bell peppers, coarsely chopped
- 1 medium beet, peeled and cubed
- 1 small eggplant, peeled, if desired, and cubed
- 1 cup carrots, cut 1/2 inch thick
- 1 cup organic celery, coarsely chopped
- 1 large onion or 3 leeks, chopped or sliced
- 5 cloves garlic, chopped
- 2 bunches kale, leaves removed from stems and chopped
- 1 24-oz. can tomatoes, chopped or crushed, low- or no-sodium
- 8 Tbsp. Dr. Fuhrman's VegiZest or other no-salt seasoning
- 2 medium zucchini, cubed
- 2 cups carrot juice

- 4 tsp. cinnamon (optional)
- 1/2 cup raw cashews

Place lentils, split peas, and water in a large soup pot and begin to simmer.

Prepare vegetables and add all ingredients, except for zucchini, carrot juice, cinnamon, and cashews, to simmering lentils and peas. If necessary, add more water to keep from scorching. Simmer covered for 30 minutes or until vegetables, lentils, and peas are tender. Add zucchini, carrot juice, and cinnamon, and simmer for another 30 minutes.

To make a creamy, chunky stew, blend 1/4 of cooked vegetable mixture with cashews in a high powered blender until smooth. Add blended mixture back into stew.

*Serves: 8 Prep Time: 30 min. MANDI: 36*

ONE SERVING CONTAINS:

CALORIES 314; PROTEIN 19.7g; CARBOHYDRATE 57.6g; FAT 5.2g; SODIUM 165.1mg

## Spinach & Brussels Sprouts Delight

- 16 oz. brussels sprouts
- 14 oz. organic baby spinach
- 1/4 cup water
- 4 cloves garlic, minced
- 1 small onion, chopped
- 1 14.5-oz. can chopped tomatoes (no salt)
- 1 tsp. Dr. Fuhrman's VegiZest

Steam brussels sprouts and spinach together for 8 minutes or until brussels sprouts are almost tender. Meanwhile, water sauté garlic and onion in a large pot until onions are tender, about 5 minutes. Add brussels sprouts and spinach, along with chopped tomatoes and VegiZest. Simmer for an additional 10 minutes.

*Serves: 4 Prep Time: 15 min. MANDI: 28*

ONE SERVING CONTAINS:

CALORIES 109.9; PROTEIN 10.9g; CARBOHYDRATE 22.2g; FAT 1g; SODIUM 123.8mg