Medical Column – Sept 2104

***“You Are What You Eat”***

 That’s probably true, or at least it comes pretty close. What we put into our bodies has everything to do with our overall health. What we choose to eat can put us at risk for serious diseases and ailments, and even shorten our lives. Or it can do just the opposite, and help us achieve an optimal level of well-being.

 Today we’re going to take a look at this issue, and try to answer some questions and concerns that seem to be on the minds of a lot of people. The first has to do with the buzz about *gluten.*

 Exactly what is this? “Gluten” comes to us from the Latin “glue”, and is a composite of various proteins. It is commonly found in most grains, including wheat, barley, rye, and others. Because of its “gluey” nature, it adds desirable characteristics to a variety of food, including breads and cookies, but it’s also found in ice cream, ketchup, and even beer. Since it comes from grain, you’d think it must be good for us, right? Wrong. It turns out that many of us react badly after we ingest this substance, some with an allergic-type reaction, or worse.

 That brings us to “celiac disease”, a genetic autoimmune problem that afflicts 1-2% of the population in developed countries. It’s caused by an inflammatory response in the small intestine to one of the components of gluten (gliadin), and can manifest itself at any age. The symptoms might be as mild as cramps and bloating, but can worsen to chronic constipation, diarrhea, and fatigue. In infants and young children, it can lead to “failure to thrive”. The diagnosis is made by a combination of blood work (looking for the antibodies to gliadin) and upper endoscopy. The treatment is straight-forward, but difficult and cumbersome. There are no magic bullets here, just a life-time adjustment in diet—making sure that everything you eat is gluten-free. The internet is replete with guidance here, and it’s not rocket science. But again, trying to stay gluten-free, or keeping your children that way is difficult.

 What’s interesting about gluten is its association with a wide variety of maladies that have nothing to do with celiac disease. This is a condition called “non-celiac gluten sensitivity”, and is increasingly on the radar of many physicians and researchers. It probably affects many more people than does celiac disease itself. There have been two recent books that deal with this: *Wheat Belly*, by Dr. William Davis, and *Grain Brain,* by Dr. David Perlmutter. If you are interested in this issue, or about what grains and carbs are doing to us, I would recommend reading these.

 But back to this “non-celiac gluten sensitivity”. Several recent studies have demonstrated an association between the ingestion of gluten and the onset of multiple problems. Most of these are gastrointestinal in nature, with common complaints being abdominal pain, diarrhea, nausea, bloating, and reflux symptoms. But there are others as well, including joint and muscle pain, symptoms of fibromyalgia, fatigue, headache, skin rashes, and depression. Sounds like our waiting room.

 On a more serious note, chronic gluten ingestion has been associated with neurologic problems including Parkinson’s disease, tremor, multiple sclerosis, and Alzheimer’s. That’s significant, and more than a little scary.

If all of this is true, what are we to do? Maybe none of us need to be eating gluten, but that would be difficult. A more reasonable recommendation for anyone suffering with one or more of these problems would be to eliminate gluten from your diet, monitor your symptoms, and if the problem(s) go away, you probably have your diagnosis. To be doubly sure, you could resume your regular diet if see if the symptoms return. If they do, there’s little remaining doubt as to the cause of your problems. Again, it’s a simple matter to search “gluten-free-diet” on the internet, and most of the information I found seemed to be accurate.

 Now for some good news, and it’s also about what we put on our tables.

 For many years, we’ve been told that “red meat is bad for us”. Beef has become a persona-non-grata in the diets of health-conscious individuals, indulged in only sparingly, and with significant resultant guilt and angst. That seems to be changing, and current evidence indicates it should.

 In a recent comparison of several diets commonly used to treat blood pressure problems (principally the DASH diet with several modifications) and the standard American diet, researchers determined that the addition of lean meat to the DASH diet resulted in greater improvement in blood pressure levels, and in improved measurements of arterial stiffness (a measure of the healthiness of our blood vessels). While it was no surprise that this diet was superior to that of the standard American, the authors of this study didn’t expect to find the beneficial effects of adding the beef. The key points here are that the meat was lean, and the portions were limited: 4-5 ounces. That’s not a lot, but for many of us, any red meat on our plates would be welcomed.

 It just might be time once again to ask, “Where’s the beef?”