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WHAT'S HAPPENING

This newsletter explores some aspects of the complex relationship between diet and health and makes a few general suggestions on healthier eating. We also discuss an imaging technique that shows potential in preventive breast care, called thermography.

CLINIC UPDATES

We would like to bring to your attention some changes that are occurring in the way Naturopathic Medicine is regulated in Ontario. The Naturopathy Act is seen as a significant step forward for the profession, moving us from regulation under the out-of-date Drugless Practitioners Act, and into the Regulated Health Professions Act, the act under which all other regulated health care providers are governed. The Naturopathy Act was seen as a way to maximize the scope of Naturopathic

Doctors, (as occurred in British Columbia recently), to allow us to practice to the full extent of our training.

However, some concerns have been raised about the lack of significant change proposed by the new regulations, which would make Ontario a potentially restrictive place for Naturopaths to practice. Two of the larger issues include restrictive access to substances and lab testing, both of which are vital to the safe and effective practice you rely on from your Naturopath. A campaign is underway, lead by the Ontario Association of Naturopathic Doctors (OAND), to have the regulations revised before acceptance. If the need arises, the OAND may request to have willing patients of Naturopaths speak to their MPPs – if you would consider doing this please call the office and let us know.

DIET AND HEALTH

The relationship between diet and health is enormous, however it is surprising how often it can be overlooked. 'What is the best diet to follow?' has been a question of research for a long time. We should first clear up what the word 'diet' means in this article. In it's original meaning, diet simply referred to "the sum of the food consumed by a person." This is the general meaning we will use for diet for the remainder of this article. Over the years the word 'diet' for most has come to be related to weight loss. There are many types

of diets, weight loss diets being one example. As a naturopath I do utilize many different 'diets' or patterns of eating for specific conditions or to achieve specific outcomes, such as an alkaline diet, elimination diet, gluten free diet etc.

Some diets may claim to reduce cancer risk or others heart disease risk. Others may be focused on specifically reducing blood pressure or blood sugar. (Interestingly, most of these diets have the same core message, which we will discuss later). They may all

have their time and place – and you may already get the impression (correctly) that there really is no single perfect diet.

The difficulty in recommending one particular diet is that every individual is slightly different, both in what they need for optimal function, in what type of changes are easiest to make and in individual food allergies or sensitivities. So the goal of general diet recommendations is to reach the most people with advice that has the most beneficial effect on the entire population.

The current general recommendation from Health Canada is the Canada Food Guide. This guide separates food into groups and recommended serving ranges. While many people I see could improve their eating habits by following the Canada food guide, it can be argued that it is not the *optimal* way to eat – or that it leaves too much room for interpretation, allowing for unhealthy food choices.

The 'Evolution' of Food

In some ways, eating was simpler when we had less choice and less knowledge about our food. There was no worry about healthy and unhealthy food – we simply ate what was available. The impact of industry and marketing, politics and globalization has certainly changed the way food is marketed and consumed.



When the major energy components of food were first discovered (carbohydrates, fats and proteins), it was thought we knew all there was to know. We have since come to learn about saturated and unsaturated fats, cholesterol, vitamins, antioxidants/carotenoids and hundreds of other components of our food.

Supermarket options increasingly focus on these individual components of foods, rather than on the foods themselves. It is common to see health claims on all sorts of packaged supermarket items from crackers and cookies to Kraft dinner and ice cream. However, the foods that are arguably the healthiest (the lonely fruits and vegetables with no fancy packaging) receive no such claims.

Scientific research tends to which focus on single, 'controllable' variables, which results in information on increasingly isolated nutrients. While this type of research can lead to valuable insights, it is often difficult to place the results in the context of a whole society, or into real life situations. It is easy to get focused on a specific condition or nutrient and lose sight of the big picture.

One of the major changes in the food we eat in the last 100 years is the degree to which it is processed (along with the distance it often travels before it reaches our plate). Processing changes and removes many of the nutrients found in foods. Efforts to fortify food to replace nutrients lost during manufacturing (such as in grain products and milk in Canada) certainly offers some benefit, however as author Michael Pollan points out "scientists can add back only the nutrients food scientists recognize as important. What are they overlooking?" In addition to what can't be added back, processed foods contain countless amounts of additives, preservatives, flavours and colours, which can all have their own detrimental effects.

Attitudes Towards Food

Another major influence on dietary research was the finding of the 'French

paradox', the observation of a relatively low incidence of coronary artery disease among French people, despite having a diet relatively high in saturated fats. This kick-started a search for the 'secret ingredient' in French food that was missing in North American food. As researcher Rozin points out, "this approach overlooked other factors such as "different patterns of food intake or physical activity, differences in stress in relation to eating, or genetic differences in metabolism." While it seems obvious that the general quality of food (whole vs. processed) and the quantity of food are major factors in this so called paradox, Rozin and his team have also focused on the differing attitudes towards food between different cultures. They point out that "Ironically, the Americans, who do the most to alter their diet in the service of health, are the least likely to classify themselves as healthy eaters. We conclude that there are substantial cross-cultural differences in the extent to which food functions as a stressor vs. a pleasure." In our culture, food is often seen as an interference, something we *have* to do, rather than something we want to do or enjoy doing. Our hectic work and lifestyles leave little time for food preparation and the social interactions that are associated with meals in other cultures. This leads to quick, unhealthy choices like fast food or pre-packaged, highly processed food. Other research has even suggested that factors such as convenience have more influence on our decisions than our knowledge of the health impact of a food. Even though we believe a food is unhealthy, we will still choose it over a known healthy choice if it is more convenient. In some people this then leads to guilt and negative feelings towards ourselves and the food we have eaten.

When an Apple is not an Apple

Another variable that must be taken into consideration is where our food comes from - who grew it, where and under what conditions? Is it organic, does it contain

genetically modified organisms (GMOs), or pesticides? The reality is that we often don't know. There is a current trend towards eating more local food, which does make it easier to know how your food has been raised. We know, for example, that meat and milk that is grass raised has a different fatty acid profile than grain fed meat. If you don't know the farmer who you are buying from, one approach is to buy organically certified food, so you can have some assurance that it has been raised without hormones, unnecessary antibiotics or GMOs.

Back to Basics

Over and over, studies show health benefits to those who eat the most fruits and vegetables and the least processed food. Consistent results show decreased risk of heart disease and cancer from increased intakes of fruits and vegetables. However, studies to supplement individual antioxidants or nutrients don't always yield beneficial results. As an example, it was observed that people who consume more fruits and vegetables had higher levels of beta carotene in their blood. Subsequent trials of beta carotene supplementation failed to show the same benefits seen in the fruit and vegetable consumers. Undoubtedly because what's missing is *the full complement of nutrients that is found in whole food*. It has been suggested that beta carotene levels in one's blood may be a marker for fruit and vegetable intake. On the opposite end of the spectrum we could consider salt. It is well established that high sodium diets can be detrimental (especially when combined with low potassium diets, which often go hand in hand). However, one could look at dietary salt intake as a 'marker' for processed food intake. It is estimated that 75% of our salt intake comes from processed foods. So, is it the salt that is harmful or the other processing and additives? The likely answer is probably both.

I like the advice of Pollan in his book "In Defence of Food." He suggests: "*Eat food. Not too much. Mostly plants.*" The simplicity is clever while still imparting the message of the most consistent food research – eat whole, non-processed foods, limit portion sizes and eat lots of fruits and vegetables (with nuts, seeds and some whole grains). Other authors advocate a vegetarian or vegan approach to eating. In his book "The China Study", Colin Campbell also stresses plant based, whole, unrefined foods, but takes things one step further and makes a compelling case for completely eliminating animal products from the diet. (While there are some undeniable health benefits to a vegetarian diet, I feel this is also a decision better made on an individual level, rather than a blanket statement for everyone).

So, the question of what is the best diet becomes much more complex than simply the carbohydrates, fats and proteins on your plate. It also involves how much is on the plate, how it was raised or grown and perhaps how fast you are eating it and in what setting. While everyone may have their own 'best diet', I will leave you with three very basic, almost universally applicable suggestions for eating healthier:

1. Increase fruit and vegetable intake
2. Decrease processed food intake (less from a box, can or package)
3. Take time to eat – while I recognize this is not always possible, it allows you to enjoy what you are eating and allows time for the signals of fullness to be recognized.

THERMOGRAPHY

Medical thermography is defined as the process of diagnostic thermal imaging. Infrared cameras detect changes in skin temperatures, reflecting changes in local circulation. In this way, thermography evaluates a body function, rather than a body structure, like an x-ray, mammogram or ultrasound. Images may be taken of most body areas, however the most common application is in the area of breast health.

The results of a breast thermogram are analyzed in several ways. First, differences can be noted between the left and right side. Next, results can also be compared to normal or average data. Finally, the thermogram can be evaluated at a baseline and in response to a specific challenge, most commonly dipping the hands in cold water.

To be clear, thermography cannot be used to diagnose breast cancer. In fact, thermography cannot diagnose any specific condition. What it does is alert us to early functional changes in breast tissue that may be associated with any number of breast issues, such as mastitis, benign breast tumours, fibrocystic breast disease, cancer and

others. The great benefit in thermography lies in its potential to detect changes early, possibly before a lump or other abnormality has been detected. Preventive steps and other imaging studies can then be completed as necessary.

Thermography also does not replace mammography. Even strong proponents of thermography will acknowledge that the effectiveness of it will be improved if used along with breast exams and other forms of imaging such as ultrasound, mammography or MRI - no one test is completely accurate.

Thermography does provide a safe, non radiating way to evaluate breast health. With some controversy around the optimal way to use mammograms effectively, as well as the potential downfalls of the radiation used in mammography, thermography may provide an alternative way to be proactive in regards to breast health.

Ask your healthcare provider if you are interested in learning more about thermography (including clinic locations), and if it is appropriate for you.