Consultation regarding dietary and nutritional matters is one of the pillars of a naturopathic medical practice, as this area is so essential to health and wellbeing. There is truth to the old saying, "We are what we eat" (or don't eat)! Many of the diseases of the modern age are dietary related and can be corrected and prevented with changes in eating habits. Diet and nutrition have been largely ignored by conventional medicine and are only now being acknowledged as having a role in the development of disease. Naturopathic medicine has long recognized the connection between poor diet and disease development.

Whenever the topics of diet and nutrition come up, the participants immediately seem to divide themselves into different camps, each with a different opinion as to what is right for everyone else. As with the topics of religion, politics, and where to find the best pizza in town, much passion is often emoted before the inevitable impasse is reached. If one views the many and varied "diet" books and theories which have sprouted up over the years, one can easily arrive at the conclusion that not every diet fits everyone.

In fact, this has proven to be correct for several reasons. First of all, when a new "diet" hits the bookstores or popular consciousness, there is often a rush to embrace it. After a period of time, many of the initial devotees switch to something else because they have experienced little or no benefit. Others remain on the diet, convinced it is providing a lasting benefit. Thus, there are numerous "diets," appearing on the bookshelves and making the talk show circuit, which continue to have a following. These will be tried over and over again, in the seemingly endless search for the correct way to eat.

Further evidence of the individuality of dietary needs is the theory that food selections should be based on ancestry and the lineage's from which we have evolved. Popularized by naturopathic physicians, Drs. James and Peter D'Adamo, a person's blood type determines the food preferences which work best with his or her genetic makeup. (One Man’s Food is Another’s Poison, and Eat Right 4 Your Type) For example,
**group O**, which is about 46% of the American population, is generally considered the oldest blood type, having its roots in hunter-gatherer cultures. Therefore, people with this blood type need higher amounts of animal protein in their diets and do not do well with dairy, wheat, and corn. **Blood group A** emerged with the development of agricultural practices. Blood group A is primarily associated with vegetarian food sources, and individuals in this group tend to secrete smaller amounts of stomach acid, making meat protein difficult to digest. Protein requirements are not any less than for a group O person, but the source should be primarily from fish, vegetables and legumes. Group A comprises 42% of the American population. **Blood group B** is associated with cultures which use higher amounts of dairy products such as milk, cheese, and yogurt. People with blood type B tend to do better on diets high in unpasteurized dairy products and fish. Group B makes up about 7% of the American population. **Blood group AB** was the last to evolve and has been dubbed the "modern diet" blood type by D'Adamo. This is because an AB person combines the characteristics of blood groups A and B and therefore can tolerate a wider range of foods. Blood group AB people tolerate small amounts of many different foods, which people with other blood types might react to. The AB blood group tends to tolerate diets high in seafood, dairy, nuts and grains. Blood group AB comprises 4% of the American population. Many ethnic food choices have evolved within particular cultures, because they conveyed better health when consumed.

Another reason that food choices are so diverse is that people eat varying diets, based in part on religious and cultural beliefs. Some religious traditions dictate the types of foods and how they are to be prepared. Strict laws regarding the types of foods to be consumed came from early religious traditions which made these specifications largely for health reasons. Sometimes these culturally or religiously dictated dietary beliefs predispose people to certain diseases.

Additionally, many food choices are based largely on how the food tastes and makes us feel. An argument can be made that this is a matter of individual genetics, hormone balance, psychological make up, cultural conditioning, as well as factors which we do not yet understand about the chemistry and physiology of our bodies. This is an area the food industry takes full advantage of through advertising, convincing us
whatever they are selling is something we must have right now! Often people will gravitate to a dietary regimen because it makes them feel better than other ways of eating. In many families, each person wants something other than what is being served at the meal. Needless to say, it can make for a tumultuous mealtime.

In general I recommend the blood type diet for all of my patients as it has shown excellent clinical results over the past 25 years. It has eliminated the guess work for prescribing a diet for someone and allows the person a wide variety of different foods from which to choose. It is not uncommon for a patient to discover that a food which has a greater probability of causing a reaction based upon the test results, is one which they already know gives them a problem if consumed. In cases of more severe disease, we have found the blood type diet to be a must to aid in the healing process.

The blood type diet as per D'Adamo is the culmination of years of observation and research. Much needs to be learned about how to use it not only as a dietary tool for restoring and maintaining health, but also as a tool for the treatment of disease.

Because we, in the United States, can partake of just about any type of culinary delight we choose, it shouldn't be a surprise we have the highest per capita consumption of antacids, acid blockers, dyspeptics, and medications for constipation and diarrhea, of all of the industrial nations. In fact, I often wonder if beings in distant galaxies exist what they would think of us if they monitored the numerous television commercials for these products. Certainly the modern Western diet is not the most healthful, as evidenced by the high rates of colon, breast, prostate, and other types of cancers which have a definite dietary link. While most people know they shouldn't eat certain foods, they continue to do so because they are able to take over-the-counter medications to offset the negative effects of the food in question. A large industry around food consumption and the taking of medicines, to counter the effects of maldigestion has evolved. To reinforce this we are constantly bombarded by advertising, asking us to over-ride our bodies normal defense mechanisms to food intolerance's such as nausea, vomiting, acid indigestion, stomach cramping, heartburn, constipation and diarrhea.
What is interesting is that most people, by the time they have reached their middle 30s, have begun to discover just what they can and cannot eat. Often they have arrived at or near a diet regimen which is comfortable for them. This occurs through repeated trial and error, with the person finally eliminating the offending foods. This is especially seen in the elderly as they have had many more years of trial and error to find out what is the right diet for them. Most of the elderly patients I see are already eating for their specific blood type, which is probably why they have reached older age. Unfortunately, some people know what is bad for them but continue to eat it anyway. This usually results in low energy and poor health, or the later development of some type of disease process.

Usually by the time patients are seen in their later years, they've established long-standing eating patterns. Therefore, it is often very difficult to convince a senior citizen to make dietary changes if it is found that there is an offending food. I attempt to introduce dietary changes as early in life as possible, preferably when people are still children. This way, good dietary preferences and habits can become a life-long pattern and changes are less difficult to make in the future.

Proper dietary choices are important for children for several reasons. By introducing certain foods too early, before the intestinal tract and immune system are mature enough to digest and incorporate them as nutrients, food allergies and certain chronic diseases can ensue. For example, there is evidence that introducing dairy products too early can contribute to the development of type I diabetes in young children. Breast-feeding is essential for early growth and development, as well as maturation of the immune system. As important as what is introduced is what is not introduced at too early an age. At about six months of age, foods high in carotenoids such as carrots, yams, squash, peaches, pears, cauliflower and broccoli are important as the child's immune system continues to develop its life-long immunity (see Introducing Solid Foods Schedule). At about nine months of age, slightly more complex foods requiring more time to digest, such as oatmeal, lima beans, potatoes, and cabbage, should be introduced. More complex foods such as eggs, rice, barley, asparagus and avocado follow at twelve months; with fish, chicken, buckwheat, and beets at about age eighteen months. As children grow and their systems mature, increasingly complex foods can be introduced.
The introduction of foods in this way, allows for the maturation of the immune system while keeping up with normal intestinal maturation. Certain proteins in foods help the immune system to identify and eliminate harmful viruses, parasites and bacteria which are present with certain diseases. Introduction of high complexity foods before the immune and gastrointestinal systems are able to handle them will result in poor digestive and bowel patterns as well as a weakened immune system.

Children will often resist foods which their parents have chosen, not out of a need to be stubborn, but out of an innate knowledge it is not yet time for them to be eating those foods. This mechanism is often overridden by plying them with sweets, which perverts their taste buds. They will then begin to crave sugar in abundance, foregoing the natural and highly beneficial forms found in fruit and ripe vegetables. The hyperactive child, who craves sweets, resulting in emotional ups and downs, is not a pleasant child to be around. I suggest children not be introduced to sugar until they have had a chance to develop their tastes for healthy foods.

On the other hand, children will often crave foods which are not good for them, or are more likely to cause an immune reaction according to their blood type diet. Craving for certain foods can occur for several reasons. The person can become habituated to the taste and contents such as in a sugar craving. This is akin to becoming addicted to it, which involves changes in the brain's chemistry. If the person needs something which the food contains, such as a certain vitamin or mineral, a craving will often ensue. These types of cravings are seen periodically as the deficiency becomes greater and are often seen in women around the time of their menstrual periods. Another type is the psychological craving. This often is set up early in life when a positive association occurs with a type of food. Advertisers take advantage of this by trying to make positive associations with the food they are selling.

In general, children seem to recover faster from food allergies than do adults but also have greater immune system responses. In some children who are very sensitive, and have strong vital forces, the reaction can become quite severe necessitating medical treatment.
Making Dietary Changes

So how does one make the transition to a different diet? It is often difficult to change from fast foods to nutritious and healthy foods. I recommend making the changes at a pace which is comfortable for you. This may be quickly over a few days to a week, or slowly over a longer period of time. If you are making the changes for not only yourself but also your family, I suggest that they be made in increments so as not to foster a rebellion of the hungry masses.

First, ask yourself what is your attachment to food? Are there issues around food which keep you running out for the chocolate bar or the extra helping of pasta? If so, making the changes slowly will be better. As an example, if your diet is high in carbohydrates, and the carbohydrates are of the simple variety (sugar, candies, pies, cookies, cakes, white breads and white rice etc.), replacing them with more complex carbohydrates (squashes, brown rice, legumes and beans) would be the first order of business. After a few weeks of allowing your metabolism to change, begin cutting down on the amount of carbohydrate until it is approximately 20% to 30% of your daily intake. Another suggestion would be to begin including more vegetables into your diet at the same time, perhaps mixing them in with the carbohydrate dishes.

If you are going to make the changes quickly (often seen with type A behavior persons who clean out their cupboards and begin all over again), be aware that you may experience a detoxification reaction. You may feel as if you are coming down with the flu. This occurs because your metabolism is changing as your body is getting rid of excess metabolic wastes. This process should only last a few days and as time goes on you begin to feel the benefits such as increased energy, better sleep and weight loss which accompanies a cleaner diet.

Quality Nutrition

One of the problems consumers faced with, is the quality of foods available for consumption. In an effort to improve the efficiency and abundance of food production, food science and agriculture technology have developed high tech methodologies that
have largely replaced older methods of farming and food preparation. Some of these so-called improvements have been at the expense of nutritional quality. An example is the development of high-speed machinery, able to pick larger amounts of fruits and vegetables in a shorter period of time. Unfortunately, to withstand the rigors of mechanization, the fruits and vegetables must be picked before they have totally ripened. These unripe fruits and vegetables do not contain the full nutrient value or enzymes needed for proper digestion that vine-ripened produce contains. Therefore, the quality of the fruit or vegetable is less than optimal. Another example is range fed beef as opposed to feed lot fattened cattle. It has been shown that range fed cattle have lower fat contents and that the fats are of a quality, better utilized by the human body, whereas feed lot cattle are fattened on grains, antibiotics, and steroids, prior to processing. Overall, range fed beef is a better food source for humans because it doesn't contribute as significantly to coronary artery disease, arteriosclerosis and obesity. (Traditional Foods are your Best Medicines)

Suggestions for Optimizing Nutrient Value of Your Diet

As we do not live in a perfect world, I try to encourage my patients to follow a few helpful suggestions for optimizing vitamin and mineral intake, and digestion, as well as for the selection and preparation of food.

1. Fruits and vegetables should be as fresh as possible, with organically grown and pesticide free products being preferable. If vegetable and fruit juices are preferred, those which are freshly prepared are best; but, if refrigerated, those prepared in advance are good up to 48 hours before they begin to loose their vitamin content.

2. Utilize a blender or food processor to help chop fruits and vegetables to help make digestion easier. Nuts and seeds can also be chopped or ground and taken with milk or rice milk, or in powder form. This is especially useful for elderly persons who have a decreased ability to digest.
3. A vegetable or fruit juicer provides you with an excellent means of optimizing vitamin and mineral intake, as juices are much more easily digested and absorbed. When juicing, do not forget to include the pulp, seeds and leafy parts, as they are also high in vitamins and minerals.

4. Fruits and vegetables, in addition to being high in vitamins and minerals, also provide roughage to maximize bowel function. This decreases the need for laxatives, excessive use of which can lead to an atonic bowel condition and chronic constipation.

5. If taking commercial supplements which are in a tablet form, they will be better absorbed if crushed before ingestion. Liquid or capsulized forms are better absorbed, as less digestion is required. Any vitamin and mineral is better absorbed if taken with a meal.

6. Refined carbohydrates, such as white and brown sugar and white flour, will decrease immune function, put a stress on the pancreas, and possibly predispose one to diabetes, if eaten frequently and in large amounts. They also result in calcium, magnesium and other nutrient loss, which in turn leads to malnutrition, loss of calcium from the bones. This results in a higher incidence of osteoporosis and fractures in the elderly.

7. Protein from fish, chicken, rabbit, nuts, legumes, brown rice, tofu and tempe are generally recommended over red meat sources as they generally contain less fat. In addition, ground beef from fast food establishments is also often very high in salt as well as fat.

8. Too much cholesterol in the diet is not good, as is to little. The body makes all of the cholesterol we need and any excess taken in is either passed through the bowel, absorbed and utilized by the body or stored as fat, or in the walls of our arteries. I recommend periodic cholesterol and triglyceride (fats other than cholesterol) checks and a monitoring of your diet to keep them low. High fiber in the diet, from fruits and vegetables, will lower cholesterol as well as keeping your bowels functioning normally.
9. Meal times should be structured so they are eaten slowly in a relaxed atmosphere, and the food should be thoroughly chewed. Soft background music, candle light, prayer or meditation, and a eye pleasing presentation of the food and table have all been shown to enhance digestion.

Remember that in nature, foods come completely packaged for optimal digestion. Fruits, vegetables and whole grains contain enzymes, proteins, carbohydrates, small amounts of fatty acids, vitamins and minerals which are packaged by the plant so they can be digested easily. The same occurs with meats and fish, but as they are more susceptible to contamination and disease, cooking is recommended. By consuming processed foods which have been broken down, the body must expend additional energy to re assimilate the food into a more absorbable form. Thus, less energy is derived from a processed food source compared to a natural one.

**Nutrients: How Much of What?**

A question often asked by patients is, "How much of what type of supplement is right for me?" Contrary to popular belief, not everyone needs to receive the full complement of available supplements; and in some cases overuse may lead to a toxicity or a deficiency in other areas. A comprehensive supplementation plan should be designed, based on one's regular dietary intake, medical history, and individual constitution.

In an ideal world, optimum vitamin and mineral supplementation could come entirely from diet, provided it is balanced and of good quality. With an optimally balanced diet, sufficient amounts of all vitamins and minerals should be consumed over a period of several days. Some days, higher amounts of certain vitamins will be consumed than on other days. The body has evolved a mechanism to more efficiently absorb vitamins and minerals which it needs, while absorbing a lower percentage of those it does not. It also has the ability to store certain nutrients for use at a later date.
Unfortunately, because we utilize a large amount of processed foods in our diets, some supplementation is necessary, as processing destroys needed vitamins and minerals. In addition, produce grown on soil, depleted of minerals, results in fruits and vegetables which also lack these nutrients. Although supplementation may be necessary, over-supplementation is ineffective as the body might be unable to absorb the particular nutrient in the amounts consumed. In some cases, excess intake of vitamins and minerals can actually lead to a decreased uptake, utilization, or activation of the nutrient, resulting in a relative deficiency. This is believed to be a possible effect of taking high doses of vitamin B6, for instance. Therefore, I recommend that my patients take maintenance level of a multivitamin and mineral daily, as a guard against becoming depleted. For people with certain illnesses, I will prescribe higher levels of specific nutrients for a period of time until the condition improves. After improvement occurs, they are placed back at a maintenance level.

As an individual ages, he or she requires fewer calories and fats, but nutrient requirements (vitamins and minerals) remain the same. In general, an older person secretes less stomach acid, reducing nutrient absorption. This makes vitamin and mineral replacement even more important.

Regarding daily food consumption, I recommend my patients consume certain proportions of proteins, starchy and refined carbohydrates, fats, vegetables and fruits, in order to achieve their optimal weight, as well as decrease over-eating and cravings for certain foods. If a person is eating a balanced diet, getting lots of fruits and vegetables, maintaining a positive protein balance, and eating minimal fat, the body's own appetite control mechanism kicks in to control weight. The following proportions are generally recommended:

Protein should be roughly 40% to 50% of the dietary intake. This accomplishes two purposes. It helps to maintain muscle mass which is needed to regulate body heat and provide strength; and helps maintain a positive nitrogen balance. A person in neutral or positive nitrogen balance (protein is high in nitrogen) has fewer illnesses and generally is in better health than one who is constantly loosing muscle mass. This is especially
important in the elderly. Protein requirements are less in sedentary persons and increase with increasing exercise at about 1.8 grams per Kg of body weight per day. (Dietary Protein Requirements in Athletes) Patients with kidney and certain liver diseases have different requirements and should consult their physician.

Starchy carbohydrate intake is recommended to be about 20% of the daily diet. Starchy carbohydrates include potatoes, bread, pasta, corn, rice and other whole grains, as well as desserts such as cake and cookies (which should be kept to a bare minimum). This amount is considerably lower than what most Americans eat on a daily basis, but is sufficient for normal energy requirements. Excess carbohydrate, especially the simple carbohydrates from sugar and white flour, are stored as fat. Children are allotted higher amounts as they are always on the go and tend to burn calories more quickly. There are certain exceptions to this rule, and sitting at a computer or television is not considered an exercise program for children, so their caloric requirements would be lower.

Fats are recommended to comprise no more than 15% of the calories, or less than 25 to 30 grams per day. Most Americans consume in excess of 60 to 100 grams of fat per day, usually in the form of meat, dairy products, and of course the ever enticing pizza. Not only is the person increasing his or her risk of heart disease, but of cancer and other chronic degenerative diseases as well. Here too, excess fats are stored by the body for a "rainy day" or for starvation periods, which are not frequently seen any more in this country (the famines, not the rainy day).

Fruits and vegetables are recommended to be approximately 20% to 40% of the diet depending upon preference and availability. I usually try to encourage the person to eat produce which is organic, pesticide-free, and in-season in the particular area. Generally, they are abundant in the spring, summer and early fall. In general, fruits and vegetables tend to have an alkalinizing effect upon the body, and are good for cleansing.

I have found if this regimen is followed, food cravings diminish, weight comes off, sleep is improved, and the person begins to feel more energy and a sense of wellbeing. In some cases, if the person needs to put on some weight, this too is accomplished. Generally, persons who are thinner have fewer illnesses and lead longer
lives than those who are overweight. In my practice I couple these guidelines with the
blood type diet which makes them all the more effective.